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Division of Health Ser	vice Regulation				FORM APPROV
STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION	IES (X1) PRO	OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION RALEIGH	(X3) DATE SURVEY COMPLETED
	F	CL092276	B. WING		C
NAME OF PROVIDER OR SU	PPLIER	STREET	ADDRESS, CITY, S	TATE TO CORE	05/13/2021
NORTH CAROLINA AC			OOLE ROAD	IAIE, ZIP CODE	
NORTH CAROLINA ASS	SISTED LIVING NO		H, NC 27610		
(X4) ID S	UMMARY STATEMENT	OF DEFICIENCIES	, ID	PROVIDER'S PLAN OF CORRECTION	N
PREFIX (EACH TAG REGU	DEFICIENCY MUST BE ATORY OR LSC IDENTI	FYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET
C 000 Initial Comm	nents		C 000		
The Adult C initial survey 05/13/21.	are Licensure Sec and a complaint i	tion conducted an investigation on			
C 272 10A NCAC Service	13G .0904(d)(2) N	utrition and Food	C 272	-> Nutrition + tood Services	-
Service	13G .0904 Nutrition			food services	
(2) Foods a residents' di to all resider	nd beverages that ets shall be offered its as snacks betw	are appropriate to d or made available een each meal for and shown on the			714
Based on ob	not met as eviden	erviews, the facility		staff shall offe make snacks and as menue shar that is approve for that durat huring snack of	er and eilable t d. by
The findings	are:			for that durat	2 <b>0</b> 4 ∴
Interview with 9:14am rever facility.	n the Administrator aled 4 residents re	on 05/13/21 at sided in the		Herring mack of Staff sho will pe	ine
revealed:	one resident on 0 d a snack when sh	05/13/21 at 9:10am		guardes out and	let
snackShe would a	sk the personal ca			that is snack !	
-She was not	offered snacks.			Adminstrator a	ill ET
9:20am revea -She received	1 snack daily.	t on 05/13/21 at		every month	114
on of Health Service Regula RATORY DIRECTOR'S OR PR	ACOVIDER/SUPPLIER REI	War. S	٧.	Advinistator	(X6) DATE 5/14/
Revieu	ved a	nd	O	1NS11	If continuation sheet 1 of
acco	epted	on 7/1,	191 1	sey hourself	

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ B. WING 05/13/2021 FCL092276 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5818 POOLE ROAD **NORTH CAROLINA ASSISTED LIVING NO 2** RALEIGH, NC 27610 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES O(4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 272 Continued From page 1 C 272 -The PCA gave snacks to her. -She could ask the PCA to get more snacks if she wanted another snack. Interview with a third resident on 05/13/21 at 9:29am revealed: -She received 1 snack daily. -The PCA gave snacks to her. -She would ask the PCA for more snacks if she wanted another snack. Review of the facility regular diet menu on 05/13/21 revealed: -There were three snacks a day on the menu. -The morning snack was a beverage of choice and oatmeal cookies. -The afternoon snack was tomato juice and crackers. -The evening snack was tomato juice and crackers. Staff has been 3/14
Netrained of the 14
Importance of following
Menn. She vabalized
under standing
Administrator will
Motitor for Compliane Interview with the PCA on 05/13/21 at 9:46am revealed: -She provided residents with snacks when they asked for them. -She did not offer the residents any snacks. -She assumed "residents were not hungry if they did not ask for a snack". Interview with the Administrator on 05/13/21 at 2:33pm revealed: -She was not aware that the PCA did not offer residents a snack 3 times a day. -She expected the PCA to follow the menu and offer the residents 3 snacks a day. C 290 C 290 10A NCAC 13G .0905 (b) Activities Program 10A NCAC 13G .0905 Activities Program

If continuation sheet 3 of 5

STATEMENT	of Health Service Req	(X1) PROVIDER/SUPPLIER/CLIA	OVO THE PER		<u> </u>
	OF CORRECTION	IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY
			A. BUILDING:		COMPLETED
		Î			rues
		FCL092276	B. WING		C
AME OF P	ROVIDER OR SUPPLIER				05/13/202
07 71	WHITER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE	
ORTH CA	AROLINA ASSISTED LIN	VING NO 2 5818 PG	DOLE ROAD		
	20 00 00	RALEIG	H, NC 27610		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	DPO(SDEDIG PLAN OF CORD	
PREFIX TAG	REGULATORY OF	Y MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO	· · · · · · · · · · · · · · · · · · ·
	MEGODATORT DR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APP	ROPRIATE DA
				DEFICIENCY)	
C 290	Continued From page	9 2	C 290	A 1 - 1 - 1	
1				Activities !-	Atte
Ü	(b) The program sho	Il be designed to promote	į		1000
	active involvement his	all residents but is not to			100
	require any individual	to padicipate in			14
	against his will If the	to participate in any activity			
	resident's shills to	re is a question about a			· 40
	residente ability to pa	rticipate in an activity, the			"
,	statement ross-dian s	hall be consulted to obtain a			
	orerement regarding ti	he resident's capabilities.			<b>2</b> 00
i					2
Î					Î
ļ			i i		1
7	This Dulo is set				
	This Rule is not met a	as evidenced by:			8
	baseu un opservation: Failed to develor an	s and interviews, the facility			T.
	failed to develop an ac	arvity program that	1		1
, p	resided in the facility.	rement for all residents who			
"	outour in the racility.		1		88
1	The findings are:				<b>:</b> %
	ino miuniya are.				
! te	nterview with the Adm	inistrator on 05/13/21 at	1		
, ,,	:14am revealed 4 res	Idente resided in the			
, fs	acility.	idenia resided in the			-
	<b>.,</b> .		1		
R	Review of the activity of	alendar on 05/13/21 at			
9	:40am revealed:	Alerida (III 05/13/21 at	1		*
		calendar posted in the			
m	nain living area dated I	May 2024			
-/-	Activities included: chu	Irch came mama-	1 :		8
Q.	ames, board names	oga, and word search.			6.
-T	There was a total of 15	scheduled activity hours			-
Dé	er week.	scheduled activity nours			
1			1	rativity by solie.	will 127
J 0	bservation of the activ	rity supplies on 05/14/2019	4 1	JOHNA STANIE	2//
	3:00 pm revealed the	ore were no activity		14 Present in Facil	ity as it
at	P 12 100100 (110	TO HOTE THE ACTIVITY	1	match withth	01 4
aı	ipplies in facility			ctivities and	- 3/2 : P
aı	applies in facility.		1 1/27		
Su	ipplies in facility.	t on 05/42/04 - 4 5 45	a	chillia posted i	n the
au Su Int	applies in facility. terview with a residen	t on 05/13/21 at 9:10am	1	Activity supplies re present in Facil to match withth consisted in alander.	114
Int	ipplies in facility. terview with a residen vealed:		1	alander .  nservice will be	114
Int	applies in facility. terview with a residen		1	a lariolor -	given

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					COMPLETED	
		FCL092276	B. WING		C 05/13/2021	
NAME OF P	ROVIDER OR SUPPLIER	\$TDEET.	ADDRESS, CITY, S	TATE ZIR CODE	1 00 10/202 1	
TO ANIL OF T	NO VIDEN ON GOFF ELEN		OOLE ROAD	INIC, ZF CODE		
NORTH C	AROLINA ASSISTED LI	VING NO 2	H, NC 27610			
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S		
TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE AP		
2.000		_		DEFICIENCY)	1	
C 290	Continued From page 3		C 290	· Imput of choice activities will	of 5/	
	-She could play gam			activities will	be , /14/	
		per when the last time she			hont 1/2	
	participated in an ac	tivity provided by the facility.		affirded to d	-1	
	Interview with a seco	and resident on 05/13/21 at		during planning activities to	4	
	9:20am revealed:			1.0 Las to 2	r clude	
	-The facility did not o			activities	Inuday.	
l v	<ul> <li>She would like to pa were offered to her.</li> </ul>	articipate in activities if they		in monthly co	Wrote	
	. But a ferral section of all and an arrangements of the section o	tched television as her daily		S/2 M 105.11 1.	CHARLE	
	activities.	relied television as her daily		o state Will do	Lymen	
			-		9	
	Interview with a third	resident on 05/13/21 at		progress note	ou	
	9:25am revealed:	_		I lead of Land Me		
	-The facility did not o	V-5.		7.00	-01-	
	<ul> <li>She would like to participate involved exercising.</li> </ul>	articipate in activities that		L.f.	, will 6//	
	arrowed exercising.			gamis fuce.	114	
		nal care aide (PCA) on		Admistrator Montos	. 114	
	05/13/21 at 10:06am			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	W.	
	of the activity calend	ties to the residents based off			1	
	S (5)	rovided an activity to the				
	residents was "last n					
		nts did not want to participate				
		were provided to them.				
1		activities if no one was		1 6.	. : //	
	interested in them.			Administrator	$\omega_{iii}$	
į	Interview with the Su	pervisor on 05/13/21 at		ha as as sille	10	
	1:37pm revealed:	Propose with the state of the s		The woll can the		
		vas responsible to create the		monitor com	Mance 1	
	activity calendar for			1 . 4 -	5/	
		ctivies listed on the activity ed to the residents in the		at least an	an 114	
	facility.	o die residents in the		11. mate	100	
		ivity with the residents last	İ	merin pud	pa)	
	night.			reded	>0	
	-She did not know w	hy residents said the facility				
	did not offer activities	S.				