

PRINTED: 03/07/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  hal002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/17/2016
NAME OF PROVIDER OR SUPPLIER  ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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
{D 000}	Initial Comments  The Adult Care Licensure Section and the Alexander County Department of Social Services conducted a follow up survey on February 17, 2016.	{D 000}		
{D 317}	10A.NCAC 13F .0905 (d) Activities Program  10A NCAC 13F .0905 Activities Program  (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure a minimum of 14 hours of planned group activities per week were scheduled.  The findings are:  Observation on 02/17/16 at 10:00am during initial tour revealed: -Three residents sitting in the living room with television on. -No activities were taking place.	{D 317}	Rule 10A NCAC 13F .0905 (d) Activities Program will be met by the following: having 14 hrs. of a variety of planned group activities per week that include activities that	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Kenneth R Ramsey*

STATE FORM

TITLE

*Administrator*

(X6) DATE

3/16/2016

5099

ORHZ12

If continuation sheet 1 of 4

REVIEWED AND ACCEPTED RM 03/21/16

Division of Health Service Regulation

PRINTED: 03/07/2016  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ha002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  R 02/17/2016
NAME OF PROVIDER OR SUPPLIER  ALEXANDER ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681			
(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	
{D 317}	Continued From page 1  - Eye doctor was seeing some residents in the main dining room. - Residents going outside to smoke. - 3 residents laying on their beds, dressed with lights off.  Confidential interviews on 02/16/17 with Residents during initial tour revealed: - "There aren't any activities offered in the facility." - "The facility did have a pizza party and Valentine's Day party." - "They don't do activities here." - "We watch some TV, talk to each other and go outside and smoke there's nothing much else to do." - "The activity calendar is for when state comes in not us."  Observation on 02/17/16 at 10:15pm of the main hallway revealed: - A large activity calendar posted on the wall with numerous activities. - There were no start or end times listed on the activities to determine how many hours per week the facility had planned for activity hours. - Activities scheduled on this calendar for 02/17/16 was "the views television-current events". - Examples of activities on the calendar were religious service, bingo, current events, sing along, movie night and popcorn cart, Valentine's Day Party 1-3pm on 02/14/17. - On some days calendar noted National Freedom Day, Ground Hog Day, Chinese New Year, Mardi Gras and there were no activities listed.  Interview 02/17/16 at 12:15pm with Staff A revealed: - She is responsible to do activities. - Staff do activities if they have time. - Have board games they can play if they want to.	{D 317}	Promote Socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning new skills. Time frame for events will be posted on cards on the activity calendar. There will be at least one scheduled outing every other month as required. We will continue to strive to get residents involved in activities that include group singing, dancing, games, exercise, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events		

PRINTED: 03/07/2016  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  R 02/17/2016
NAME OF PROVIDER OR SUPPLIER  ALEXANDER ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681		
(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	
{D 317}	Continued From page 2  -Some residents prefer to do things on their own. -There are no scheduled outings for this month. We just do outings if they come up during month.  Observation on 02/17/16 at 1:10 pm revealed: -Two residents were sitting on the back wall of the living room talking. -No activities were being provided in the living room.  Interview on 02/17/16 at 3:00pm with Staff A revealed: -Staff did not provide current events but the television was on for residents to watch. -"We didn't have time to do any activities today because the eye doctor was here this morning."  Interview on 02/17/16 at 3:45pm with the Administrator revealed: -People in the community come and provide activities such as church services, blue grass band, school kids come sometime, manicures and on Valentine's Day there was a party. -Staff person that was doing activities is no longer working at facility and hasn't for the past two weeks. -She hired a staff person who will work two days in housekeeping and provide 14 hours of activities during the week. -Residents go by the calendar in the hallway and they announce the activity over the intercom. -No one has activity certification at this time but new Activity Director will be going as soon it can be arranged. -Activity Director started on 02/15/17, two days prior to survey.	{D 317}	and spelling bees. We will continue to find ways to enhance the overall activity program.  The administrator will monitor this on a monthly basis and the director will monitor on a weekly basis.		

Division of Health Service Regulation

PRINTED: 03/07/2016  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ha1002004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 02/17/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  ALEXANDER ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681
---	--

(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
[D 317]	Continued From page 3	[D 317]		