STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081051	A. BUILDING: _____ B. WING _____	R 08/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANAS ASSISTED LIVING FACILITY # 2	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 and the Rutherford County Department of Social Services conducted an Annual, follow up survey and complaint investigation on August 4-5, 2015.	D 000		
D 318	10A NCAC 13F .0905 (e) Activities Progam 10A NCAC 13F .0905 Activities Program (e) Residents shall have the opportunity to participate in activities involving one to one interaction and activity by oneself that promote enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative expression. Examples of these activities are crafts, painting, reading, creative writing, buddy walks, card playing, and nature walks. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the 32 residents currently residing in the facility had the opportunity to participate in activities involving one to one interaction and activity by oneself that promoted enjoyment, a sense of accomplishment, increased knowledge, learning of new skills, and creative expression. The findings are: Review of the August 2015 Activity Calendar revealed: -There were 2 activities scheduled per day. -(Per staff and resident interviews) each activity was scheduled for 1 hour. -The activities listed for the week of 8/3/15 through 8/9/15 included bowling, crafts, exercise, story time, board games, movie and snack,	D 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081051	A. BUILDING: _____ B. WING _____	R 08/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANAS ASSISTED LIVING FACILITY # 2	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 318	Continued From page 1 resident choice and Sunday school. Observation on 8/5/15 of activity supplies revealed: -Games included bingo, checkers, and cards. -Craft supplies were available. Confidential interviews with residents revealed: -Occasionally the facility offers bingo. -Occasionally a church group comes in to play music, but they felt like this was not as frequent as it had been in the past. -"Sometimes we have cookouts and ice cream". -"I would like to be able to do more. I read a lot on my own. They don't give prizes for bingo anymore." -"We used to play Bingo with prizes, but since they don't have prizes no one wants to play." -The staff take people out to shop. -"Most of the people like to watch TV or smoke". -"I keep myself busy by reading." -Not much to do here at the facility. -"I do what I want to do, so I am happy." Confidential interviews with staff revealed: -The residents only like to smoke and drink sodas. -When they try and play games only a few of the residents participate. -If prizes are not offered in bingo the residents don't want to play. -The Facility Director and Administrator are responsible for scheduling activities. -They had not heard any residents say they would like to do more activities. -Some residents seem to like it when the church groups come in and sing. -When the activities are done they generally last an hour, and sometimes not as long if the residents don't want to do the activity.	D 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081051	A. BUILDING: _____ B. WING _____	R 08/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANAS ASSISTED LIVING FACILITY # 2	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 318	Continued From page 2 -It is hard to get some residents to do anything. Interview on 8/5/15 at 11:15 am with the Facility Director revealed: -She was a certified activity director. -The Regional Director was responsible for the activity calendar. -Each activity on the calendar is scheduled for an hour, but it is hard to keep some of the residents interested for an hour. -"We do offer activities, but most of the time no one will participate." -"We do try to get residents to play board games, but unless prizes are offered they will not participate." -The residents prefer to smoke more than do activities. -Church groups come in and play music and sing. Interview on 8/5/15 at 12:00 pm with the Regional Director revealed: -She thought that the facility was doing good in regards to activities. -They do cookouts, ice cream socials and parties at special times for the residents. -When they have offered residents things to do in the past they will not participate. -She stated no one had ever asked her about doing anything other than what they were doing. -She said they could be doing more and will start. Interview on 8/5/15 at 12:05 pm with the Administrator revealed: -It is hard to get the residents to participate in activities. -The residents like to sleep and smoke. -"We have activity supplies." -The activities are scheduled for an hour each.	D 318		