STATEMENT	Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA			. 50	RM APPRO	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY	
			30,25,140,		COM	PLETED	
	·	hal002004	B. WING	i i	R		
NAME OF PRO	VIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE 710 COOF	1 02	17/2016	
LEXANDER	ASSISTED LIVING		C HIGHWAY 16 S				
		TAYLOR	SVILLE, NC 286	581			
(X4) ID PREFIX	SUMMARY S (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF COR		· · · · · · · · · · · · · · · · · · ·	
TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	CHVIII V DD	(X5) COMPLET DATE	
(D 000) in	itial Comments		{D 000}			ļ	
			10000				
11	ne Adult Care Licer	sure Section and the	ľ			1	
A	exander County De	partment of Social Services	:			į	
20	16.	survey on February 17,					
				•			
{D 317} 10	A.NCAC 13F .0904	o (d) Activities Program			İ		
			{D 317}				
10.	A NCAC 13F .0905	Activities Program					
- 1						•	
(u)	inere shall be a r	ninimum of 14 hours of a					
inc	lude activities that	up activities per week that promote socialization,					
phy	sical interaction of	roup accomplishment,					
cre	ative expression in	ncreased knowledge and					
lea	ning of new skills.	Homes that care			. !		
exc	lusively for resider	ts with HIV disease are]		1		
exe	mpt from this requ	rement as long as the					
fat;	iity can demonstra	e planning for each			1		
resi	dent's involvement	in a variety of activities	i		·		
r xa	mpies of group act	IVITIES are aroun cinging			4		
uan	ung, games, exerc	ISB classes, seasonal					
pan	ies, discussion aro	UDS, drama regident					
coul	not meetings, book	reviews, music	[
appi	reciation, review of	current events and		•	i		
spe	ling bees.] -	0 1 104 41	~		
		· •		Rule 10A NCAC	13F		
This	Rule is not met as	s evidenced by:	ĺ •	0905 (d) Activity	ac		
Base	on observations	interviews and record	! · ·)	C2		
revie	ws, the facility faile	ed to assure a minimum of		rogram will be	met		
14 n	ours of planned gro	oup activities per week	lh	N The Cil	,		
were	scheduled.		ا.	y the following) .		
The	îndings are:		ľ	laving 14 hrs. E	if a		
Obse	rvation on 02/17/4	6 at 10:00am during initial	∀	aricty of planr	المص		
tour	evealed:	at 10.00am during initial		mun			
		n the living room with	19	roup activities	s per		
televi	sion on	Sie hang room with	h	leck that inc	ا ما، ا		
-No a	ctivities were takin	g place:		of inating	Jude		
of Health Serv	ice Requiation		a	ctivities tha	+		
ORY DIRECTO	RIS OR PROVIDER/SUP	PLIER REPRESENTATIVE'S SIGNATURE					
ennet) * <i>1 - 1 1 1 1 1</i>	Sler	11	TITLE	(X6)	DATE	
ORM			Ud	Mexistrator.	3/16/201	16	
		// se	** ORHZ		, , , , , , , , , , , , , , , , , , , ,		

REVIEWED AND ACCEPTED RM 03/21/16

PRINTED: 03/07/2016

STATEME	of Health Service Reg				PRINTED: 03/07/2 FORM APPRO
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED	
		B. WING	R		
AME OF	PROVIDER OR SUPPLIER	STREET	IDDRESS CITY CT		02/17/2016
LEXAN	DER ASSISTED LIVING		ADDRESS, CITY, STATE, C HIGHWAY 16 SO U		
	·	TAYLOR	SVILLE, NC 28681	TH .	
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DETINATION	ID I		· .
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	(AD)
D 317}	Continued From page	1		DEFICIENCY)	
	1		{D 317} P	romote Sociali	za tien
	main dining room.	ng some residents in the		indoined intologi	c
	-Residents going outs	ide to smoka	l la	roup accomi	Citon,
i	-3 residents laying on	their beds, dressed with	∀ .	roup accomplis	nment,
	lights off.	A STANDO MILLI		COUTING POLACE	
	Confidential lateral				
	Confidential interviews Residents during initia	on U2/16/17 with	! !	ווישרו לונונו וישטרי יש	al cicked
	-"There aren't any activ	ribur revealed: vities offered in the facility."	177	me frame for	A DRILLS
ĺ	- The racially did have a	3 Dizza narty and	la.	Trame for	events
valentine's U	valentine's Day party."				
j	-"They don't do activitie	es here."	Oi	ill be posted and the activity	aras
1	-"We watch some TV, t	alk to each other and go	I IN	n the activity c	alendar,
i	outside and smoke thei do. "	re's nothing much else to	1 .	WILL DO A	<u>l </u>
		is for when state comes in	1 -	" JUNEAU LA L	• i
	not us."	is for what state comes in	e	very of	na
			l he	very other m	on#K
	Observation on 02/17/1	6 at 10:15pm of the main	, –	· Culliva a li	
(3	IGHMON IGAGGIGO:			THOUGH AN CL	
l n	A large activity calenda numerous activities.	r posted on the wall with	1+	intinue to st	ive
-	There were no start or a	And times linked as a	• -	(V(V) // // // / / /	l = :
	ictivities to determine hi	OW many hours possessed.	1 -	TOTAL IN A C.	لسيان
1	TO TOWNEY HAD DISTINGUED I	or activity hours		at include	VITICS
	ACTIVITIES scheduled on	this calendar for aguague	150	nat include g	roup
1 17	GO THE MEMS (BIGMSIUL	3-CHEANT AVAILABLE .			
re	Examples of activities o	n the calendar were.	Co	imes, exercise	7,
a	eligious service, bingo, ong, movie night and n	opcom cart, Valentine's	Ų	-, uxerase	3 5
-	97 1 9107 1-3010 00 02/1	4/17		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	es
-C	n some davs calendar	noted National Taxas	dis	cussion group	-61
	ay, ordana nog Day, C	Tipese New Year Marti	h.,	grow	23,
اق	ras and there were no a	activities listed.	Lak # 6	with the city and	-L
Int	erview 02/47/46 -+ 40	16 man tot m	Cou	uncil meals	
rev	lerview 02/17/16 at 12: vealed:	Iopm with Staff A	ha	uncil meeting	ς,
-Si	he is responsible to do	activities	ه کاستا	in teviewe v	' . 1
-St	taff do activities if they h	have time	ap	preciation, revi	بساد
-H	ave board games they	can play if they want to.	of '	Comment of the Color	iew
lealth S	Service Regulation	, and a main tu.	UT'	current even	

PRINTED: 03/07/2016 FORM APPROVED

Division	of Health Service Rec				FORM APPROV
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY
		1	A. BUILDING	S:	COMPLETED
		hal002004	B. WING_		R
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE YID GOD!	02/17/2016
ALEXANI	DER ASSISTED LIVING		C HIGHWAY 16		
		TAYLOR	SVILLE, NC 2		
(X4) ID PREFIX	SUMMARY ST	TATEMENT OF DEDICIENCIES	ID		
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTION SHOULD PROVIDER'S PLAN OF CORRECTION SHOULD PROVIDE TO	n pr
			TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE
{D 317}	Continued From page	e 2	(D) 0470	0: 1 6: 11:	
ĺ	•		{D 317}	and spelling bee	S.
	-There are no achad	er to do things on their own.	í	We will continu	ا ما
i	We just do outions is:	uled outings for this month.		C	hance lity
i	the last do oddings if t	they come up during month.		tind ways to en	hanca
ľ	Observation on 02/17	7/16 at 1:10 pm revealed:		find ways to en the overall acti	
	 - I wo residents were s 	sitting on the back wall of the	ŀ	1 . 10 ordinant achi	víty !
	HARIE LOOM TEIKING.		i	program.	1
ļ	- No activities were be	eing provided in the living	ř	J	!
	room.	•			
ĺ	Interview on 02/17/16	at 2:00			
	revealed:	at 3:00pm with Staff A		The administra	1 1
	-Staff did not provide o	Cliffent events but the		LUSTY O	LTOP
	television was on for n	esidents to watch		Will monitor thi	<i>c</i>
÷ •	-"We didn't have time t	to do any activities today		on a page 14-14	2
	because the eye docto	or was here this morning."		on a monthly	
1				basis and the	
	Interview on 02/17/16	at 3:45pm with the			
	Administrator revealed		i	director will mo	nitor
	People in the commun	nity come and provide	1	DO O WOOKS !	
ì	and, school kids come	ch services, blue grass e sometime, manicures	1	on a weekly bas	515.
E	and on Valentine's Day	there was a party		*	
-	Staff person that was	doing activities is no longer	į		
v	vorking at facility and h	nasn't for the past two			
· V	veeks.		1		:
	She hired a staff perso	on who will work two days	1.		
If	i nousekeeping and pr	rovide 14 hours of			
a	ctivities during the wee				
th	esidents go by the cation	esidents go by the calendar in the hallway and y announce the activity over the intercom.			
i -N	No one has activity cor	tification at this time but		i	
ne	ew Activity Director will	be going as soon it can			
be	e arranged.	gama do addit it call			
_A	ctivity Director started	on 02/15/17, two days			
pr	for to survey,	, days			
İ					1
!					
-611	Service Regulation				

If continuation sheet 4 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE	FORM APPR (X3) DATE SURVEY COMPLETED R		
		hal002004						
	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	F 70 no.		02/17/2016		
ALEXANI	DER ASSISTED LIVING	3032 N	C HIGHWAY 16 SO	E, ZIP CODE				
(X4) ID	SIMMARYSTA	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUSIC OF THE PROPERTY OF T						
PREFIX TAG	REGULATORY OR LE	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AD		(XS COMPI		
{D 317}	Continued From page	3	{D 317}	DEFICIENCY)				
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