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		
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		

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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		