STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081054	A. BUILDING: _____ B. WING _____	R 05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLANDS SENIOR LIVING	2270 OAKLAND ROAD FOREST CITY, NC 28043

(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 and follow-up survey on 05/28/24.	D 000	Resident Care Coordinator has contacted activity program regarding the next activity program class. Resident Care Coordinator is on the contact list to be added to the next Class that will begin on August 21, 2024 and will be completed January 15, 2025. Administrator will assure that the resident care coordinator has been registered and the completion of the activity program class. Once the completion of the activity program class is completed, the Administrator will send and Certification will be posted in the facility. Administrative team has also posted a June	January 15, 2025
D 316	10A NCAC 13F .0905 (c) Activities Program 10A NCAC 13F .0905 Activities Program (c) The activity director shall: (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; (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; (3) involve community resources, such as recreational, volunteer, and religious organizations, to enhance the activities available to residents; (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; (5) encourage residents to participate in activities; and (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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] Hicks — TITLE: Admin — (X6) DATE: 6/14/24

Reviewed and acknowledged LSB 06/14/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081054	A. BUILDING: _____ B. WING _____	R 05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLANDS SENIOR LIVING	2270 OAKLAND ROAD FOREST CITY, NC 28043

(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 316	Continued From page 1 This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure a monthly calendar of planned group activities was developed and posted in the facility. The findings are: 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. 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. 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. Interview with the Resident Care Coordinator (RCC) on 05/28/24 at 10:22am revealed: -The facility currently did not have an Activities Director. -If she had free time she put on music or "did something" with residents. Interview with the interim Administrator on 05/28/24 at 1:00pm revealed: -The facility currently did not have an Activities Director. -A calendar was not posted because that was the duty of an AD.	D 316	activity Calendar and will ensure 14 hours a week for activities for each month and will be posted within the facility. Attached is the Class schedule for the activity program Class.	June 6 2024
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program	D 317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081054	A. BUILDING: _____ B. WING _____	R 05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLANDS SENIOR LIVING	2270 OAKLAND ROAD FOREST CITY, NC 28043

(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 317	Continued From page 2 (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. This Rule is not met as evidenced by: 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. The findings are: 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. -There was a bulletin board in the hall next to the dining room that had 4 folders attached to it. -One folder was labeled "sodoku" but there was nothing in the folder. -One folder was labeled "crossword puzzles" but there was nothing in the folder. -One folder was labeled "coloring pages" but there was nothing in the folder. -One folder was labeled "word puzzles" and there were multiple coloring pages in the folder. Interview with a resident on 05/28/24 at 8:48am revealed: -There were no activities at the facility to keep him occupied. -He stayed busy by watching movies and looking at YouTube on his tablet. Interview with another resident on 05/28/24 at 9:00am revealed there were no activities provided at the facility.	D 317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081054	A. BUILDING: _____ B. WING _____	R 05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLANDS SENIOR LIVING	2270 OAKLAND ROAD FOREST CITY, NC 28043

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