

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/04/2023
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES II		STREET ADDRESS, CITY, STATE, ZIP CODE 6704 SHANGHI DRIVE WILLOW SPRING, NC 27592			
(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	
C 000	Initial Comments The Adult Care Licensure Section and the Wake County Department of Social Services conducted an annual and follow-up survey on 05/04/23.	C 000			
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule Is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to implement an activity program that promoted active involvement by the residents. The findings are: Interview with the Supervisor-in-Charge (SIC) on 05/04/23 at 8:45am revealed: -The facility had a current census of 5 residents. -Two of the five residents were currently out of the facility at a day program. -The two residents usually attended the day program on Mondays, Tuesdays, and Thursdays from 8:00am - 4:00pm. -The other three residents did not attend the day program and remained in the facility each day. Observation of the facility on 05/04/23 at 9:07am revealed: -There was an activity calendar hanging on the wall in the kitchen near the entrance to the living room. -The date on the activity calendar was June 2021. -There was no other activity calendar posted in the facility.	C 288	Going forward, the Administrator will assure that the Residents get 14 hour of Activities weekly to promote active involvement by the residents. The Administrator will develop an updated activity program and make sure that these activities are offered to residents to keep them active in the day time. The Administrator will		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jacinta Okeke

TITLE

Administrator

(X6) DATE

5/29/23

STATE FORM

0929

QHCG11

If continuation sheet 1 of 3

*See signature + date also on page 3 of 3.

Reviewed and Acknowledged on 6/2/23

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C 288	Continued From page 1 Observations of the residents and staff on 05/04/23 from 8:45am to 2:15pm revealed: -No group activities were offered to the residents. -At 11:00am, one of the 3 residents in the facility was in the living room asleep on the couch while the television was on. -At 11:00am, the other two residents were in their rooms, one lying on the bed, the other sitting on the side of the bed looking down at the floor. -The SIC had not conducted or offered to facilitate any activities with the residents. Interview with a resident on 05/04/23 at 9:05am revealed: -The residents did not have activities. -Staff never offered any activities to the residents. -Staff did not offer coloring books or bingo to the staff. -She usually watched television all day. -Staff took the residents to the store once a month or every three months. Interview with a second resident on 05/04/23 at 9:10am revealed: -She did not know of any group activities at the facility. -She usually read and prayed each day. -She went to church at least once a week, but she did not get to go out on shopping trips. -She sometimes got bored at the facility. Interview with a third resident on 05/04/23 at 9:15am revealed: -The residents never did any activities. -The residents sat and watched television all day and smoked cigarettes. -Staff took the residents to the store once a month.	C 288	monitor these activity programs weekly, bi-weekly and monthly to assure that the Residents are actively involved in their daily activity programs. This is an ongoing process. Also the Administrator is responsible for posting the activity calendar each month for the residents to see and the SIC is responsible for conducting the activities with the		

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C 288	Continued From page 2 A second interview with the SIC on 05/04/23 at 12:40pm revealed: -There was no other activity calendar except the one dated June 2021. -The Administrator was the Activity Director and was responsible for making the activity calendar. -She could not do activities with the residents because there was no current activity calendar to use for activities. Interview with the Administrator on 05/04/23 at 1:00pm revealed: -She was the facility's Activity Director and she was responsible for making and posting the activity calendar. -She had not posted an updated activity calendar because the residents did not want to do activities to her knowledge.	C 288	Residents making sure they get 14 hrs each week. This was corrected on 5/16/23.		

Jacinta Okeke Administrator 06/02/23.