**SUMMARY STATEMENT OF DEFICIENCIES**

1. Resident #84 was admitted to the facility on 2/1/13 with diagnoses of S/P (status post) Tracheostomy, Depression, and Chronic Anxiety. Resident #84 was cognitively intact and able to communicate effectively by nodding/shaking his head, using gestures, writing, and speaking a few words at a time by covering the tracheostomy. 

   A review of the initial Activities Assessment of 1/4/13 revealed Resident #84 indicated if he could do any activity that he wanted, whenever he wanted, he would fish. Activity notes for 2/14/13 revealed, "Resident likes TV (television) in his room and smoking outside alone. Cannot talk but can write notes to let me know what he likes or needs. Seems to be

   Resident #84 has received received hunting and fishing magazines laid at his bedside along with additional CD's for his listening pleasure. The administrator has inserviced the Activity Director on one-on-one activities and resident preferences. The AD will continue to offer one-on-one activities to meet the needs of each resident. The facility has purchased a variety of magazines, music, and movies that will suit the needs of any resident. In the event that a resident refuses, the AD will continue to offer materials and leave them in their room or at their bedside for their leisurly use. The offering of these materials will be documented in the activity log for each individual resident. The administrator will make rounds once weekly to 5 residents and interview each to insure that their individual interests are addressed with appropriate material, then make rounds to

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**PROVIDER'S PLAN OF CORRECTION**

The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.

This REQUIREMENT is not met as evidenced by:

Based on observations, record review, staff interview, and resident interview, the facility failed to provide activities according to activity preferences for 1 of 2 residents (Resident # 84). Findings included:

1. Resident # 84 was admitted to the facility on 2/1/13 with diagnoses of S/P (status post) Tracheostomy, Depression, and Chronic Anxiety. Resident #84 was cognitively intact and able to communicate effectively by nodding/shaking his head, using gestures, writing, and speaking a few words at a time by covering the tracheostomy.

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**Laboratory Director's or Provider/Supplier Representative's Signature**

Electronically Signed

03/13/2014
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a loner. Will encourage group therapy and do 1:1 (one-to-one visits). " Activity notes for 5/6/13, 7/31/13, and 10/24/13 revealed Resident # 84 continued to refuse most activities, watched TV in his room, and smoked outside alone.

A review of the Annual Minimum Data Set (MDS) assessment of 1/17/14, the F 0500 Interview for Activity Preferences revealed Resident # 84 indicated it was "Very important to: listen to music he likes, do favorite activities, go outside when the weather is good. " The assessment revealed "Somewhat important: to have books, newspapers, and magazines to read." The assessment revealed "Not very important: do things with groups of people."

A review of Resident # 84’s most recent activities care plan dated 1/24/14 revealed, "Psychosocial needs aeb (as evidenced by) ineffective coping due to change in life-style / health. Goal: will attend 1-2 group activities / month for socialization. " Interventions included: "positive reinforcement, encourage to socialize with peers, refer to (social worker / activities) for 1:1 visits, avoid isolating resident, facilitate and explore expressions of feelings, engage in active listening, allow progress at own rate, involve in plan of care, reduce stigma of isolation by respecting dignity."

A review of the Care Plan Evaluation dated 1/24/14 revealed: "Little interest in doing things, change in activity status. " Interventions included: "Identify type of music he prefers and offer music regularly, magazines, listens to radio or music box."

During an interview on 2/25/14 at 10:40 AM,
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**X1** PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345252

**X2** MULTIPLE CONSTRUCTION

A. BUILDING _____________________________
B. WING _____________________________

**X3** DATE SURVEY COMPLETED

C 02/28/2014

**NAME OF PROVIDER OR SUPPLIER**

WARSAW HEALTH & REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

214 LANEFIELD ROAD
WARSAW, NC  28398

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| F 248     |     | Continued From page 2
Resident # 84 indicated he loved to fish but there were no fishing related activities in the facility. Resident # 84 indicated he liked to hunt but there was nothing to do in Activities related to hunting. Resident # 84 stated he liked the older country music of the 1950 's and 1960 's but the facility didn 't play it much. Resident # 84 stated he had lived at the beach for 20 years and would enjoy beach-related activities, but the facility didn 't have them. Resident # 84 indicated staff did not provide anything related to his interests.

On 2/28/14 at 9:30 AM, Resident # 84 was observed in room. A TV, radio, and compact disc (CD) player were noted in the room. Resident # 84 indicated he had 4 compact discs he listened to other than the radio. Two CDs were "oldies" from the 1970s, one was by a gospel / country group, and one was of country music of the type Resident # 84 had indicated he liked. When asked if the Activities Director (AD) brought movies or magazines about fishing or hunting to him, Resident # 84 shook his head no. When asked if the AD brought country music to him, Resident # 84 shook his head no.

During an interview on 2/28/14 at 9:44 AM, the Activities Director (AD) stated, "(Resident # 84) is kind of a loner. I offer activities and invite him to wine and cheese but he doesn't come. Sometimes he will wander into activities and might look around but goes right back out. I offer bingo, word search, reading, and tell him about anything we are doing in activities. I tell him what we are doing and he's not interested. He has watched westerns. He likes to watch TV, westerns and movies. I have movies for residents to borrow but I don't think he ever has. I do 1:1 visits with him. I talk to him a lot when I..."
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<td>F 248</td>
<td>Continued From page 3</td>
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<td>see him when he goes out to smoke and I go out. I stop and chat with him. If he has trouble talking, he writes a note. His activity preferences are updated every 3 months. I haven't taken music to him, I don't have many CD's, I have some oldies. I have offered a fishing trip and he was supposed to go and he backed out. It was about a year ago. We haven't had one recently because of the weather. We did do one beach fishing trip about 3 years ago. I have a whole lot of hunting and fishing magazines in here (activities office). I have a certain day for taking magazines to residents, some take them and some don't. I can't say if I have taken him anything but it's the ones who don't go to activities that I try to get to, and I feel like I have. ” The AD stated she did not know if Resident # 84 knew there were fishing and hunting magazines and movies in the activities office or not. On 2/28/14 at 10:40 AM, the AD stated she taken fishing magazines to Resident # 84 and chatted with him.</td>
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