Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           IDENTIFICATION NUMPER         IDENTIFICATION NUMPER		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: FCL011269		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		B. WING		10/21/2016		
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
	IOUSE 6					
			LE, NC 28806			
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
		ensure Section completed an 10/20/16 and 10/21/16.				
C 292	10A NCAC 13G .09	905 (d) Activities Program	C 292			
	10A NCAC 13G .0905 Activities Program					
	variety of planned 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 failed to assure a n planned group activ week, that promote interaction, group a expression, increas	et as evidenced by: ions, interviews, the facility ninimum of 14 hours of vities were provided each ed socialization, physical accomplishment, creative sed knowledge and learning of esidents currently living in the				
	The findings are:					
	Observation of the on 10/20/16 at 10:1 -The calendar was	October 2016 activity calendar I5am revealed:				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011269			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING		10/21/2016		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ANGEL I	IOUSE 6		NOT CIRCLE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
C 292	Halloween Residen marker. -The activity schedu from 10:00am until -The activity schedu alternating board ga -The activity chedul Meetings from 1:00 -The activity schedu chess from 1:00pm last Wednesday of games from 1:00pm -The activity schedu haircuts from 10:00 with walking from 1 -The activity schedu from 6:00pm until 8 resident choice acti -The activity schedu movie night from 7:	n. a dry erase board with Happy ts written on it with black uled for Sundays was church 1:00pm. uled for Mondays was ames led for Tuesdays was House pm until 2:00pm. uled for Wednesdays was until 3:00pm except for the the month which was board n to 3:00pm. uled for Thursdays was lam-1:00pm, cards rotating :00pm until 3:00pm. uled for Fridays was Bingo :00pm alternating with vities 1:00pm until 3:00pm. uled for Saturdays was a	C 292			
	scheduled. Observations throu (Thursday) revealed the walking activity offered or provided Observations throu (Friday) revealed from resident choice action announced, offered	ghout the facility on 10/20/16 d from 1:00pm until 3:00pm, had not been announced, as scheduled. ghout the facility on 10/21/16 om 1:00pm until 3:00pm,				

STATE FORM

6J0211

If continuation sheet 2 of 6

	of Health Service Re				l	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011269		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		10//	21/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
ANGEL H	HOUSE 6		NOT CIRCLE			
(X4) ID PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION)	ON SHOULD BE	(X5) COMPLET
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY		DATE
C 292	Continued From pa	ige 2	C 292			
	on the front door." -"Activities on the s because the staff d -"There isn't anythin -"No one from the " activities are done." -Three residents stat or shopping at a loo "some time." -There used to be " time now. -Five residents state movie. -One resident state activities. An interview on 10/ temporary Supervis -He was assisting t another SIC to work -The Administrator and sometimes oth could go to if they v -The residents in th doing any activities -The SICs were res activities in the hom assessments upon An interview on 10/ Property Manager r -The SICs are resp activity calendars a scheduled for the ro	ated they liked to go out to eat cal store but have not been in 'real outings" but not for some ed they sometimes watched a ed he didn't want to do any 21/16 at 11:05am with the sor-In-Charge (SIC) revealed: he facility until they could find k in this Unit. provided community Bingo er activities the residents vanted. he house were not interested in sponsible for doing the he and completed activity admission. 21/16 at 11:50am with the revealed: onsible for completing their nd the activities that are esidents. one had not completed a				
vision of H	- "I take the resider	onth so she had filled it out. Its for the facilities shopping at times a month and have his month."				

Division of Health Service Regulation STATE FORM

	of Health Service Re			CONSTRUCTION		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011269		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING		10/	21/2016	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
ANGEL H	HOUSE 6		RNOT CIRCLE LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
C 292	Continued From pa	ge 3	C 292			
	home had gone but	ember if anyone from this t she knew several of the with their "workers".				
	Administrator revea -She was a certified -She was unaware calendar met the 14 -She stated she wa things on the calend an activity, such as -She had talked to would tell her the re participate. -She would make s needed in order to -She would make s the requirements an	Activity Director. the activities on the activity hour per week requirement. s aware that her staff had put dar that were not considered				
C 294	10A NCAC 13G .09 (f) Each resident s participate in at lease month. Residents in the community more encouraged to do s This Rule is not me Based on observation review, the facility for resident had the op least one outing even	et as evidenced by: on, interview and record ailed to assure that each portunity to participate in at	C 294			
	The findings are:					
	Observation of the	October 2016 activity calendar				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED	
		IDENTIFICATION NUMBER.	A. BUILDING:		COM	PLETED
		FCL011269	B. WING		10/	21/2016
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ANGEL H	IOUSE 6		RNOT CIRCLE	5		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
C 294	Continued From pa	ige 4	C 294			
	on 10/20/16 at 10:1					
	-It was lying on the room.	couch in the common living				
	-The calendar was	a dry erase board with "Happy	,			
	Halloween Residen marker.	its" written on it with black				
	-On 10/12/16 a resident shopping trip was scheduled. Interviews on 10/20/16 from 10:00am until 12:15pm with 6 residents revealed the following comments concerning activities: -5 of 6 residents did not recall a shopping trip. -"Activities on the schedule don't always happen because the staff don't have time to do it." -"There isn't anything to do so I watch TV all day." -"No one from the "office" makes sure the					
			,			
	activities are done.'	" ated they liked to go out to eat				
	or shopping at a loc	cal store but have not been in				
	"some time."	'real outings" but not for some				
	time now.	real outings but not for some				
	-One resident state activities.	d he didn't want to do any				
		21/16 at 11:05am with the				
		sor-In-Charge (SIC) revealed: ng out this week as he was				
		I another SIC could be hired.				
		e house were not interested in	ı			
	doing any activities -The SICs were res	sponsible for doing all the				
		he including outings.				
		21/16 at 11:50 am with the				
	Property Manager r	<sup>r</sup> evealed: sponsible for the activities that				
	are scheduled for the	he residents.				
	-"I take the resident ealth Service Regulation	ts for the facilities shopping at				

		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL011269	B. WING		10/21/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ANGEL I	HOUSE 6		RNOT CIRCLE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 294	Continued From pa	ge 5	C 294			
	already done one th -She could not rem home had gone but residents had gone -"We're getting read bowling and to the colder." An interview on 10/ Administrator revea -She was a certified -She could not prov supporting evidence place. -She had a new vol assisting with activi -She had talked to activities but staff w not want to participa -She would make s included all outings	ember if anyone from this t she knew several of the with their "workers" . dy to start taking residents movie's since its getting 21/16 at 1:00pm with the aled: d Activity Director. vide any documentation or e that outings were taking unteer who was going to be ties. residents and staff about vould tell her the residents did				