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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	2773 PINEWOOD HOME ROAD PINK HILL, NC 28572

(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 conducted an annual and follow-up survey and complaint investigation on January 29, 30, and 31, 2020. The complaint investigation was initiated by the Lenoir County Department of Social Services on January 15, 2020.	D 000		
D 129	10A NCAC 13f .0404 (2) Qualifications Of Activity Director 10A NCAC 13f .0404 Qualifications Of Activity Director (2) The activity director hired on or after July 1, 2005 shall have completed or complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. A person with a degree in recreation administration or therapeutic recreation or who is state or nationally certified as a Therapeutic Recreation Specialist or certified by the National Certification Council for Activity Professionals meets this requirement as does a person who completed the activity coordinator course of 48 hours or more through a community college before July 1, 2005. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure there was a designated adult care home Activity Director (AD) who had completed the basic training for the Assisted Living AD within 9 months of employment.	D 129		

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D 129	Continued From page 1 The findings are: Based on record reviews, the Assisted Living had a current census of 34 residents and the Special Care Unit (SCU) had a current census of 28 residents. Review of Staff C's. AD, personnel record revealed: -She was hired as AD on 04/18/19. -There was no documentation that she had completed the basic training for the Assisted Living AD within 9 months of hire. Interview with the AD on 01/31/20 at 10:28 am revealed: -She was hired on 04/18/19 as AD. -She had not completed the basic training for the Assisted Living AD within 9 months of hire. -Her other duties included working as a medication aide (MA) 3 to 4 times per week and transporting residents to their appointments. -The floor staff did daily activities when she was not available. -She had a daily activity participation sheet for the staff to filled out Interview with the Administrator on 01/31/20 at 1:45 pm revealed: -He became the Administrator at the facility 2 weeks ago. -There was an AD at the facility. -She had other duties which included working as a MA 3 to 4 times per week and transporting residents to their appointments. -The floor staff did daily activities when the AD was not available. -He did not know the AD had not completed the basic training for AD within 9 months of employment.	D 129		

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D 129	Continued From page 2 -He would notify the corporate office to see when the AD would complete the basic training for the Assisted Living AD.	D 129		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 6 sampled staff (Staff F) was tested upon hire for Tuberculosis (TB) disease. The findings are: Review of Staff F's, medication aide (MA), personnel record revealed: -She was hired on 09/15/17. -There was documentation of a TB skin test administered on 04/26/17 and read on 04/28/17 as negative. -There was documentation of a TB skin test administered on 07/24/18 and read on 07/26/18 as negative. -There was no documentation of another TB skin test.	D 131		

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D 131	Continued From page 3 Staff F was unavailable for interview on 01/31/20. Interview with a sister's facility Administrator on 01/31/20 at 1:40 pm revealed: -Prior to 2 weeks ago, the sister's facility Administrators were responsible for keeping up with the TB skin test for staff. -There was no designated Administrator to track the TB skin test for staff. -Staff F did not have 2 TB skin test within 12-month period. Interview with the Administrator on 01/31/20 at 1:45 pm revealed: -He became the Administrator at the facility 2 weeks ago. -He would be responsible for making sure the TB skin test for staff were completed.. -He would create a TB skin test tracking form for staff. -He would audit current staff TB skin test within a month. -He would assure a TB skin test was completed for staff prior to hire. -He would also assure a 2nd TB skin test was completed within 30 days of hire. -He would audit the staff TB skin tests monthly.	D 131		
D 254	10A NCAC 13F .0801(b) Resident Assessment 10A NCAC 13F .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The	D 254		

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D 254	Continued From page 4	D 254		

assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to assure 3 of 5 sampled residents (#3, #4, #5) had a care plan that was completed within 30 days of admission and annually thereafter.

The findings are:

1. Review of Resident #5's current FL-2 dated 08/07/19 revealed:
-Diagnoses included unspecified dementia, diabetes and hypertension.
-The resident was intermittently disoriented and needed personal care assistance with bathing and eating.
-The resident was ambulatory and wandered.

Review of Resident #5's Resident Register revealed an admission date of 08/15/19.

Review of Resident #5's record revealed there

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D 254	Continued From page 5 was no documented care plan, for the resident, since his admission on 08/15/19. Review of Resident #5's Licensed Health Professional Support (LHPS) assessment dated 08/29/19 revealed "Recommendations: Place care plan on chart within 30 days of admission to facility." Review of Resident #5's LHPS assessment revealed: -The resident required the collection of finger stick blood sugars. -"Recommendations: Place care plan on chart." Interview with the Administrator on 01/31/20 at 1:45 pm revealed: -The Administrator had been employed at the facility for 2 weeks and did not know the care plan for Resident #5 was missing from the resident's record. -The care plan for Resident #5 may have been misplaced or misfiled. Refer to interview with a sister facility's Administrator on 01/31/20 at 11:30 am and 2:00 pm. 2. Review of Resident #4's current FL-2 dated 11/25/19 revealed: -Diagnoses included dementia, diabetes, coronary artery disease, atrial fibrillation and acute chest pain. -The resident was intermittently disoriented and needed personal care assistance with bathing and dressing. -The resident was semi-ambulatory using a wheel chair. Review of Resident #4's Resident Register	D 254		

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D 254	Continued From page 6 revealed an admission date of 11/22/19. Review of Resident #4's record revealed there was no documented care plan for the resident. Review of Resident #4's LHPS assessment dated 11/06/19 revealed: -The resident was a new admission, ambulated using a wheel chair, needed assistance with mobility and transferring and required the collection of finger stick blood sugars. -"Recommendations: Place care plan on chart within 30 days of admission to facility." Interview with the Administrator on 01/31/20 at 1:50 pm revealed: -The Administrator had been employed at the facility for 2 weeks and did not know the care plan for Resident #4 was missing from the resident's record. -The care plan for Resident #4 may have been misplaced or misfiled. Refer to interview with a sister facility's Administrator on 01/31/20 at 11:30 am and 2:00 pm. 3. Review of Resident #3's current FL-2 dated 11/08/19 revealed -Diagnoses included displaced fracture of base of neck of right femur, type 2 diabetes mellitus, hypertension, Gastro-esophageal reflux disease (GERD). -Resident #3 was intermittently disoriented and used a rollator for ambulation. -Resident #3 required personal care assistance with bathing and dressing. Review of Resident #3's Resident Register revealed an admission date of 11/07/19.	D 254		

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D 254	Continued From page 7 Review of Resident #3's record revealed there was no documented care plan. Interview with a sister facility's Administrator on 01/31/20 at 11:30 am revealed this was an oversight that the care plan for Resident #3 was not completed within 30 days of admission. Interview with the Administrator on 01/31/20 at 11:30 am revealed: -He became the Administrator at the facility 2 weeks ago. -He was responsible for doing the care plan for residents. -He would create a tracking form to keep up with the residents' care plans. -A care plan for Resident #3 was completed on 01/30/20. -All care plans would be audited monthly. Refer to interview with a sister facility's Administrator on 01/31/20 at 11:30 am and 2:00 pm. _____ Interview with a sister facility's Administrator on 01/31/20 at 11:30 am and 2:00 pm revealed: -Resident #3 did not have a care plan within 30 days of her admission to the facility. -Resident #5's care plan was done and was misplaced. -She did not know Resident #4's care plan was missing from his record. -Prior to 2 weeks ago, the sister's facility Administrators were helping to do the care plan. -There was no designated Administrator to do the residents' care plan.	D 254		

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D 276	Continued From page 8	D 276		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to implement physician orders for weekly blood pressures for 2 of 5 sampled residents (#1 and #2). The findings are: 1. Review of Resident #1's current FL-2 dated 06/11/19 revealed: -Diagnoses included sepsis, bipolar disorder, physician deconditioning, hypothyroid, urinary tract infection, and acute renal failure. -There was an order for blood pressure monitoring weekly. Review of Resident #1's physician orders revealed there was no discontinue order for blood pressure monitoring.	D 276		

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Review of Resident #1's November 2019, December 2019, and January 2020 medication administration records (MARs) revealed there were no entries for weekly blood pressure monitoring.

Review of Resident #1's monthly vital signs for year 2019 revealed there were no blood pressures documented for the year of 2019.

Review of Resident #1's monthly vital signs for year 2020 revealed:
-There was one blood pressure of 128/76 documented for January 2020.
-The day of the month was not specified on the document.

Observation of Resident #1's blood pressure on 01/31/20 at 2:18 pm revealed her blood pressure was taken using a wrist blood pressure cuff and the blood pressure reading was 143/99.

Interview with Resident #1 on 01/31/20 at 1:41 pm revealed:
-The medication aides (MA) obtained her blood pressure but not every week.
-She did not recall the last time her blood pressure was obtained by staff.

Interview with a personal care aide (PCA) on 01/31/20 at 10:13 am revealed:
-The PCAs did not obtain resident blood pressure.
-She was present when the MAs obtained resident blood pressure.
-She did not recall any MA obtaining Resident #1's blood pressure.

Interview with an Assisted Living (AL) first shift medication aide on 01/31/20 at 1:42 pm revealed:

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-She did not know Resident #1 had an order for weekly blood pressures.
-She had not obtained Resident #1's blood pressure in the past.
-All residents were supposed to have their blood pressures obtained monthly.
-She was not able to locate the binder that contained the monthly blood pressure readings for residents.

Interview with the Administrator on 01/31/20 at 3:02 pm revealed:
-He did not know Resident #1 had an order for weekly blood pressures.
-If Resident #1's blood pressures were obtained, he did not know where the documentation was located.

Refer to the interview with an AL first shift MA on 01/31/20 at 1:42 pm

Refer to the interview with the Administrator on 01/31/20 at 3:02 pm.

2. Review of Resident #2's current FL-2 dated 12/17/19 revealed:
-Diagnoses included intellectual disability, hypertension, diabetes mellitus, major depressive disorder, psoriasis, and absence of left upper limb above elbow.
-There was an order for monthly blood pressure monitoring.

Review of Resident #2's previous FL-2 dated 09/12/19 revealed there was an order for weekly blood pressure monitoring.

Review of Resident #2's physician orders revealed there was no discontinue order for blood pressure monitoring.

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D 276	Continued From page 11 Review of Resident #2's November 2019, December 2019, and January 2020 medication administration record (MAR) revealed: -There was an entry to check blood pressure weekly, scheduled for 8:00 am. -There was a line drawn through the word weekly and monthly was handwritten above the word weekly. -Beside the entries, was handwritten "see flowsheet". Review of Resident #2's monthly vital signs for year 2019 revealed: -There were blood pressures documented from January 2019 to May 2019. -There were no blood pressures documented from June 2019 to December 2019. Review of Resident #2's monthly vital signs for year 2020 revealed: -There was one blood pressure of 138/69 documented for January 2020. -The day of the month was not specified on the document. Observation of Resident #2's blood pressure on 01/31/20 at 2:14 pm revealed her blood pressure was taken using a wrist blood pressure cuff and the blood pressure reading was 104/60. Based on observations, record reviews and interviews, it was determined that Resident #2 was not interviewable. Interview with a personal care aide (PCA) on 01/31/20 at 10:13 am revealed she did not recall medication aides (MA) obtaining Resident #2's blood pressure.	D 276		

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D 276	Continued From page 12 Interview with an Assisted Living (AL) first shift MA on 01/31/20 at 1:42 pm revealed: -She thought Resident #2's blood pressures were ordered weekly on Wednesday. -She documented Resident #2's blood pressures, but she could not locate where the documentation was at this time. Interview with the Administrator on 01/31/20 at 3:02 pm revealed: -He did not know Resident #2's blood pressures were ordered for weekly monitoring. -He did not know Resident #2's order for blood pressure monitoring was changed in December 2019 to monthly. Refer to the interview with an AL first shift MA on 01/31/20 at 1:42 pm Refer to the interview with the Administrator on 01/31/20 at 3:02 pm. _____ Interview with an Assisted Living (AL) first shift medication aide (MA) on 01/31/20 at 1:42 pm revealed: -The MAs were responsible for reviewing orders and entering the orders for blood pressures on the medication administration records (MARs). -All residents had their blood pressures obtained monthly by the MAs. -She did not know where the binder that contained residents' monthly blood pressures was located. -The MAs documented blood pressures either on the MARs or on a facility blood pressure form. Interview with the Administrator on 01/31/20 at 3:02 pm revealed: -He expected the MAs to obtain and document residents' blood pressures.	D 276		

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D 276	Continued From page 13 -The MAs were responsible for obtaining all residents monthly blood pressures. -He did not know the location of the binder containing documentation of residents' blood pressures.	D 276		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the residents were provided with a non-disposable place setting, including a plates, bowls, plastic forks and spoons. The findings are: Observation of the dry storage area in the facility kitchen on 01/30/20 at 8:25 am revealed: -There were 5 packages of disposable divided plates in plastic sleeves. -There were 2 packages of disposable bowls in plastic sleeves. -There was a storage bin half full of plastic forks and another bin half full of plastic spoons.	D 287		

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D 287	Continued From page 14 Observation of the dishwashing area of the kitchen on 01/30/20 at 8:30 am revealed there were non-disposable plates, bowls, and silverware. Observation of the lunch meal service on 01/30/20 at 1:11 pm revealed: -The personal care aides (PCAs) delivered two trays of food to two Assisted Living (AL) residents who ate in their resident rooms. -Both lunch meals were served on disposable divided plates with a plastic fork rolled inside of a napkin. Interview with one of the residents on 01/30/20 at 1:12 pm revealed: -She received her meals in her room because she did not feel well enough to go to the dining room. -Her meals were served on disposable plates sometimes but not for all meals. -She was given plastic utensils to use for eating sometimes but not for all meals. -Her lunch meal was served on a disposable plate and she had a plastic fork. Interview with another resident on 01/30/20 at 1:16 pm revealed: -She used oxygen and ate her meals in her room. -Her meals were provided on disposable plates sometimes but not always. -She had food items served in disposable bowls sometimes, but she had a non-disposable bowl in her room from another meal service the day before. -She received plastic utensils to use for many meals but she received silverware for some meals. -She did not recall the last time she received silverware.	D 287		

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	HAL054051	A. BUILDING: _____ B. WING _____	R 01/31/2020

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D 287	Continued From page 15 Observation of the dinner meal service on 01/30/20 at 5:30 pm revealed: -The PCAs delivered two trays of food to the same AL residents who ate in their resident rooms during the lunch meal service. -Both residents received desserts served in disposable bowls with a plastic spoon. Interview with an AL PCA on 01/31/20 at 10:13 am revealed: -She did not recall how often residents who were served in their rooms received disposable plates, bowls or plastic utensils. -She had only worked there for a short amount of time and just took the trays to the residents' rooms as directed by the Dietary Manager (DM). Interview with a dietary aide (DA) on 01/31/20 at 10:34 am revealed: -Residents were served their meals on disposable plates, and bowls if the dietary staff did not have enough plates and bowls to use for the meal service. -Residents were given plastic utensils to use when there were not sufficient amounts of silverware available for meal service. -Also, disposable plates, bowls and plastic utensils were used when the dish washer was broken but it was not broken on 01/29/20 and 01/30/20. -The DM told her that day, 01/31/20, to no longer use disposable plates, bowls, and plastic utensils. Observation of the lunch meal service on 01/30/20 at 12:55 pm in the special care unit (SCU) revealed: -One resident was served their meal on a disposable plate and was given a disposable spoon to use to eat their meal.	D 287		

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D 287	Continued From page 16 -Another resident was served their meal on a disposable plate and was given a disposable spoon and fork to use to eat their meal. -A third resident was given a disposable spoon and fork to use to eat their meal. Interview with a personal care aide (PCA) assisting with the SCU lunch meal service on 01/30/20 at 1:05 pm revealed: -Disposable plates and utensils were being used for the meal service because the kitchen ran out of clean plates and silverware to use. -She did not know why the kitchen did not have enough clean plates and silverware to use for the residents' meal. Interview with a SCU resident's family member on 01/30/20 at 1:10 pm revealed: -She regularly went to the facility during the lunch meal to assist the resident with feeding. -Sometimes the resident would be served the meal on a disposable plate. -She did not know why or how often disposable plates were used for meal service. in the SCU. Interview with the DM on 01/31/20 at 11:05 am revealed: -She knew residents were served on disposable plates for the lunch and dinner meal services on 01/30/20. -She did not have enough plates to use for the residents, but there were adequate amounts of bowls. -She also forgot to tell the evening shift DA to not serve the residents' desserts on disposable bowls on 01/30/20. -One of the DAs broke ten or more plates and she did not replace the plates immediately. -She also did not have adequate amounts of silverware to use for residents.	D 287		

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D 287	Continued From page 17 -She had to purchase more silverware, and plates. -She was responsible for ensuring residents were served on non-disposable plates, bowls and eating utensils. Interview with the Administrator on 01/31/20 at 3:02 pm revealed: -He expected the DM to keep an accurate inventory count of plates, bowls and silverware. -He expected the DM to make him aware when more plates, bowls and silverware were needed so that he could order the needed amount. -He did not know residents were served on disposable plates, bowls and received plastic eating utensils.	D 287		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 8 ounces of milk was served twice daily to residents on the Special Care Unit (SCU).	D 299		

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D 299	Continued From page 18 The findings are: Observation of the walk-in refrigerator in facility kitchen on 01/30/20 at 8:22 am revealed there were 28 gallons of whole milk on the second shelf of a metal rack. Observation on 01/30/20 at 5:50 pm of the kitchen's walk-in refrigerator revealed: -There were 27 full gallons and 1- 3/4 full gallon of milk in the refrigerator. -The Special Care Unit (SCU) census was 28; 4 gallons would have been required to serve the SCU residents two, 8 oz. glasses of milk per day. Review of the facility's weekly menu for 01/30/20 revealed 8 ounces of milk was to be served to the residents at the breakfast meal; 8 ounces of the beverage of choice was to be served at the lunch and dinner meals. Review of the dietary consultant's therapeutic diet spreadsheet for January revealed 8 ounces of milk was to be served at the breakfast meal; 8 ounces of the beverage of choice was to be served at the lunch and dinner meals. Observation on 01/30/20 from 12:45 pm to 1:35 pm of the Special Care Unit's (SCU) lunch meal revealed: -No milk containers or poured glasses of milk were observed on the beverage cart for the lunch meal. -No residents were observed being offered milk to drink for the lunch meal. Observation on 01/30/20 from 5:20 pm to 5:50 pm of the SCU dinner meal revealed: -There were no milk containers or poured glasses of milk on the beverage cart.	D 299		

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D 299	Continued From page 19 -No residents were observed being offered a glass of milk to have with their dinner. Interview on 01/30/20 at 5:45 pm with 2 SCU residents seated at a table at the front of the dining room revealed: -Milk was sometimes offered for dinner, but not very often. -One resident liked to drink milk and would drink it with each meal if it was offered. -Milk was not offered to drink at the dinner meal; residents had to ask for a glass of milk to drink with their meal. Interview on 01/30/20 at 5:53 pm with a dietary serving staff revealed: -Milk was served at breakfast and lunch. -If residents wanted milk to drink with their dinner, they would need to ask for a glass of milk at the meal. -Serving staff did not read the menu. -She did not know residents were to be offered 2, 8 ounce glasses of milk a day with meals. Interview with a dietary aide (DA) on 01/31/20 at 10:34 am revealed: -Residents in the Special Care Unit (SCU) received milk twice daily at breakfast and lunch. -Some of the SCU residents received milk three times a day because that was their preference versus drinking tea. -She was not always in the SCU dining room because she cooked the meals sometimes and did not serve in the dining room. -The PCAs served beverages in the SCU dining room -She had not instructed all the PCAs to serve milk twice daily to the SCU residents. -She did not work every day or each shift, so she	D 299		

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D 299	Continued From page 20	D 299		

did not know what the SCU residents were always served.
-The Dietary Manager (DM) was responsible for the kitchen operations.

Interview with the DM on 01/31/20 at 11:04 am revealed:
-She knew milk was supposed to be served twice daily.
-She usually served in the Assisted Living dining room and another DA served in the SCU dining room.
-She depended on the DA who served in the SCU dining room to serve milk twice daily.
-She had not completed any training with the dietary staff concerning serving milk twice daily to the SCU residents.
-She depended on the most senior DA to tell other DAs how to serve milk to the SCU residents.
-She did not know milk was not served to the SCU residents during the lunch and dinner meal service on 01/30/20.
-She was responsible for the kitchen and dietary staff.
-She was responsible for ensuring milk was served twice daily to SCU residents.

Interview with the Administration on 01/31/20 at 3:02 pm revealed:
-He expected SCU residents to be served milk twice daily.
-He had told the SCU staff to serve milk to residents daily since he began working at the facility two weeks ago.
-The DM was responsible for ensuring milk was served twice daily to SCU residents.

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D 315	Continued From page 21	D 315		
D 315	10A NCAC 13F .0905(a)(b) Activities Program 10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (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, record reviews, and interviews, the facility failed to ensure the Assisted Living (AL) portion of the facility had activities for residents to participate. The findings are: Review of the January 2020 activities calendar in the common room revealed: -There were over fourteen hours of activities for each week of January 2020. -On 01/29/20 from 2:00 pm to 4:00 pm a resident council meeting was listed. -On 01/30/20 from 10:00 am to 11:00 am an exercise session was listed. -On 01/30/20 from 3:00 pm to 4:00 pm an arts and crafts activity was listed. -On 01/31/20 from 9:00 am to 9:30 am a rise and read current event/daily chronicles was listed. Observation of the Assisted Living (AL) living room, common room and dining room revealed: -There were no activities held on 01/29/20 at 2:30 pm .	D 315		

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D 315	Continued From page 22 -There were no activities held on 01/30/20 from 8:00 am to 6:00 pm. -There were no activities held on 01/31/20 from 8:00 am to 4:00 pm. Interview with an assisted living (AL) resident on 01/29/20 at 11:00 am revealed: -The facility did activities with them when there was enough staff. -The residents primarily played bingo. Interview with another AL resident on 01/30/20 at 11:46 am revealed: -There was no exercise activity for that morning, 01/30/20. -There used to be an exercise activity but the facility "did not provide it anymore". -He did not know the date of the last exercise session. -There was no resident council meeting last night that he knew about. Interview with a third AL resident on 01/31/20 at 10:08 am revealed: -There was no resident council meeting that week that he knew about on the AL -There was no activity that day so far. -There were activities held in the past on the AL but now there was about one activity a week if there was enough staff. Interview with a family member on 01/31/20 at 9:07 am revealed: -There had not been an Activities Director in many months. -The Activities Director's job was given to one of the medication aides and in the fall 2019 she became the transportation staff. -She came to see her family member at the facility four days per week and arrived at different	D 315		

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D 315	Continued From page 23	D 315		

time intervals during the day.
-She had not seen an activity for the residents in a long time, but maybe the activities were done when she was not at the facility.
-She last saw a daily activity during the Summer of 2019, now the facility did activities 4 or 5 times per month.

Interview with the AD on 01/31/20 at 10:28 am revealed:
-She had not completed the basic training for Assisted Living AD within 9 months of hire.
-Her other duties included working as a medication aide 3 to 4 times per week and transporting residents to their appointment.
-The floor staff did daily activities when she was not available.
-She had a daily activity participation sheet for the staff to fill out

Interviews with 6 of 6 residents on 01/29/20 from 10:30 am to 11:30 am revealed:
-We seldom have activities at the facility based on the monthly activity schedule.
-We only have daily activities if there was enough staff to do the activities.
-Staff help resident's with personal care needs first, and then do activities if there was enough time in the day.
-We have an Activity Director, but she administered medications and transported residents to their appointments

Interview with the AD on 01/31/20 at 10:28 am revealed:
-She was hired on 04/18/19 as AD.
-Her other duties included working as a medication aide 3 to 4 times per week and transporting residents to their daily appointments.

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D 315	Continued From page 24 -The floor staff did daily activities when she was not available. -She had a daily activity participation sheet for the staff to filled out. -There was a daily participation sheet dated 01/29/20. -No other daily participation sheets had been filled out for the Month of January 2020. -She scheduled activities after breakfast and between meals so activities would not inter with personal care. Interview with 3 of 3 resident on 01/31/20 revealed there was a Resident Council meeting on 01/29/20 at 2:00 pm. Interview with the Administrator on 01/31/20 at 1:45 pm revealed: -He became the Administrator at the facility 2 weeks ago. -There was an AD at the facility. -She had other duties which included working as MA 3 to 4 times per week and transporting residents to their appointments. -The floor staff did daily activities when the AD was not available. -The daily activities may not happen at the scheduled time on the monthly activity calendar, but it would happen on the same day. -The floor staff was responsible for completing the daily activity log. -He would be auditing the daily activity log weekly.	D 315		
D934	G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements	D934		

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D934	Continued From page 25 (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled medication aides (MA) (Staff B) had completed the mandatory annual infection control training. The findings are: Review of Staff B's, MA, personnel record revealed: -She was hired on 01/11/12. -There was no documentation Staff B had completed infection control training. Staff B was unavailable for interview on 01/31/20. Interview with a sister's facility Administrator on	D934		

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D934	Continued From page 26 01/31/20 at 1:40 pm revealed: -Prior to 2 weeks ago, the sister's facility Administrators were responsible for keeping up with the annual infection control training for the MAs. -There was no designated Administrator to track the annual infection training for the MAs. -Staff B did not have an annual infection control training. Interview with the Administrator on 01/31/20 at 1:45 pm revealed: -He became the Administrator at the facility 2 weeks ago. -He would be responsible for making sure the annual infection control training was completed for the MAs. -He would create an annual infection control tracking form for the MAs. -He would audit all MAs annual infection control training sheets within a month.	D934		