	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011133	B. WING		08/16/2017	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
HASE SA	MARITAN ASSISTED I	IVING	EA DRIVE LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
D 000	Initial Comments		D 000			
	Buncombe County D	nsure Section and the Department of Social Services I survey on August 15 - 16,				
D 283	10A NCAC 13F .090 Service	4(a)(2) Nutrition and Food	D 283			
		4 Nutrition and Food Service ent and Safety in Adult Care				
		erage being procured, stored, by the facility shall be amination.				
	reviews, the facility f beverages being sto	t as evidenced by: on, interviews, and record ailed to assure food and red and prepared by the d from contamination.				
	The findings are:					
	8/15/17 at 10:45am -A large white plastic "cornmeal" which ha loose orange crumba					
	residue. -A third large white p	plastic lid soiled with a gray plastic container labeled "rice" id soiled with a gray residue.				
	freezer on the right s 10:55am revealed:	facility non-commercial side of the stove on 8/15/17 at pard box with an inner plastic				

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING.			
		HAL011133	B. WING		08	8/16/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HASE SA	AMARITAN ASSISTED L	IVING	A DRIVE LLE, NC 28805			
0(0)15			,	PROVIDER'S PLAN OF		0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 283	Continued From page	e 1	D 283			
	patties located in the dated.	lastic bag of open sausage freezer door that were not bag of frozen french fries in a not dated.				
	at 11:00am revealed: -There were two piece in plastic wrap and no- -There was a plastic applesauce that was -There was a plastic ketchup that was unle- There were two pan unwrapped, on the bo- refrigerator. -There were five sam- rack that were wrapp dated. -There was a paper fi egg shells in the flat. -There was a half of was open, wrapped in dated.	tes of watermelon wrapped ot dated. container which contained unlabeled and not dated. container which contained abeled and not dated. s of sliced ham in broth, ottom left shelf of the dwiches located on the top bed in plastic wrap and not dat of eggs with two broken a 3lb. package of ham that n plastic wrap, and not				
co -T fru -T un	covered in plastic wra -There was a plastic fruit cocktail that was -There were two plas unsweet tea that wer	container which contained unlabeled and not dated. stic pitchers of sweet and re undated.				
	dated 7/7/17 reveale -The total score was -A 1.5 demerit was re marked with the date discarded or consum	88. eceived for "Foods shall be or date by which to be led. Several foods in the ave a date (ground beef,				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		HAL011133	B. WING		08/16/2017	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		10/2017
CHASE SA	AMARITAN ASSISTED I	IVING 30 DAL	EA DRIVE			
		ASHEV	ILLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 283	Continued From pag	je 2	D 283			
		ceived for "General cleaning es, drawers, and surfaces en needed."				
	revealed:	ook 1 on 8/15/17 at 11:01am				
		ust have fallen off" the plastic unlabeled and undated in				
	-The salad in the me "yesterday for dinne	etal bowl had been made r."				
	revealed:	ook 1 on 8/15/17 at 2:05pm				
	-The sandwiches "w evening."					
	too. I put a label on	d been opened "yesterday it but it probably fell off." d been opened and poured				
	from its original cont container that morning	ng (8/15/17).				
	would "date and put	over from breakfast, he up before starting lunch."				
	refrigerator was for "	he pans in the bottom of the 'supper tonight." re broken that morning and "I				
		en the refrigerator was				
	-The lids on the food cleaned twice a wee	l storage bins were routinely k.				
	Interview with the Ex at 4:00pm revealed:	ecutive Director on 8/16/17				
	-The Health Inspector food was "identifiable	or had told her as long as the e it did not have to have a				
	label on it." -The open items in t been dated."	he refrigerator "should have				
	-"We have the sticke	ars "				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL011133	B. WING		09	8/16/2017
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		00	0/10/2017
CHASE S	AMARITAN ASSISTED L	IVING	EA DRIVE LLE, NC 28805			
	SUMMARY ST		,	PROVIDER'S PLAN O	E CORRECTION	(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	SY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 292	Continued From page	e 3	D 292			
D 292	10A NCAC 13F .090 Service	4(c)(3) Nutrition And Food	D 292			
	(c) Menus In Adult C(3) Any substitutionsof equal nutritional value	a made in the menu shall be alue, appropriate for documented to indicate the				
	reviews, the facility families made on the menu w	ns, interviews, and record ailed to ensure substitutions vere appropriate for documented to indicate the				
	The findings are:					
		census on 8/15/17 revealed nts currently residing in the				
	breakfast on 8/16/17 cereal of choice, fres	's regular diet menu for included juice of choice, h fruit, egg, bacon, wheat arine, milk, coffee or tea.				
	at 8:15am to 8:30am -The residents were a oatmeal, scrambled e margarine, milk, coffe	served orange juice, egg, fruit cocktail, toast,				
	Interview with Cook 2 revealed:	2 on 8/16/17 at 8:40am n was listed on the menu to				

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			
		HAL011133	B. WING		08	/16/2017
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
HASE SA	AMARITAN ASSISTED	LIVING	EA DRIVE ILLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 292	Continued From page	ge 4	D 292			
	-"The egg" was the s- "I guess I should ha (substitution) list but morning."	con back there." mixed up on the truck order." substitute for the bacon. ave written it out on the t I didn't have time this at least a one and half serving scoop)."				
	revealed: -"We don't have a su -"When I substitute, in the same color ar -"I also let the reside had to substitute."	I try to keep the substitution				
	8/16/17 at 4:00pm rd -On 8/15/17, "I chect box." -"When we pulled th slices in the box." -"I didn't think we co bacon" -"There should be a	dministrator-In-Charge on evealed: ked for bacon and saw a he box out there was only 2 ould substitute sausage for notebook in the kitchen" staff lown their substitutions.				
D 310	10A NCAC 13F .090 Service	04(e)(4) Nutrition and Food	D 310			
	(e) Therapeutic Die(4) All therapeutic d	04 Nutrition and Food Service ts in Adult Care Homes: liets, including nutritional ickened liquids, shall be				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL011133	B. WING		08/16/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CHASE S	AMARITAN ASSISTED LI	VING	EA DRIVE			
		ASHEV	ILLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	e 5	D 310			
	served as ordered by	the resident's physician.				
	reviews, the facility fa residents (Residents	ns, interviews, and record				
т	The findings are:					
	8/9/17 revealed: -Diagnoses included and depression. -An order for a puree -The resident was co	-				
	revealed: -The resident was tot toileting, ambulation/l dressing, grooming/p transfers.	-				
	Review of Resident # Professional Support Evaluation dated 7/12 -"Resident is on a pur -"No swallowing diffic	2/17 revealed: reed diet."				
	breakfast on 8/16/17 cereal of choice, fres	s regular diet menu for included juice of choice, h fruit, egg, bacon, wheat arine, milk, coffee or tea.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
		HAL011133			30	3/16/2017
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE EA DRIVE	, ZIP CODE		
HASE S	AMARITAN ASSISTED L	IVING	LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From pag	e 6	D 310			
	service on 8/16/17 at #6 was served a bow pieces of oats, puree applesauce, orange Observation of Residen the oatmeal without at Interview with the Ad on 8/16/17 at 8:30an Resident #6 had bee pieces of oats in it. Based on record revi Resident #6 on 8/15/ was determined not the	juice, milk, water, and coffee. dent #6 on 8/16/17 at 8:25am t had eaten several bites of any difficulty. Iministrator-In-Charge (AIC) n revealed she was informed en served oatmeal with visible iew and observation of /17 and 8/16/17, the resident				
	Refer to interview wir 8:31am.	th the AIC on 8/16/17 at				
	Refer to the interviev 8:40am.	v with Cook 2 on 8/16/17 at				
	Refer to the interviev 9:05am.	v with the AIC on 8/16/17 at				
	Refer to interview with 10:41am.	th Cook 2 on 8/16/17 at				
	Refer to interview wir 3:30pm.	th Cook 1 on 8/16/17 at				
	Refer to the interviev 4:00pm.	v with the AIC on 8/16/17 at				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL011133	B. WING		30	8/16/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
HASE SA	AMARITAN ASSISTED I	IVING	EA DRIVE LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	je 7	D 310			
	8/9/17 revealed: -Diagnoses included: schizophrenia, Alzhe Pulmonary Disease, -An order for a pure -The resident was co	eimer's, Chronic Obstructive and heart disease.				
	revealed the resider staff for eating, toiled	#7's Care Plan dated 2/15/17 It was totally dependent upon ting, ambulation/locomotion, rooming/personal hygiene,				
	Professional Suppor	•				
	breakfast on 8/16/17 cereal of choice, free	's regular diet menu for ' included juice of choice, sh fruit, egg, bacon, wheat garine, milk, coffee or tea.				
	breakfast meal on 8/ -The resident was re	dent #7 in her room for the /16/17 at 8:33am revealed: epositioned in the bed by a o elevate the position of her				
	-Resident #7 respon care aide and told th hungry and ready fo	aide uncovered the tray that				
	-The tray contained					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
	ROVIDER OR SUPPLIER	HAL011133	DDRESS, CITY, STATE,		08	8/16/2017
	AMARITAN ASSISTED L	30 DALE	EA DRIVE			
SHASE SI	AMARITAN ASSISTED E	ASHEVI	LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	e 8	D 310			
	oatmeal and as she s visible in the bowl. -The resident also re toast, applesauce, or a nutritional shake or Observation of Resid revealed two staff bro oatmeal to Resident s smooth consistency. Interview with the per feeding Resident #7 revealed: -"The oatmeal is usus -"It wasn't pureed end -"The oatmeal is usus -"It wasn't pureed end -"That's why they can Based on record revi Resident #7 on 8/15/ was determined not to Refer to the interview 8/15/17 at 11:15am. Refer to the interview 8:40am. Refer to the interview 9:05am. Refer to interview wit 10:41am.	stirred pieces of oats were ceived pureed eggs and range juice, milk, water, and in the tray. lent #7 on 8/16/17 at 8:35am ought another bowl of #7 that had been pureed to a rsonal care aide who was on 8/16/17 at 8:37am ally not like that." ough." ne and got it." ew and observation of 17 and 8/16/17, the resident				
	Refer to interview wit 3:30pm.	n Cook 1 on 8/16/17 at				

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL011133	B. WING		30	8/16/2017
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
HASE SA	AMARITAN ASSISTED I	IVING	EA DRIVE LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From pag	je 9	D 310			
	Refer to the interview 4:00pm.	w with the AIC on 8/16/17 at				
	11:15am revealed th	et Aide on 8/15/17 at here were only two residents ly who had orders for a puree				
	on 8/16/17 at 8:31ar -She thought it was a the oatmeal to have the oatmeal was not consistency. -She had an email fr hospital stating it wa	acceptable for puree diets for pieces of oats in it as long as thick, but a thinner form a dietician at a local is acceptable for residents on we oatmeal that had not been				
	revealed: -"Normally we puree -There was extra sta and the oatmeal was	2 on 8/16/17 at 8:40am e the oatmeal." aff in the kitchen that morning is sent out to the two residents re he had a chance to modify				
	revealed: -"I can't find the mer -"We just got new m	C on 8/16/17 at 9:05am nu and recipe book." enus and maybe [the kitchen k and I don't know where the				
	revealed: -He was aware there	2 on 8/16/17 at 10:41am e was a "recipe book" that in how to prepare items for				

STATE FORM

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
				08	3/16/2017
	30 DAL		, ZIP CODE		
MARITAN ASSISTED L	IVING				
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From pag	je 10	D 310			
-They had recently g system. -He did not know wh was for the new mer -He gave residents of are having" and "pur Interview with Cook revealed he had see in it before but "I dor Interview with the Al- revealed "We recent menu" but their food	gotten an updated menu here the current recipe book hu system. On a puree diet "whatever we ree it in the machine." 1 on 8/16/17 at 3:30pm en a menu book with recipes n't know where it is." C on 8/16/17 at 4:00pm tly got a fall/winter cycle vendor "did not have the				
	SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From page the therapeutic diets -They had recently g system. -He did not know wh was for the new mer -He gave residents of are having" and "pur Interview with Cook revealed he had see in it before but "I dor Interview with the AI revealed "We recent menu" but their food	OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011133 HAL011133 ROVIDER OR SUPPLIER STREET A 30 DALE ASHEVI SUMMARITAN ASSISTED LIVING 30 DALE ASHEVI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 the therapeutic diets. -They had recently gotten an updated menu	OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CC A. BUILDING:	OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:	OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: