Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
IDENTIFICATION NOWIDER.		A. BUILDING:						
		FCL092276		B. WING			C 05/13/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
NORTH C	AROLINA ASSISTED LIV	/ING NO 2	818 POOL RALEIGH, I					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X COMP		
C 000	0 Initial Comments			C 000				
	The Adult Care Licensure Section conducted an initial survey and a complaint investigation on 05/13/21.							
C 272	72 10A NCAC 13G .0904(d)(2) Nutrition and Food Service			C 272				
	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.		to ble ^f or					
	This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to offer or make snacks available three times a day.							
	The findings are:							
		ministrator on 05/13/21 at esidents resided in the						
	revealed:	ent on 05/13/21 at 9:10an	n					
	snackShe would ask the p a snack when she wa -She was not offered		or					
	Interview with a seco 9:20am revealed: -She received 1 snac	nd resident on 05/13/21 a k daily.	t					

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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) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING:		COMPLETED			
		_						
FCL092276			B. WING		05/1	3/2021		
		•		•				
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
			5818 POOL	E ROAD				
NORTH C	AROLINA ASSISTED LIV	ING NO 2	RALEIGH, I	NC 27610				
				1.0.0				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE	
PREFIX TAG	,	LSC IDENTIFYING INFORMATI		PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE	
IAG			,	170	DEFICIENCY)			
C 272	Continued From page	e 1		C 272				
	-The PCA gave snack							
	-She could ask the Po	CA to get more snacks	if she					
	wanted another snac	k.						
	Interview with a third	resident on 05/13/21 at						
	9:29am revealed:							
	-She received 1 snac	k daily						
		-						
	-The PCA gave snack							
	-She would ask the PCA for more snacks if she							
	wanted another snac	k.						
	Observation of the sn	acks on hand on 05/13	/21					
	revealed there were peanut butter crackers							
	available for snack in							
	Review of the facility's	s regular diet menu on						
	05/13/21 revealed:	o rogalar alot mona on						
		acks a day listed on the						
		acks a day listed on the	•					
	menu.							
	-The morning snack was a beverage of choice		ce					
	and oatmeal cookies.							
	-The afternoon snack was tomato juice and							
	crackers.							
	-The evening snack v	vas tomato juice and						
	crackers.							
	Interview with the PC	A on 05/13/21 at 9:46a	m					
	revealed:							
		nts with snacks when th	nev/					
	asked for them.	nto with ondotto when the	icy					
		rooidonto any anadia						
		residents any snacks.	41					
		ents were not hungry if	uiey					
	did not ask for a snac	ck".						
	Interview with the Adr	ministrator on 05/13/21	at					
	2:33pm revealed:							
	· ·	hat the PCA did not off	er					
	residents a snack 3 ti	mes a dav.						
		CA to follow the menu a	nd					
	offer the residents 3 s		114					
		onauno a uay.						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
FCL092276			B. WING	B. WING		
NAME OF PR	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STA	TE, ZIP CODE		
NORTH C	AROLINA ASSISTED LIV					
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	IGH, NC 27610	PROVIDER'S PLAN OF	- CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
C 290	C 290 10A NCAC 13G .0905 (b) Activities Program					
	10A NCAC 13G .0905	5 Activities Program				
	active involvement by require any individual against his will. If the resident's ability to pa resident's physician s	Il be designed to promote all residents but is not to to participate in any activity are is a question about a participate in an activity, the shall be consulted to obtain a the resident's capabilities.				
	interviews, the facility implement an activity	as evidenced by: ews, observations, and failed to develop and program that promoted r all residents who resided in				
	The findings are:					
		ministrator on 05/13/21 at sidents resided in the				
	05/13/21 at 9:40am re-There was an activity main living areaActivities included: ci games, board games -There was hangman 05/13/21 from 6:00pm -There was a total of per week.	y calendar posted in the hurch, cards, memory , yoga, and word search. scheduled as on activity on n to 7:00pm. 15 scheduled activity hours				
	-There was a total of per week.					

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A BUILDING: COMPLETED COM
NORTH CAROLINA ASSISTED LIVING NO 2 (X4) ID PREFIX TAG (CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 290
NAME OF PROVIDER OR SUPPLIER NORTH CAROLINA ASSISTED LIVING NO 2 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 290 C 290 C 290 C 290 Continued From page 3 revealed: -She watched television as her daily activityShe could play games if she wanted toShe did not remember when the last time she participated in an activity provided by the facility. Interview with a second resident on 05/13/21 at 9:20 am revealed: -The facility did not offer any activities if they were offered to herShe walked and watched television as her daily activityShe would like to participate in activities if they were offered to therShe walked and by the facility activities. Interview with a third resident on 05/13/21 at 9:25 am revealed: -The facility did not offer any activitiesShe watched television as her daily activityShe would like to participate in activities that involved exercising. Interview with personal care aide (PCA) on 05/13/21 at 10:06 am revealed: Interview with personal care aide (PCA) on 05/13/21 at 10:06 am revealed:
NORTH CAROLINA ASSISTED LIVING NO 2 SUMMARY STATEMENT OF DEFICIENCIES TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 290 Continued From page 3 revealed: -She watched television as her daily activityShe could play games if she wanted toShe did not remember when the last time she participated in an activity provided by the facility. Interview with a second resident on 05/13/21 at 9:20am revealed: -The facility did not offer any activitiesShe walked and watched television as her daily activityShe walked and watched television as her daily activitiesShe walked and watched television as her daily activitiesShe walked and matched television as her daily activityShe would like to participate in activitiesShe watched television as her daily activityShe would like to participate in activities that involved exercising. Interview with personal care aide (PCA) on 05/13/21 at 10:06am revealed:
RALEIGH, NC 27610 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH OBFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 290 Continued From page 3 revealed: -She watched television as her daily activityShe could play games if she wanted toShe did not remember when the last time she participated in an activity provided by the facility. Interview with a second resident on 05/13/21 at 9:20am revealed: -The facility did not offer any activities if they were offered to herShe walked and watched television as her daily activities. Interview with a third resident on 05/13/21 at 9:25am revealed: -The facility did not offer any activitiesShe watched television as her daily activityShe would like to participate in activities that involved exercising. Interview with personal care aide (PCA) on 05/13/21 at 10:06am revealed:
C 290 Continued From page 3 C 290
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of the activity calendar. -The last time she provided an activity to the residents was "last night". -She offered an exercise activity for the residents "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. Interview with the Supervisor on 05/13/21 at 1:37pm revealed: -The Administrator was responsible for creating the activity calendar for each month. -She expected the activies listed on the activity calendar to be offered to the residents in the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED				
AND I DAN OF CONNECTION		A. BUILDING:							
FCL092276			B. WING 05/13/2021						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
NORTH C	NORTH CAROLINA ASSISTED LIVING NO 2 5818 POOLE ROAD RALEIGH, NC 27610								
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL				PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE		
C 290	facilityThe PCA did an activing the per the activity of the section with a continuous section of the section	vity with the residents last calendar y residents said the facility		C 290					

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