Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045129	A. BUILDING: _____ B. WING _____	C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF HENDERSONVILLE	1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739

(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 survey on 07/07/26-07/08/26.	D 000	The response in the cited statement of deficiencies do not constitute an admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report. The plan of correction is prepared solely as a matter of compliance with state laws.	
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 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.	D 316	Facility Executive Director, Business Office Coordinator, and Resident Care Coordinator will be in-serviced on the requirements of 10A NCAC 13F .0905(c), including ensuring monthly activity calendars are posted by the first day of each month, residents are encouraged to participate in activities, and the activity program remains in compliance. Facility Executive Director will audit common areas and resident room activity calendars to ensure the current month's calendar is posted and readily accessible to residents. Facility Executive Director and/or designee will conduct weekly audits for 60 days to ensure activity calendars are posted and available to residents. Any deficient findings will be corrected immediately with additional education provided as necessary. Facility staff will be in-serviced on their responsibility to actively encourage resident participation in scheduled activities, provide reminders and assistance to residents as needed, and direct or escort residents to the appropriate activity location based on their individual needs and abilities. Facility Executive Director and/or designee will observe at least one scheduled activity each week for 60 days to ensure residents are encouraged to participate, staff are assisting residents as needed, and activities are conducted according to the posted calendar.	8/8/2026 8/8/2026 8/8/2026 8/8/2026 8/8/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sarah Mingo

TITLE: Executive Director

(X6) DATE: 7/15/2026

Reviewed and Acknowledged
Date 07/17/26

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D 316	Continued From page 1 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to have a current activity calendar posted in the facility. The findings are: Observations throughout the facility during initial tour on 07/07/26 beginning at 9:05am and continuing until 10:10am revealed: -There was no activity calendar posted for July 2026. -Several residents rooms included a posted monthly activity calendar on the interior wall or door that was dated May 2026. Interview with the Administrator on 07/07/26 at 12:50pm revealed: -She hired a new Activity Director (AD) about a month ago. -The AD quit without notice last week. -The AD was responsible for developing and posting the monthly activity calendar. Interview with a medication aide (MA) on 07/08/26 at 9:40am revealed: -She removed old monthly activity calendars from residents rooms the morning on 07/08/26 and replaced them with a July 2026 calendar. -She removed old monthly activity calendars from several resident rooms that were dated for February 2026 and May 2026. Interview with a family member on 07/08/26 at 10:10am revealed: -There was an activity calendar dated May 2026 taped to the back of the door in the room of the resident he was visiting. -A staff member came into the room on 07/08/26	D 316		

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D 316	Continued From page 2 and removed the May 2026 activity calendar and replaced it with a July 2026 calendar. -He visited the resident daily and staff would occasionally ask him if the resident he was visiting wanted to come to an activity but it was not often. A second interview with the Administrator on 07/08/26 at 10:40am revealed: -She was not aware there were multiple monthly activity calendars posted throughout the facility, but none were dated for July 2026. -The monthly activity calendar was supposed to posted by the first day of the month.	D 316		