Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED						
			A. BUILDING:		R				
		FCL088010	B. WING		02/19/2018				
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE					
	65 TORE'S DRIVE								
TORE'S H	OME #3	BREVAR	D, NC 28712						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE				
{C 000}	Initial Comments		{C 000}						
	The Adult Care Licens follow-up survey on Fe	sure Section conducted a ebruary 19, 2018.							
{C 288}	10A NCAC 13G .0905(a) Activities Program		{C 288}						
	residents' active involvement families, and the This Rule is not met a Based on observation the facility's Activity Particular Involvement	home shall develop a designed to promote the vement with each other, community.							
	to promote the resider	nts' active involvement with lies and the community for 6							
	The findings are:								
	in the dining-room of t -The calendar was a c -The calendar display month and year	dry eraser calendar. ed February 2018 as the s of the week boxes did not							
	week (Monday throug revealed: -On Monday, "Sing-A-								

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI F	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	
			1 23.25		_	
		FCL088010	B. WING		R 02/19)/2018
					1 02/10	72010
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	ILE, ZIP CODE		
TORE'S H	OME #3	65 TORE	_			
			D, NC 28712			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	(X5) COMPLETE DATE	
{C 288}	Continued From page	e 1	{C 288}			
	-On Friday, Card gam	nes 10am to 1nm				
	-On Saturday, Movie	•				
	-On Sunday, the box					
	•					
		at 9:45am with one resident				
	revealed:					
	what they enjoyed do	en asked, upon admission,				
		know the facility had an				
	activity program.					
		seen any of the scheduled				
	activities in progress.					
	-The resident had not heard other residents talk					
	about activities.					
	Interview on 2/19/18 at 9:45am with a second					
	resident revealed:					
		en asked, upon admission,				
	what they enjoyed do	d playing cards and board				
	games especially Mo					
		d singing hymns, listening to				
	music and playing Do					
		know there was an activity				
	calendar posted in the					
		ntion activities or encourage				
	her participationThe resident did not	know of any outings				
	scheduled for the resi	, ,				
	Observation on 2/19/					
		ervisor-in-Charge (MA/SIC)				
	revealed:	de mesialembibles of the				
		lle resident if he wanted to				
	play a game of check	ers. checkers at the kitchen table				
	and they had started					
	-	en repeated called away to				
		e or to perform her duties.				
		e frustrated when the game				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
TORE'S HOME #3 CASTIC CASTIC CASTIC CASTIC CASTIC			FCL088010	B. WING			
(A4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCE) (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) {C 288} Continued From page 2 (C 288) was continually interrupted. Interview with the facility Manager on 2/19/18 at 11:40am revealed: -She had not noticed the dates on the February 2018 activities calendar, posted in the kitchen, were not correctShe knew there was not an activity program being provided for the residents. Interview with the Maintenance Director on 2/19/18 at 12:15am revealed the Activity Director had been working shifts and had been unable to do activities with the residents. Interview on 2/19/18 at 4:15pm with the Administrator revealed: -He was aware there was no activity program being offered for the residentsThe person responsible for the activity program was covering shifts and not able to provide	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	-	
CAST CAST	TORE'S H	OME #3					
was continually interrupted. Interview with the facility Manager on 2/19/18 at 11:40am revealed: -She had not noticed the dates on the February 2018 activities calendar, posted in the kitchen, were not correct. -She knew there was not an activity program being provided for the residents. -She stated the Administrator also knew there was not an activity program being provided for the residents. Interview with the Maintenance Director on 2/19/18 at 12:15am revealed the Activity Director had been working shifts and had been unable to do activities with the residents. Interview on 2/19/18 at 4:15pm with the Administrator revealed: -He was aware there was no activity program being offered for the residents. -The person responsible for the activity program was covering shifts and not able to provide	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
	{C 288}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 was continually interrupted. Interview with the facility Manager on 2/19/18 at 11:40am revealed: -She had not noticed the dates on the February 2018 activities calendar, posted in the kitchen, were not correctShe knew there was not an activity program being provided for the residentsShe stated the Administrator also knew there was not an activity program being provided for the residents. Interview with the Maintenance Director on 2/19/18 at 12:15am revealed the Activity Director had been working shifts and had been unable to do activities with the residents. Interview on 2/19/18 at 4:15pm with the Administrator revealed: -He was aware there was no activity program being offered for the residentsThe person responsible for the activity program was covering shifts and not able to provide		{C 288}			

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