PRINTED: 11/16/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043029	A. BUILDING: _____ B. WING _____	11/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE ASSISTED LIVING	431 JUNNY ROAD ANGIER, NC 27501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survery on 11/12/21.	D 000	"See Attachment"	12/9/22
D 315	10A NCAC 13F .0905(a)(b) Activities Program 10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on record reviews, interviews and observations the facility failed to ensure residents were offered activities designed to promote the residents' active involvement. The findings are: Review of the activities calendar posted in the main hallway on 11/12/21 at 11:16am revealed: -There was an activities calendar posted for November 2021. -The activity to be facilitated on 11/12/21 was Residents Room Meeting. -There were not time frames on the activities calendar for the 11/09/21 and 11/12/21 Residents Room Meeting and the 11/13/21 Resident Choice. -The November 2021 activities calendar had 12 activity hours for the week on 11/11/21 to	D 315		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Carolyn Western TITLE Administrator (X6) DATE 12/9/2022

Reviewed & Acknowledged
-M. Nejm 01/05/22

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D 315	Continued From page 1 11/13/21 Observation of the facility on 11/12/21 from 10:15am to 3:35pm revealed: -No activities had been offered to the residents daily. -There were at least 6 residents seated in the day room watching TV. -Staff had not facilitated an activity. Interview with a resident on 11/12/21 at 10:29am revealed: -There were not activities offered to the residents. -Most of the residents sit in the day room and watch TV all day. -There were no activity supplies for residents to use. Interview with a second resident on 11/12/21 at 2:31pm revealed: -Activities were not offered all the time. -Activities were offered a couple times a week. -Activities had not been offered to the residents on 11/12/21. -He liked to play card games at times. Interview with a third resident on 11/12/21 at 2:35pm revealed: -Activities were not offered to the residents daily. -She liked to play games. Interview with the Resident Care Coordinator (RCC) on 11/12/21 at 12:16pm revealed: -She would facilitate today's activity because the Activity Director (AD) was off on 11/12/21. -The residents liked participating in activities. -The Activity Director was responsible for creating the monthly activities calendar. Interview with the Administrator on 11/12/21 at	D 315	"See attachment	12/9/2021

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D 315	Continued From page 2 3:21pm revealed: -Activities were completed based upon the activity calendar. -The AD was out on leave. -The RCC, Lead Medication Aide or Personal Care Aides (PCA) were responsible for facilitating activities since the AD was out on leave. -The AD was responsible for creating the monthly calendar. -At least 12 to 15 hours of activities were scheduled weekly for the residents. -She would have the AD to note time frames for all activities. -The activity had not been facilitated because the staff had assisted the Surveyor. -She expected staff to facilitate activities daily.	D 315	"See attachment	12/9/22

Date: November 30, 2021

To: NC of Health and Human Services

From: Carolyn Western, MSW, LCASA, Owner

Ref: Annual Survey completed November 12, 2021

Plan of Correction

D315 10A NCAC 13F .0905 (a)(b) Activities Program

Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' actives involvement with each other, their families and the community.

(b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities.

To be in compliance with rule 10A NCAC 13F .0905 (a)(b) Activities Program, the Administrator will ensure that the Activities Coordinator completes a monthly calendar to include all resident's interests, likes, hobbies and involvement with each other, their families and the community. The calendar will include Dates, Times, Name of Events, who is responsible to facilitating, what will be needed. Location and when the activities are to be held. In the absence of the Activities Coordinator the administrator will be responsible to assign staff (PCA, MED TECH, RCC) to completes the activities for the day, The Administrator will monitor daily for the next 30 days and then quarterly there after to ensure that the residents are participating or are offered daily activities.