TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		BERTH TO THOM HOW BERT	A. BUILDING:			
HAL011133		B. WING		R 05/10/2023		
AME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		NUNC 30 DAL	EA DRIVE			
NASE SA	MARITAN ASSISTED L	ASHEV	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 ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	Buncombe County D conducted an annua	Department of Social Services Il survey, follow-up and				
D 129	10A NCAC 13f .0404 Director	4 (2) Qualifications Of Activity	D 129			
 The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual survey, follow-up and complaint investigation from 03/09/23 - 03/10/23. D 129 10A NCAC 13f .0404 (2) Qualifications Of Activity Director 10A NCAC 13f .0404 Qualifications Of Activity Director Adult care homes shall have an activity director who meets the following qualifications: (2) The activity director hired after September 30, 2022 shall complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity director shall be exempt from the required basic activity course if one or more of the following applies: (a) be a licensed recreational therapist or be eligible for certification as a therapeutic recreation specialist as defined by the North Carolina Recreational Therapy Licensure Act in accordance with G.S. 90C; (b) have two years of experience working in programming for an adult recreation or activities program within the last five years, one year of which was full-time in an activities program for patients or residents in a health care or long term care setting; (c) be a licensed occupational therapist or 						

HZW511

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
ND PLAN O	FCORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMP	COMPLETED	
HAL011133		B. WING		05	R / 10/2023		
AME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
	MARITAN ASSISTED LI	VING 30 DAL	EA DRIVE				
		ASHEV	ILLE, NC 28805				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC 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 129	Continued From page	21	D 129				
	This Rule is not met	as evidenced by:					
	Based on observation	as and interviews the facility ied activity director (AD).					
	The findings are:						
		dents during the initial tour 5am to 9:39am revealed: ties for the men.					
	-There was nothing to -A resident requested store but had never b	several times to go the					
	-A resident would "like activities."	e to play cards and do group					
	- I hey do not have an	y activities for the residents.					
	in the hallway revealed						
	10:00am and Bingo 1						
	-	, 2023 included walk 9:00am 9 Social 1:00pm - 3:00pm.					
	on 05/09/23 at 9:40ar						
		g activity for the residents. ny of the residents if they Ik on 05/09/23.					
	Observation of dining 2:00pm revealed ther activity occurring.	room on 05/09/23 at e was no Bingo or any other					
		onal care aide (PCA) on evealed:					

STATE FORM

HZW511

STATEMEN	of Health Service Regure FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL011133		B. WING		05	R / 10/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CHASE S	AMARITAN ASSISTED LI	VING	A 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 OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 129	Continued From page	e 2	D 129			
	because they were sl -They did not have ar else to lead activities. -Staff did what the fac for activities. Interview with the fac 11:04am revealed: -The last time the fac was in the summer of -The personal care ai with the residents. -Resident participatio -Staff walked with res throughout the day. -Bingo was played wi but it was after 2:00p showed up. -Most residents did no	n Activity Director or anyone cility Director told them to do ility Director on 05/10/23 at ility had an Activity Director f 2022. ides (PCAs) do activities in was often challenging. sidents at different times th the residents on 05/09/23 m and only 2 residents				
D 375	Medications 10A NCAC 13F .1005 Medications (a) An adult care hor who are competent a self-administer their r requirements are med (1) the self-administra physician or other pe prescribe medications documented in the re (2) specific instruction	nedications if the following t: ation is ordered by a rson legally authorized to s in North Carolina and	D 375			

Division of Health Service Regulation STATE FORM

6899

If continuation sheet 3 of 6

	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL011133		B. WING	05	R 5/10/2023		
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
		30 DALE	A DRIVE			
NASE SI	AMARITAN ASSISTED LI	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 C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 375	Continued From page	93	D 375			
	interviews the facility resident (Resident #5 self-administer an inh medication for digesti for digestive upset an for constipation. The findings are:	ns, record review, and failed to ensure 1 of 1 i) had physician's orders to aled medication, a liquid ive upset, a chewable table ad a powdered medication				
	05/09/23 at 9:17am r -An open, partially us Miralax (a powdered constipation) was on -An open, partially us liquid antacid (used to on his bedside table. -Ventolin HFA inhaler problems) with 145 s date of 04/20/22 was -An open, partially us	ed 8.3 ounce container of medication used to treat his bedside table. ed 12-ounce container of o treat digestive upset) was (used to treat breathing prays left and an expiration on his bedside table. ed container of Alka-Seltzer ve upset) 750mg chewable				
	revealed: -He purchased the M Alka-Seltzer at a loca -The Ventolin HFA inf he had before he more	naler was an old prescription ved into the facility. w he took all four of those				

STATE FORM

6899

HZW511

If continuation sheet 4 of 6

STATEMEN	of Health Service Regu r of DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		E SURVEY PLETED	
HAL011133			A. BUILDING.			R
		B. WING		05	/10/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CHASE S	AMARITAN ASSISTED L	IVING	EA DRIVE LLE, NC 28805			
	STIMMARY S			PROVIDER'S PLAN O		(20)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 375	Continued From pag	e 4	D 375			
	Continued From page 4 -He took the liquid antacid once or twice a day. -He took a capful of Miralax with a beverage once or twice a week. -He took an Alka-Seltzer chewable tablet once a week. -He just used the Ventolin HFA inhaler when he needed it. -He most recently used his Ventolin HFA inhaler about two months ago. Review of Resident #5's current FL2 dated 09/15/22 revealed no orders for Miralax, liquid antacid, Ventolin HFA inhaler or Alka-Seltzer. Review of Resident #5's physician orders dated 03/01/23 revealed no orders for Miralax, Liquid Antacid, Ventolin HFA inhaler or Alka-Seltzer. Review of the medication administration records					
	there were no sched	pril and May 2023 revealed uled or as needed orders #5's Miralax, liquid antacid, or Alka-Seltzer.				
	05/09/23 at 2:20pm r -Miralax remained or -Liquid antacid rema					
	Interview with a med 05/09/23 at 2:22pm r -Resident #5 did not self-administer medie -She was not aware Resident #5's room.	revealed: have an order to				

Division of Health Service Regulation STATE FORM

6899

HZW511

If continuation sheet 5 of 6

PRINTED: 05/12/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED			
	SI CONNECTION	DENTIFICATION NOMBER.	A. BUILDING:				
HAL011133		B. WING		05	R 5/10/2023		
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
HASE S	AMARITAN ASSISTED LI	VING	A DRIVE				
		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 C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
D 375	Continued From page	e 5	D 375				
	Miralax, liquid antacio the Alka-Seltzer on hi -She explained to Re remove all those med physician to get ordel -Resident #5 stated h he could not keep me they were not narcoti Attempted telephone primary care provider unsuccessful. Interview with the fac 2:54pm revealed: -She had removed m room before. -She thought Resider his family and purchal -If staff observed med	sident #5 that he had to dications but would call the rs for him to take them. he could not understand why edications in his room since cs. interview with Resident #5's on 05/10/23 at 2:47pm was ility Director on 05/10/23 at edication from Resident #5's ht #5 went to the store with used these medications. dications in Resident #5's move the medications. have an order to					

HZW511