STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL015002	A. BUILDING: _____ B. WING _____	R 10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEEDHAM ADULT CARE HOME	916A S SANDY HOOK ROAD SHILOH, NC 27974

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D 000	Initial Comments The Adult Care Licensure Section and the Camden County Department of Social Services conducted an annual and a follow up survey on October 23, 2204 through October 24, 2024.	D 000		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure referral and follow-up to meet the routine and acute health care needs for 1 of 3 sampled residents (#2) related to a missed appointment for a CT scan. The findings are: Review of Resident #2's current FL-2 dated 07/03/24 revealed: -Diagnoses included chronic obstructive pulmonary disease (COPD), hypertension, lung nodules, hypothyroidism, anxiety depressive disorder, and memory impairment. -Resident #2 was ambulatory and intermittently disoriented. Review of Resident #2's Resident Register revealed she was admitted on 08/20/21. Review of Resident #2's imaging order dated 05/16/24 revealed: -Diagnosis was essential hypertension, hypothyroidism, aortic aneurysm, and multiple nodules of lung. -There was an order for a CT scan, chest, without	D 273		

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D 273	Continued From page 1 contrast. Interview with the manager on 10/24/24 at 10:27am revealed: -She was aware that Resident #2 had an imaging order dated 05/16/24. -The resident did not go to the first appointment in July, could not recall exact date, because she refused and said that she did not need to go. -The primary care provider (PCP) was notified of the refusal and the appointment was rescheduled. -The second appointment was made in October, and she did not go because the manager's mother became ill, and she forgot to make transportation arrangements. -A third appointment was made for 10/29/24. Interview with the Administrator on 10/24/24 at 4:50pm revealed: -She was aware of Resident #2's imaging appointment. -It was the manager's responsibility to get the resident to the appointment, but she was called away due to family illness. Attempted telephone interview with Resident #2's family member on 10/24/24 at 2:45pm was unsuccessful. Attempted telephone interview with Resident #2's primary care provider (PCP) on 10/24/24 at 10:05am was unsuccessful. Based on observations, interviews, and record reviews, it was determined Resident #2 was not interviewable.	D 273		

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D 296	Continued From page 2	D 296		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure there was a matching therapeutic diet menu for residents who had physician orders for therapeutic diets. The findings are: Observation of the kitchen on 10/23/24 at 10:20am revealed: -There were no therapeutic diet menus being referenced for meal preparation. -A list of resident therapeutic diets was posted for staff reference. -Therapeutic diets on the diet list included mechanical soft diet and low sodium diet. Interview with the cook on 10/23/24 at 12:30am revealed: -She knew which residents received a mechanical soft diet and a low sodium diet. -She served the resident with a mechanical soft diet by asking the resident if he wanted the meal that was being served or if he wanted soup because he knew what he wanted, and she gave	D 296		

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D 296	Continued From page 3 him what he wanted. -Today's menu was beef tips and if the resident wanted beef tips, she felt it was tender enough for him to chew. -She did not put as much salt or gave a salt substitute to those residents on a low sodium diet. -She cooked what she thought was correct based on the regular diet. -She did not know what a therapeutic diet menu was and was not aware that she was to use a matching therapeutic menu for therapeutic diets. Interview with the Administrator on 10/24/24 at 4:50pm revealed: -The cook knew to provide soft foods with a mechanical soft diet and to use very little salt or no salt at all in the food for residents on a low sodium diet. -She was responsible for making sure the cook knew how to prepare therapeutic diets. -She was not aware that she was to use a matching therapeutic menu for therapeutic diets.	D 296		
D 316	10A NCAC 13F .0905 (c) Activities Program 10A NCAC 13F .0905 Activities Program (c) The activity director shall: (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities, and possible cultural differences of the residents; (2) prepare a monthly calendar of planned group activities in a format that is legible and shall be posted in a location accessible to residents by the first day of each month, and updated when there	D 316		

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are any changes;
(3) involve community resources, such as recreational, volunteer, and religious organizations, to enhance the activities available to residents;
(4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program;
(5) encourage residents to participate in activities; and
(6) assure there are, supplies necessary for planned activities, supervision, and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities.

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to ensure an activity calendar was up to date by the first day of the month and failed to provide activities for the residents.

The findings are:

Observation of the facility's monthly activity calendar on 10/23/24 at 9:00am revealed an October 2024 activity calendar was not posted in the home for the month of October.

Interview with the Director of Activities (DOA) on 10/24/24 at 4:30pm revealed:
-She had an activity calendar, but it was not on the wall because she planned three months at a time and had not finished it.
-The activity calendar was on a wall in the dining

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D 316	Continued From page 5 hall area for the residents to review. -She was responsible for changing the monthly activity calendar. Interview with the Administrator on 10/24/24 at 4:50pm revealed: -She was aware that an activity calendar should be placed in an area where all residents could review. -The activity calendar had not been completed because she was sick, and the DOA got busy and forgot to finish and place the calendar on the wall.	D 316		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be at least 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. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 14 hours of activities planned each week were provided for the residents. The findings are: Observation of the facility on 10/23/24 between 9:00am to 2:00pm revealed there were no activities being done and no one asked residents to participate in activities. Second observation of the facility on 10/24/24 between 10:00am to 2:00pm revealed: -No activities were being done and no one asked residents to participate in activities.	D 317		

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-Residents were in their bedrooms, some watching TV while one resident walked the halls back and forth throughout the day.

Interview with a resident on 10/23/24 at 9:58am revealed:
-The home did not provide activities for the residents.
-She watched TV and played on her mobile phone to pass the time.
-She would participate in activities if the facility provided them.

Interview with a second resident on 10/24/24 at 8:38am revealed:
-Activities were offered sometimes but not very often.
-They occasionally played Bingo.
-He would participate in activities if the facility provided them.

Interview with a third resident on 10/24/24 at 8:45am revealed:
-His activities were watching TV, looking at his mobile phone, or sleeping.
-He would love to watch a movie with the group if offered.
-He asked the facility staff about the group playing the corn hole game, but no one ever gave him an answer.

Interview with a fourth resident on 10/24/24 at 8:50am revealed:
-They did not do much for activities in the home.
-He would like to do more activities and would participate if they were offered.

Interview with the Director of Activities (DOA) on 10/24/24 at 4:30pm revealed:
-She was aware that the facility should have at

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D 317	Continued From page 7 least 14 hours of activities weekly. -She encouraged residents to come and do activities and interact with others. -Activities were not done on 10/23/24 and 10/24/24 because the surveyor was in the building. -She was responsible for ensuring activities were being done daily. Interview with the Administrator on 10/24/24 at 4:50pm revealed: -She was aware that the facility should have at least 14 hours of activities weekly. -Someone was scheduled to come that day but called out sick. -The DOA was responsible for ensuring that activities were being done daily.	D 317		