		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R	
		hal002004				02/17/2016
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S			
ALEXAN	DER ASSISTED LIVI	NG	HIGHWAY 16 SVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN(	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 000}	Initial Comments		{D 000}			
	Alexander County I	ensure Section and the Department of Social Services up survey on February 17,				
{D 317}	10A NCAC 13F .0905 (d) Activities Program		{D 317}			
	10A NCAC 13F .0905 Activities Program					
	variety of planned g include activities th physical interaction creative expression learning of new skil exclusively for resid exempt from this re facility can demons resident's involvem Examples of group dancing, games, ex parties, discussion council meetings, b appreciation, review spelling bees.	a minimum of 14 hours of a group activities per week that at promote socialization, a, group accomplishment, a, increased knowledge and lls. Homes that care dents with HIV disease are equirement as long as the strate planning for each tent in a variety of activities. activities are group singing, kercise classes, seasonal groups, drama, resident book reviews, music w of current events and				
	Based on observat reviews, the facility	et as evidenced by: ions, interviews and record failed to assure a minimum of d group activities per week				
	The findings are:					
	tour revealed:	(17/16 at 10:00am during initial tting in the living room with				

ORHZ12

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED R 02/17/2016	
		hal002004					
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
	IDER ASSISTED LIVIN	NG	HIGHWAY 16 VILLE, NC 2				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
{D 317}	Continued From pa	age 1	{D 317}				
	main dining room. -Residents going o	eeing some residents in the utside to smoke. on their beds, dressed with					
	Residents during in -"There aren't any a -"The facility did ha Valentine's Day par -"They don't do acti -"We watch some T outside and smoke do. "	activities offered in the facility." we a pizza party and rty."					
	hallway revealed: -A large activity cale numerous activities -There were no sta activities to determ the facility had plan -Activities schedule was "the views tele -Examples of activi religious service, bi along, movie night Day Party 1-3pm ou -On some days cale Day, Ground Hog D	rt or end times listed on the ine how many hours per week aned for activity hours. ed on this calendar for 02/17/16 evision-current events". ities on the calendar were ingo, current events, sing and popcorn cart, Valentine's					
	revealed: -She is responsible -Staff do activities i						

Division of Health Ser STATE FORM

If continuation sheet 2 of 4

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		hal002004	B. WING			R 02/17/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
ALEXAN	DER ASSISTED LIVI	NG	HIGHWAY 16 SVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
{D 317}	<ul> <li>There are no sche We just do outings</li> <li>Observation on 02/ -Two residents wer living room talking.</li> <li>No activities were room.</li> <li>Interview on 02/17/ revealed:</li> <li>Staff did not provid television was on for</li> <li>"We didn't have tir because the eye do</li> <li>Interview on 02/17/ Administrator reveations</li> <li>People in the com activities such as co band, school kids of and on Valentine's</li> <li>Staff person that w working at facility at weeks.</li> <li>She hired a staff perior that staff perior in housekeeping are activities during the -Residents go by the they announce the -No one has activity new Activity Director</li> </ul>	refer to do things on their own. reduled outings for this month. if they come up during month. '17/16 at 1:10 pm revealed: e sitting on the back wall of the being provided in the living '16 at 3:00pm with Staff A de current events but the for residents to watch. ne to do any activities today botor was here this morning." '16 at 3:45pm with the aled: munity come and provide hurch services, blue grass come sometime, manicures Day there was a party. vas doing activities is no longer nd hasn't for the past two verson who will work two days and provide 14 hours of				

6899

ORHZ12

## PRINTED: 03/10/2016 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COMPLETED R 02/17/2016	
		hal002004				
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LEXAN	DER ASSISTED LIVIN	N(-i	C HIGHWAY 16 SVILLE, NC 28			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PRÉFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLET DATE
D 317}	Continued From pa	age 3	{D 317}			
	-					

ORHZ12