STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345499	A. BUILDING _____ B. WING _____	C 01/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITCHFORD FALLS HEALTHCARE	8200 LITCHFORD ROAD RALEIGH, NC 27615

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F 248 SS=E	483.24(c)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES (c) Activities. (1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews and record reviews, the facility failed to provide an ongoing activity program for 1:1 visitations in accordance with written care plans for Resident #1 and Resident #2 and the facility failed to conduct activities as scheduled. This was evident in 2 of 6 residents in the sample reviewed for an ongoing activity program and review of two calendar months of scheduled activities. The findings included: 1. Resident #1 was originally admitted 04/15/2008 and reentered the facility on 10/18/16 with cumulative diagnoses which included a stroke with hemiplegia. Review of the annual Minimum Data Set (MDS) assessment dated 3/29/16 and the quarterly MDS dated 10/11/16 revealed Resident #1 was severely cognitively impaired and the assessment areas under Section F (Preferences for Customary Routine and Activities) were unable to be completed due to the resident ' s impaired mental status and family/significant other were	F 248	This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of requirements under state and federal law and to demonstrate the good faith attempt by the provider to improve the quality of life of our residents. Corrective action will be accomplished for the resident found to have been affected by the deficient practice: Resident # 1 is receiving 1:1 activities based on updated care plan effective January 25, 2017. Resident #1 received 1:1 activities on January 25, 2017 and	2/1/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/27/2017

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F 248	Continued From page 1 not available for interview. Review of the 3/29/16 Care Area Trigger (CAT) worksheet revealed activities triggered as a problem area. The analysis of the findings included resident was typically unresponsive to interactive attempts other than brief moments of making eye contact before losing focus. Additionally, activity staff would continue to offer intensive cueing and 1:1 visitations for comforting companionship and/or sensory stimulation and " continue with care plan. " Review of the written care plan dated 7/13/16 and 10/16 (date unclear) revealed a goal for Resident #1 that indicated " will be on the 1:1 visitation program and receive weekly visits from volunteers and/or staff for comforting companionship and/or sensory stimulation " until next review date. Review of the " One to One Participation Log-Activity Department " form used to document participation, visits, activity type and date of activity revealed the last entry of a 1: 1 visit was 09/30/2016. Review of the November 2016 activity calendar revealed no scheduled times for 1 on 1 visitations. Review of the December 2016 activity calendar revealed scheduled times for 1-1 visits on 12/5/16, 12/6/16, 12/7/16, 12/12/16, 12/13/16, 12/14/16, 12/20/16, and 12/26/16-12/28/16. Review of the January 2017 activity calendar revealed each Wednesday was the scheduled times for 1:1 visits. Interview on 01/05/17 at 11:40 AM with the Activity Assistant (AA) who stated 1:1 activity was not done by her. AA stated the facility previously used volunteers in the facility for 1:1, but was not sure who the current volunteers were or if they come to the facility.	F 248	January 27, 2017 by Qualified Activity Director and Activity Assistant. Resident #2 is receiving 1:1 activities based on updated care plan January 27, 2017. Resident #2 received 1:1 activities on January 26, 2017, January 28, 2017, and January 30, 2017 by Qualified Activity Director and Activity Assistant. Resident #3 was offered/notified about upcoming out of facility activities by the Administrator on February 1, 2017. Out of facility activities are scheduled to take place on February 3, 2017 and February 17, 2017 and February 23, 2017. Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice: All residents have the potential to be affected. Starting January 13th, 2017 and to be completed by February 1, 2017, Qualified Activity Director completed a 100% review of resident activity preferences of all active residents using a User Defined Activity Assessment Tool located in the electronic health record. Based on User Defined Activity Assessment Tool, Qualified Activity Director will review and update as appropriate resident activity care plans, located in resident clinical record, to be	

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F 248	Continued From page 2 Interview on 01/05/17 at 3:56 PM with Nursing Assistant (NA) #1 stated activity staff were never noted in the room doing 1:1 activities and they would be the staff responsible for this activity. Interview on 1/05/17 at 4:30 PM with the Activities Director (AD) revealed the 1:1 visit were not usually scheduled and are based on when volunteers come to the facility. Continued interview revealed he acquired the program in November 2016 and had been unable to conduct the 1:1 visits as needed. An inquiry was made about when the last time volunteers came to the facility to conduct 1: 1 visitations and the AD was unable to determine. Interview on 1/5/17 at 5:11 PM with the administrator revealed her expectations were to have 1:1 activity held as noted in the care plan and to modify the plan according to the resident ' s needs. Observation on 1/5/17 at 5:20 PM revealed resident was in lying in bed and unable to verbally respond. 2. Resident #2 was readmitted to the facility on 3/17/16 with cumulative diagnoses which included hypertension and mood disorder. Review of the annual Minimum Data Set (MDS) assessment dated 12/7/16 revealed the resident was alert and oriented. Section F (Preferences for Customary Routine and Activities) indicated it was somewhat important to the resident to have books, newspapers or magazines to read, listen to music, have pets around, keep up with the news, do things with groups of people or participate in religious services or practices. Review of the Care Area Assessment summary form (CAA) revealed activities did not trigger. Review of the care plan dated 9/19/16 and unclear of the exact date of the 12/16 update revealed Resident #2 was on the " Activity 1:1	F 248	completed by February 1, 2017. On January 27, 2017, Qualified Activity Director reviewed and revised current activity calendar to reflect 1:1 visits. Measures put in to place or systematic changes made to ensure that the deficient practice will not re-occur: Effective January 24, 2017, Maintenance Director transferred back to being Full Time Qualified Activity Director. On January 27, 2017, Regional Clinical Director re-educated new Qualified Activity Director on Minimum Data Set (MDS 3.0), Section F: Preferences for Customary Routine and Activities, updating resident care plans in a timely manner per Resident Assessment Instrument Guidelines, hanging the activity calendar on or before the 1st of every month, performing 1:1 visits based on resident care plans. Effective February 1, 2017, the resident activity calendar will be hung on or before the 1st of every month. Any updates to the calendar will reflect on the main activity calendar. Effective February 1, 2017, activities that require outside transportation will be planned month prior with Transportation Aide. Effective February 1, 2017, during the monthly resident council meeting,	

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F 248	Continued From page 3 visitation program for comforting companionship and /or sensory stimulation. " The goal indicated the resident would accept at least one weekly 1:1 visitation from volunteers or staff. Review of the " One to One Participation Log-Activity Department " form used to document participation, visits, activity type and date of activity revealed the last entry of a 1: 1 visit was 09/30/2016. Review of the November 2016 activity calendar revealed no scheduled times for 1 on 1 visitations. Review of the December 2016 activity calendar revealed scheduled times for 1-1 visits on 12/5/16, 12/6/16, 12/7/16, 12/12/16, 12/13/16, 12/14/16, 12/20/16, and 12/26/16-12/28/16. Review of the January 2017 activity calendar revealed each Wednesday was the scheduled times for 1:1 visits. Interview on 01/05/17 at 11:40 AM with the Activity Assistant (AA) who stated 1:1 activity was not done by her. AA stated the facility previously used volunteers in the facility for 1:1, but was not sure who the current volunteers were or if they come to the facility. Interview on 01/05/17 at 3:56 PM with Nursing Assistant (NA) #1 stated activity staff were never noted in the room doing 1:1 activities and they would be the staff responsible for this activity. Interview on 1/05/17 at 4:30 PM with the Activities Director (AD) revealed the 1:1 visit were not usually scheduled and are based on when volunteers come to the facility. Continued interview revealed he acquired the program in November 2016 and had been unable to conduct the 1:1 visits as needed. An inquiry was made about when the last time volunteers came to the facility to conduct 1: 1 visitations and the AD was unable to determine.	F 248	activities will be discussed. Discussion will be taken into account for upcoming planned activities. Effective February 1, 2017, when a resident participates in an activity, it will be documented on their individual “Daily Participation Record” per resident’s comprehensive care plan. Effective February 1, 2017, any resident care planned for 1:1 activities will be documented on their individual “1:1 Visitation Log” per resident’s comprehensive care plan. Monitoring Process: Effective February 1, 2017, the Administrative Assistant and/or Director of Social Services will follow-up with 3 active residents weekly x4 weeks, then monthly x3 months to ensure activity concerns have been resolved. The Administrator and/or Director of Social Services will complete a statement about this follow up and will address any concerns with Qualified Activity Director in a timely manner. Effective February 1, 2017, the Administrative Assistant and/or Director of Social Services will monitor the “1:1 Visitation Log” for 100% of active residents receiving 1:1 activities daily Monday thru Friday for 2 weeks, then 50% of active residents receiving 1:1 activities 3 days a week for 2 weeks, then 25% of active residents receiving 1:1 activities	

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F 248	Continued From page 4 Interview on 1/5/17 at 5:11 PM with the administrator revealed her expectations were to have 1: 1 activity held as noted in the care plan and to modify the plan according to the resident ' s needs. Observation and interview on 1/5/17 at 5:25 PM with Resident #2 revealed resident was lying in bed. Resident #2 stated staff have come to care for her but does not have volunteers or activity staff come and visit with her. 3. A. Review of the December 2016 activities calendar revealed during Creative Craft Circle " Holiday T-shirt Fun " was scheduled. Interview on 1/5/17 at 1:37 PM with the Administrator and Activities Director (AD) was held. The AD stated the Holiday T-shirt activity scheduled was not held because " I forgot to get the money from the business office " to obtain the supplies. B. Review of the January 2017 planned activities calendar revealed a scheduled outside trip on 1/5/17 at 10:30 AM for shopping was cancelled. Interview on 01/5/17 at 9:35 AM with Resident #3 (who was identified by the Social Worker as alert and oriented) revealed she was disappointed that scheduled activities do not always occur as planned. Resident #3 stated today the shopping trip was cancelled. Interview on 01/05/17 at 11:40 AM with the Activity Assistant (AA) revealed residents have complained that activities scheduled do not happen. AA indicated the shopping activity scheduled for today (1/5/17) did not occur because there was no coordination with Transportation Aide (TA). Interview with 1/5/17 at 12:16 pm with TA revealed she discussed in December 2016 (could not recall the exact date) that January 9, 2017 and January 30, 2017 were available for activity	F 248	monthly for 3 months to ensure residents are receiving 1:1 activities per their care plan. Findings of this monitoring process will be documented on the “1:1 Audit Tool”. Effective February 1, 2017, the Administrative Assistant and/or Director of Social Services will monitor the posting of the activity calendar on or before the 1st of the month monthly for 3 months. Effective February 1, 2017, the Director of Social Services will report these findings to the monthly Quality Assurance meeting.	

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F 248	Continued From page 5 use. TA indicated she had four (4) prearranged resident appointments scheduled for 1/5/17 and resident appointments were the priority.	F 248		