

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL081054</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>05/28/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HIGHLANDS SENIOR LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2270 OAKLAND ROAD</b><br><b>FOREST CITY, NC 28043</b>                        |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                           |
| D 000                                                              | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual and follow-up survey on 05/28/24.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D 000                                                                         |                                                                                                                          |  |                                                                    |
| D 316                                                              | 10A NCAC 13F .0905 (c) Activities Program<br><br>10A NCAC 13F .0905 Activities Program<br>(c) The activity director shall:<br>(1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities, and possible cultural differences of the residents;<br>(2) prepare a monthly calendar of planned group activities in a format that is legible and shall be posted in a location accessible to residents by the first day of each month, and updated when there are any changes;<br>(3) involve community resources, such as recreational, volunteer, and religious organizations, to enhance the activities available to residents;<br>(4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program;<br>(5) encourage residents to participate in activities; and<br>(6) assure there are, supplies necessary for planned activities, supervision, and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities. | D 316                                                                         |                                                                                                                          |  |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HIGHLANDS SENIOR LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2270 OAKLAND ROAD</b><br><b>FOREST CITY, NC 28043</b>                        |  |                                                                    |
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| D 316                                                              | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on observations and interviews the facility failed to ensure a monthly calendar of planned group activities was developed and posted in the facility.<br><br>The findings are:<br><br>Observations during initial tour on 05/28/24 at 9:13am revealed there was not an activities calendar for May 2024 posted in the facility.<br><br>Interview with a resident on 05/28/24 at 8:48am revealed a calendar listing activities was not posted anywhere in the facility for him to reference.<br><br>Interview with another resident on 05/28/24 at 9:00am revealed a calendar listing activities was not posted anywhere in the facility for him to reference.<br><br>Interview with the Resident Care Coordinator (RCC) on 05/28/24 at 10:22am revealed:<br>-The facility currently did not have an Activities Director.<br>-If she had free time she put on music or "did something" with residents.<br><br>Interview with the interim Administrator on 05/28/24 at 1:00pm revealed:<br>-The facility currently did not have an Activities Director.<br>-A calendar was not posted because that was the duty of an AD. | D 316                                                                         |                                                                                                                          |  |                                                                    |
| D 317                                                              | 10A NCAC 13F .0905 (d) Activities Program<br><br>10A NCAC 13F .0905 Activities Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D 317                                                                         |                                                                                                                          |  |                                                                    |

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| D 317                                                              | <p>Continued From page 2</p> <p>(d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations and interviews the facility failed to ensure there were 14 hours of planned activities each week to promote the active involvement of residents.</p> <p>The findings are:</p> <p>Observations during initial tour on 05/28/24 at 9:13am revealed:</p> <ul style="list-style-type: none"> <li>-There was not an activities calendar for May 2024 posted in the facility.</li> <li>-There was a bulletin board in the hall next to the dining room that had 4 folders attached to it.</li> <li>-One folder was labeled "sudoku" but there was nothing in the folder.</li> <li>-One folder was labeled "crossword puzzles" but there was nothing in the folder.</li> <li>-One folder was labeled "coloring pages" but there was nothing in the folder.</li> <li>-One folder was labeled "word puzzles" and there were multiple coloring pages in the folder.</li> </ul> <p>Interview with a resident on 05/28/24 at 8:48am revealed:</p> <ul style="list-style-type: none"> <li>-There were no activities at the facility to keep him occupied.</li> <li>-He stayed busy by watching movies and looking at YouTube on his tablet.</li> </ul> <p>Interview with another resident on 05/28/24 at 9:00am revealed there were no activities provided at the facility.</p> | D 317                                                                                             |                                                                                                                          |                                                                    |

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| D 317                                                              | <p>Continued From page 3</p> <p>Interview with a third resident on 05/28/24 at 9:07am revealed bingo was offered one time a week.</p> <p>Interview with a fourth resident on 05/28/24 at 12:43pm revealed:<br/>-Painting and coloring was available if she requested the supplies.<br/>-Activities were not offered routinely.<br/>-She thought residents would participate in activities, if they were offered.</p> <p>Interview with the Resident Care Coordinator (RCC) on 05/28/24 at 10:22am revealed:<br/>-If she had free time she put on music or did some type of activity with residents.<br/>-Activities were not offered routinely.<br/>-Residents would occasionally request coloring activities but other than weekly bingo, activities were not routinely scheduled.</p> <p>Interview with the interim Administrator on 05/28/24 at 1:00pm revealed:<br/>-The Activities Director position had been vacant since January 2024.<br/>-A calendar with 14 hours of planned activities was not developed because that was the duty of an AD.<br/>-She and the RCC offered activities on special occasions, like holidays, but nothing routinely.</p> | D 317                                                                         |                                                                                                                          |  |                                                                    |