STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED		
			A. BUILDING:		R			
HAL001025		B. WING		02/20/2019				
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SPRING	/IEW - CROUSE BUIL	DING	HITSETT STF I, NC 27253	REET				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
D 000	Initial Comments		D 000					
		ensure Section conducted an up survey on February 20,						
D 315	15 10A NCAC 13F .0905(a)(b) Activities Program							
	10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities.  This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure residents were offered activities designed to promote the residents' active involvement on a daily basis.							
	The findings are:							
	activities calendar f -From 8:30 am to 8 offered. -From 9:30 am to 1 to be offered. -From 10:00 am to offered. -For10A:30 am to 1 be offered.	9 at 10:35 am of the February for 02/20/19 revealed: ::35 am, Prayer was to be 0:00 am, Daily Chronicles was 10:30 am, Exercise was to be 1:00 am, Devotions were to ::30 pm, a Popcorn Social was						

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/ IDENTIFICA	/SUPPLIER/CLIA TION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			X3) DATE SURVEY COMPLETED	
		7. Bolebino.		R				
HAL001025		B. WING <b>02</b> /2		02/2	0/2019			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
SPRINGVIEW - CROUSE BUILDING 613 W WH GRAHAM			1115E11511 , NC 27253	KEET				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
D 315	Continued From page 1		D 315					
	-From 4:00 pm to 5:00 pm, Current Events were to be offeredFrom 6:30 pm to 7:30 pm, Movies/Snack was to be offered.  Observation on 02/20/19 from 10:00 am to 4:45 pm revealed no resident activities were offered or initiated.							
	Observation on 02/2 two residents came picked up a deck of card game.	into the comm	mon room,					
	Interview on 02/20/residents revealed: -There was an active bulletin board, but the facility; there had to initiate their control of the their control of th	rities calendar nere were no a was nothing to own activities. checkers, and once a month	posted on the activities offered o do, residents					
	Interview on 02/20/resident revealed: -She did not know there was an activit common roomShe missed playing-There were no out eat.	of any activitie y calendar pos g Bingo.	es offered, but sted in the					
	Interview on 02/20/resident revealed the Director (AD) at the months ago and the outings.	ere used to be facility, but sh	e an Activity ne left about six					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
HAL001025		B. WING			R <b>02/20/2019</b>		
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  613 W WHITSETT STREET  GRAHAM, NC 27253						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
D 315	Interview on 02/20/Medication Aide (Ma-Her job was to ass care, administer memeals for 11 residershe was busy; it wfor the residents.  Interview on 02/20/Resident Care Coo-There was not an Ainitiate activities.  -Activity calendars was supposed to read the residents the posteration on 02/20/Resident Server on outing the compast 5-6 months.  -Bingo was offered socials were offered socials were offered socials were offered socials were can afternoon snack.  -The residents were can afternoon snack.  -The residents were as listed on the activities and the composition of 02/20/previous AD revealeds as the RCC responsible for assiculated ar were carriated at the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of the staff were responsible for assiculated as the composition of t	19 at 3:15 pm with the A) revealed: ist residents with personal edications, cook and serve the nts. as hard to provide activities  19 at 3:05 pm with the rdinator (RCC) revealed: AD for the facility; staff were to were made and staff was ne calendar and offer the d activities. ings for the residents for the once a month; ice cream d on Fridays.  20/19 at 3:25 pm revealed: lled to the dining room for the esserved individual bowls of at the table silently eating their not offered a Popcorn Social vity calendar.  19 at 4:20 pm with the ed: in another building, but was uring the activities on the ed out. consible for initiating the	D 315				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED		
HAL001025		B. WING			R <b>02/20/2019</b>		
	NAME OF PROVIDER OR SUPPLIER  SPRINGVIEW - CROUSE BUILDING  STREET ADDRESS, CITY, STATE, ZIP CODE  613 W WHITSETT STREET  GRAHAM, NC 27253						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  '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) COMPLETE DATE	
D 315	Manager revealed: -Facility staff were residents' activitiesNot all residents wactivities.	responsible for initiating the anted to participate in on 02/20/19 at 4:45 pm with	D 315				

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