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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092276	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <u>ADULT CARE LICENSURE SECTION RALEIGH</u> B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/13/2021
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NAME OF PROVIDER OR SUPPLIER NORTH CAROLINA ASSISTED LIVING NO 2	STREET ADDRESS, CITY, STATE, ZIP CODE 6818 POOLE ROAD RALEIGH, NC 27610
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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C 000	Initial Comments The Adult Care Licensure Section conducted an initial survey and a complaint investigation on 05/13/21.	C 000		
C 272	10A NCAC 13G .0904(d)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to offer or make snacks available three times a day. The findings are: Interview with the Administrator on 05/13/21 at 9:14am revealed 4 residents resided in the facility. Interview with one resident on 05/13/21 at 9:10am revealed: -She received a snack when she asked for a snack. -She would ask the personal care aide (PCA) for a snack when she wanted one. -She was not offered snacks. Interview with a second resident on 05/13/21 at 9:20am revealed: -She received 1 snack daily.	C 272	<p>→ Nutrition & food services:</p> <p>Staff shall offer and make snacks available as menu chart that is approved by for that duration.</p> <p>During snack time staff will put snacks out and let the residents know that is snack time. Administrator will monitor at least every month.</p>	<p>5/14/21</p> <p>5/14/21</p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Rosemary Nwan Kwo. TITLE Administrator (X6) DATE 5/14/21

STATE FORM 0899 O1NS11 If continuation sheet 1 of 5

Reviewed and accepted on 7/1/21 by [Signature]

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C 272	<p>Continued From page 1</p> <p>-The PCA gave snacks to her. -She could ask the PCA to get more snacks if she wanted another snack.</p> <p>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.</p> <p>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.</p> <p>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".</p> <p>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.</p>	C 272	<p><i>Staff has been retrained of the importance of following menu. She verbalized understanding 5/14/21</i></p> <p><i>Administrator will monitor for compliance</i></p>	
C 290	<p>10A NCAC 13G .0905 (b) Activities Program</p> <p>10A NCAC 13G .0905 Activities Program</p>	C 290		

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C 290	Continued From page 2 (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 develop an activity program that promoted active involvement for all residents who resided in the facility. The findings are: Interview with the Administrator on 05/13/21 at 9:14am revealed 4 residents resided in the facility. Review of the activity calendar on 05/13/21 at 9:40am revealed: -There was an activity calendar posted in the main living area dated May 2021. -Activities included: church, cards, memory games, board games, yoga, and word search. -There was a total of 15 scheduled activity hours per week. X Observation of the activity supplies on 05/14/2019 at 3:00 pm revealed there were no activity supplies in facility. Interview with a resident on 05/13/21 at 9:10am revealed: -She watched television as her daily activity.	C 290	Activities :- Activity supplies will be present in facility as to match with the activities posted in the calendar. Inservice will be given to staff regarding imp. activities	May 14th 2021 5/14/21

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C 290	<p>Continued From page 3</p> <ul style="list-style-type: none"> -She could play games if she wanted to. -She did not remember when the last time she participated in an activity provided by the facility. <p>Interview with a second resident on 05/13/21 at 9:20am revealed:</p> <ul style="list-style-type: none"> -The facility did not offer any activities. -She would like to participate in activities if they were offered to her. -She walked and watched television as her daily activities. <p>Interview with a third resident on 05/13/21 at 9:25am revealed:</p> <ul style="list-style-type: none"> -The facility did not offer any activities. -She would like to participate in activities that involved exercising. <p>Interview with personal care aide (PCA) on 05/13/21 at 10:06am revealed:</p> <ul style="list-style-type: none"> -She provided activities to the residents based off of the activity calendar. -The last time she provided an activity to the residents was "last night". -Some of the residents did not want to participate in the activities that were provided to them. -Staff did not change activities if no one was interested in them. <p>Interview with the Supervisor on 05/13/21 at 1:37pm revealed:</p> <ul style="list-style-type: none"> -The Administrator was responsible to create the activity calendar for each month. -She expected the activities listed on the activity calendar to be offered to the residents in the facility. -The PCA did an activity with the residents last night. -She did not know why residents said the facility did not offer activities. 	C 290	<p>• Input of choice of activities will be afforded to client during planning of activities to include in monthly calendar.</p> <p>• Staff will document and maintain a progress note on the client.</p> <p>Administrator will monitor</p> <p>Administrator will be responsible to monitor compliance at least every month and as needed</p>	<p>5/14/21</p> <p>5/14/21</p> <p>5/14/21</p>