	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL011133	B. WING		03/02/2022	
ame of Pr	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	•	
HASE SA	MARITAN ASSISTED L	IVING	LEA DRIVE /ILLE, 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 OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	Buncombe County D conducted an annua investigation on 03/0 complaint investigati	nsure Section and the Department of Social Services I survey and complaint 01/22 - 03/02/22. The on was initiated by the Department of Social Services				
D 074	10A NCAC 13F .030 Furnishings	6(a)(1) Housekeeping And	D 074			
	Furnishings (a) Adult care home	ngs, and floors or floor				
	failed to ensure the f clean and in good re ceiling in the shared #211 and #213 with substance, and two soiled with leaking w	ns and interviews the facilty floors and ceilings were kept pair as evidenced by the resident bathroom of rooms a black looking fuzzy toilets, loose and heavily vater pooling in the floor of ns, #101 and #103, and				
	The findings are:					
	-	hared resident bathroom for 03 on 03/01/22 at 9:00am from the toilet on the				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL011133	B. WING		03	/02/2022
AME OF PF	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 R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
D 074	Continued From pag	ge 1	D 074			
	bathroom floor.					
		the floor from the middle of				
		t to behind the toilet along the				
	full length of the bac					
	•	e to the touch and the screws				
		ilet appeared broken.				
		net appeared broken.				
	Observation of the shared resident bathroom for					
	-	11 on 03/01/22 at 9:08am				
	revealed:					
	-The toilet was not a	ffixed to the floor and was				
	moveable upon touc					
	-The bathroom floor from the sink to the back wall					
	behind the toilet was heavily soiled with brown					
	and black grim and r	-				
	-The seal around the	e toilet broken.				
	-There was a watery	, black substance extending				
	out an inch to 1.5 ind	ches from the seal.				
	-There was dark bro	wn fecal matter streaked				
	down the base of the	e toilet.				
		, wet, black wad of toilet				
	paper at the base of					
	-There was a pool of	f water surrounding the base				
	of the toilet.					
	Observation of the c	eiling in the shared bathroom				
		#213 on 03/01/22 at 9:18am				
	revealed :					
	-A 2 foot(ft) by 3 ft. a	area of the ceiling over the				
	sink area was brown	and discolored.				
		fuzzy looking substance				
		nes by 3 inches congregated				
		the wall on the ceiling.				
		black areas the size of a				
		hout the 2 ft by 3 ft. area.				
		degrees of brown stains				
	covering over the en	tire 2 ft. by 3 ft. area.				
	Interview with a resid	dent who shared the				
	bathroom in rooms #	#101 and #103 on 03/01/22				
nion of Hor	alth Service Regulation		, 1			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL011133	B. WING		03	8/02/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
HASE SA	MARITAN 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 OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 074	Continued From pag	e 2	D 074			
	at 9:00am revealed:					
		leaking for the past four				
	months.					
		it to the housekeeper as				
		the water daily with towels				
1 - - - -	to get the water up.					
	-She did not like having to walk in the water to					
	use the toilet.					
	-She mentioned it to housekeeping again last					
	week when they were in the room cleaning.					
	-The housekeeper sa	aid he would fix it as soon as				
	he had a chance to.					
	-She had to be very careful when she went to sit					
	on the toilet as the to	ilet moved when she sat				
	down.					
	-Nothing had been de fix the leak	one to stabilize the toilet of				
		nd resident who shared a				
		211 and #213 on 03/01/22 at				
	9:18am revealed:					
		here was black "mold"				
		g of the bathroom and the				
	toilet was not affixed					
		n that way a long time but he				
	could not remember					
	-He had told the Mail times but nothing had	ntenance Director several				
	-He was not sure of t					
		ught it had been in the past				
	couple of weeks.	agne it had been in the past				
		eable to anyone who walked				
	into the bathroom.					
	Interview with a third	resident who shared a				
		109 and #111 on 03/01/22 at				
	9:50am revealed:					
		ust "nasty". He had to put on				
	-	he needed to use the				
	bathroom as of the w					

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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		03	/02/2022
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HASE S	AMARITAN ASSISTED L	IVING	A DRIVE _LE, NC 28805			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 074	Continued From pag	e 3	D 074			
	-The toilet was not af	ffixed to the floor would move				
	if you went to sit dow					
		leaking for so long that the				
		e of the toilet had turned				
	black.					
		cutive Director (ED) and the				
	housekeeper but nothing had been done to fix the					
	problem.					
		t back last summer and had				
	-	the housekeeper two weeks				
	ago but was told he f	had not had time to get to it.				
	Interview with the Ma	aintenance Director on				
	03/01/22 at 3:20pm revealed:					
	-He was responsible for general maintenance,					
	-	and transporting residents to				
	their medical appoint					
		or residents would notify him				
		to be fixed in the facility.				
	-If he observed anyth	ning while he was providing				
	-	es or out in the facility he				
	would attempt to fix a	as he could and had time.				
	-He did not do any m	ajor plumbing or electrical				
	services for the facilit	ty as those were contracted				
	out.					
	-The shared bathroom	m in #109 and #111 needed				
	to be cleaned, reseal	led and have 2 bolts				
	replaced at the botto					
		ad not had time to take care				
		duties to take care of.				
		m in #101 and #103 needed				
		d to be replaced, 2 new bolts				
	to secure it and caul	•				
	-He had noticed the l bathroom.	leak yesterday for this				
		m in room #211-#213 had a				
		one time and needed to be				
	-					
	painted.	ible to for painting in the				
		esponsible for having it done				
	alth Service Regulation					

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If continuation sheet 4 of 11

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL011133	B. WING		03	8/02/2022
IAME OF PF	ROVIDER OR SUPPLIER			, ZIP CODE		
HASE SA	AMARITAN ASSISTED LI	IVING	EA DRIVE 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 TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 074	Continued From page	e 4	D 074			
	with the contract com -He had not noticed t informed the ED.	ipany. he ceiling and had not				
	revealed: -She would randomly rooms for any environ keep a log of this. -She expected the Ma of her staff, or the res- issues. -She had not been no Maintenance Director issues with the ceiling -The facility had a con- with for large issues to	o on 03/02/22 at 3:35pm walk through and check meental issues but did not aintenance Director or any sidents to inform her of any btified by residents or the r of any environmental gs, broken or soiled toilets. mpany the owners contacted to be fixed in the building d air, plumbing, painting and				
D 113	10A NCAC 13F .0311 (d) The hot water sys provide an adequate kitchen, bathrooms, la closets and soil utility temperature at all fixt be maintained at a m (38 degrees C) and s	I (d) Other Requirements I Other Requirements stem shall be of such size to supply of hot water to the aundry, housekeeping room. The hot water ures used by residents shall inimum of 100 degrees F shall not exceed 116 degrees This rule applies to new and	D 113			
	interviews, the facility	as evidenced by: ns, record reviews, and r failed to ensure water naintained between 100 and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			SURVEY
		HAL011133	B. WING		03	/02/2022
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
HASE SA	AMARITAN ASSISTED L	IVING	EA DRIVE 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 C (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 113	Continued From page	e 5	D 113			
		neit (F) as evidenced by of 126 F in 3 of 3 resident e 200 hall.				
	The findings are:					
	bathroom sink locate	ater temperature in the d between bedroom #206 2 at 9:10am revealed the as 126 F.				
	bathroom sink locate	ater temperature in the d between bedroom #207 2 at 9:15am revealed the as 126 F.				
	bathroom sink locate	ater temperature in the d between bedroom #211 2 at 9:20am revealed the as 126 F.				
	revealed: -The hot water in the	ent on 03/01/22 at 2:15pm bathroom sink would get to turn on the cold water to				
	lower the temperatur -He had informed sta					
	9:10am revealed he	nd resident on 03/01/22 at could not leave his hands ⁄ery long because it got too				
	2:20pm revealed:	resident on 03/01/22 at bathroom sink would get				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
	ROVIDER OR SUPPLIER	HAL011133	DDRESS, CITY, STATE,	. ZIP CODE	03	8/02/2022
	AMARITAN ASSISTED L	30 DALE	EA DRIVE			
		ASHEVI	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 OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 113	Continued From pag	e 6	D 113			
	3:02pm revealed: -The water in the bat hot. -He would wash his h getting burned.	h resident on 03/01/22 at hroom sink would get very hands in cold water to avoid ersonal care aides (PCA) on				
	03/01/22 at 10:45am not complained about the bathrooms.	revealed the residents had It the water being too hot in				
	03/01/22 at 10:30am -He did not know the water temperatures i -He thought the Exec doing random water	procedure for checking n the facility. cutive Director (ED) had been				
	-On 01/05/22 one ho room 101 was 106 F -On 02/02/22 one ho room 113 was 108 F -There were no docu	t water temperature check in				
	revealed: -She did monthly wa random bathrooms.	0 on 03/01/22 at 10:33am ter temperature checks in been completed in February				
	revealed: -On 12/30/21 the res	0 on 03/01/22 at 2:00pm idents had complained to the or's family that the water was				

Division of Health Service Regulation

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			
		HAL011133	B. WING		03	3/02/2022
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
HASE SA	AMARITAN ASSISTED L	.IVING	EA DRIVE LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 113	Continued From pag	e 7	D 113			
	temperature up.	had a maintenance ne facility and turn the water d the water temperatures but				
	bathroom sink locate	ater temperature in the ed between bedroom #206 2 at 9:45am revealed the as 126 F.				
	bathroom sink locate	ater temperature in the ad between bedroom #207 2 at 9:46am revealed the as 126 F.				
	bathroom sink locate	ater temperature in the d between bedroom #211 2 at 9:48am revealed the as 126 F.				
	revealed:	0 on 03/02/22 at 10:13 am the temperature down on the r on 03/01/22.				
	bathroom sink locate and #208 and it was	ed the hot water in the ed between bedroom #206 113.5 F. he MD to turn the hot water				
D 315	10A NCAC 13F .090	5(a)(b) Activities Program	D 315			
	program of activities	home shall develop a designed to promote the olvement with each other, e community.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
			A. BUILDING:			
		HAL011133	B. WING		03	/02/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE		
CHASE SA	AMARITAN ASSISTED L	IVING	EA DRIVE 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 OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
D 315	Continued From pag	e 8	D 315			
	require any individua against his will. If the resident's ability to p resident's physician	y all residents but is not to I to participate in any activity ere is a question about a articipate in an activity, the shall be consulted to obtain a the resident's capabilities.				
	failed to develop a p	ns and interviews the facility rogram of activities to ent involvement with each				
	The findings are:					
	03/01/22 from 8:47ar -There were no activ and he was very bor -There was not an Ac -Activities were not o -There was not anyth	ctivity Director at the facility. iffered everyday. ning for the residents to do.				
	but would like more a -There were no activ nothing to do except	ities at the facility and he had walk around the building.				
	-The facility did not o -It was boring and de and have nothing to	epressing to sit around all day do.				
	activities.	ate if the facility offered could do was sleep, walk				
	-There had not been calendar in months.	anything on the activity ne assigned to do activities				
-i of L	that they were aware					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL011133	B. WING		03	/02/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET #	ADDRESS, CITY, STATE,	ZIP CODE		
HASE SA	MARITAN ASSISTED I	LIVING	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 315	Continued From page	ge 9	D 315			
	activities.					
		vities at the facility so she				
	would just walk arou	-				
		esidents to the store once a				
	month but that did n					
		n activities calendar posted in				
	the building.	racimies calendar posted in				
	-One resident kept busy by drawing and playing					
	on his computer.					
	-It had been months since there was anything					
	placed on the calendar in the main hallway.					
	-Most residents did nothing but walk around,					
		ause there was nothing to do.				
		ted with each other because				
	there bored and frus					
	-Sitting in their room	or inside the building all the				
	time "gets to a perso					
		acility's activity calendar on and 03/02/22 at 8:30am				
		vith the word activities above				
		e front hallway near the dining				
	room door.	e nonchailway near the dining				
	-The month and date	es were left blank				
	-No activities were v					
	Interview with the Ex 03/01/22 at 3:36pm	xecutive Director (ED) on				
	-The facility offered	activities like bingo and				
	parties.					
	-	uperbowl party recently.				
		d not participate in activities				
		/en money or prizes. ed to sit outside and smoke				
	cigarettes.					
		employ, nor had they ever				
	employed, an Activit					
		gnate a personal care aide				
			1			1

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING		03/02/20	
	ROVIDER OR SUPPLIER	HAL011133	ADDRESS, CITY, STATE,		03	3/02/2022
	NOWDER OR SOLT EIER					
CHASE 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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 315	Continued From page	e 10	D 315			
	be a certified Activity -She erased the activity (02/28/22) and did not the calendar for Marco Follow up interviews from 8:35am to 11:03 -The activities calend written on it. -There were no activi -A couple years ago, residents went place Bingo. -The facility had not p games in the past the -The facility had not p games in the past the -The facility had not p superbowl party or a -The facility did nothi -He lived at the facilit time he ever saw any calendar was in Deco -There were never at residents. -On the night of the S were given a cupcake Bowl ring, but there w activity. -He would participate activities he was rem have something to do -The residents did no except go to supper.	vity calendar yesterday of have a chance to complete ch 2022. with 6 resident on 03/02/22 Bam revealed: dar never had anything ities provided by the facility. before COVID-19, the s and did activities like played Bingo or any other ree months. had any kind of Superbowl barty. played Bingo nor had a ny party of any kind. ng and it was "depressing". ty for 6 months and the only ything written on the activities ember 2021. ny activities provided for Super Bowl the residents e decorated with a Super was no type of party or e if the facility offered any totely interested in just to p. ot have any activity to do				

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