Received via email 1/15/25 RP

PRINTED: 01/08/2025 FORM APPROVED

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011262	B. WING		R-C 12/12/2024
	ROVIDER OR SUPPLIER	67 MOU	ADDRESS, CITY, STA		
HUNN'S	COVE ASSISTED LIVING	ASHEVI	LLE, NC 28805	5	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE COMPLET
D 000		sure Section conducted a complaint investigation on	D 000	1 The facility	staff
D 270	10A NCAC 13F .0901 Supervision 10A NCAC 13F .0901 Supervision (b) Staff shall provide	e supervision of residents in n resident's assessed needs,	D 270	trained to propose supervise and has aggression from (M. H.). The store locate any re	of will
	reviews, the facility fa supervision for 2 of 5 physical aggression of others in the facility a and resulting in bodily. The findings are: 1. Review of Resider 10/29/24 revealed: - Resident #2 had dishemiplegia (a medical	Ins, interviews and record iiled to provide increased sampled residents who had endangering the safety of and themselves (#2, and #3) y injury (#3). In the safety of and themselves (#2, and #3) or injury (#3).		another evec of to protect reside staff members of Dangerous behavior reported to sur Administrator. Interventions for will restrain re if necessary, in	the facility onts or one control on the facility on the facility of the facility
	major depressive dis- coronary artery disea	s on one side of the body), order, restless agitation, use (damage or disease in od vessels), and seizure mi-ambulatory.		enforcement.	

Reviewed and acknowledged 1/15/25 RP

STATE FORM

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL011262	B. WING		R-C 12/12/2024
CHUNN'S	ROVIDER OR SUPPLIER COVE ASSISTED LIVING	STREET ADDI	RESS, CITY, STA AIN BROOK R E, NC 28805		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 270	-The resident was ori-Current level of care Review of Resident # evaluation dated 08/1 personality disorder (emotional, or erratic l antisocial and border stimulant use disorder Review of the Resider revealed an admission Review of Resident # revealed documentate seen by mental health and verbally abusive Review of Resident # -On 07/02/24, Reside another residentOn 07/17/24, Reside resident on the armOn 07/26/24, Reside cart because he was threatened to tear the there was nothing state -On 08/03/24, Reside bodily harm to another roomOn 08/17/24, Reside demanding breakfast care tasksOn 08/26/24, Reside medicationsOn 09/03/24, Reside having cigarettes and fights that day and fo	ented. was Assisted Living. 2's current psychiatric 3/24 revealed diagnoses of cluster b traits (dramatic, behaviors and thoughts), line personality persists) and er. ent #2's Resident Register on date of 04/21/22. 2's care plan dated 02/07/24 ion that Resident #2 was h for disruptive behaviors behaviors. 2's charting notes revealed: ent #2 made threats to harm ent #2 slapped a female ent #2 kicked the medication mad about cigarettes and e place apart and stated off could do about it. ent #2 threatened to do er resident who was in his	D 270	The facility will of the make every ext the assistance of discharge team. other government agencies to rem discharge rasin from the facility of team and staff on each shift monitor resident daily. Sompletion Dak! Ompletion Dak!	the county LE Well +5 for /support ove or of (M. H.) namesement Marchard will - (M. H.)

PRINTED: 01/08/2025 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING 12/12/2024 HAL011262 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **67 MOUNTAIN BROOK ROAD CHUNN'S COVE ASSISTED LIVING** ASHEVILLE, NC 28805 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 270 D 270 Continued From page 2 -On 09/23/24, Resident #2 punched the wall and got into an altercation with another resident, being verbally abusive. -On 10/25/24, Resident #2 assaulted another resident, hitting him in the head with a stick causing bodily injury. Review of Resident #2's incident report dated 10/25/24 at 6:15am revealed: -Resident #2 stated another resident came into his room and he told him to get out of his room. -Resident #2 threatened to kill the other resident and hit him in the head, which left the other resident injured and caused him to be sent to the emergency room (ER). -The Resident Care Coordinator (RCC) and Resident #2's primary care physician (PCP) were notified on 10/25/24. Interview with a personal care aide (PCA) on 12/11/24 at 10:43am revealed: -He was aware Resident #2 hit another resident causing injury to the other resident about 2 months ago. -He had not witnessed Resident #2 become physically aggressive with other residents. Interview with a medication aide (MA) on 12/11/24 at 10:34am revealed: -Resident #2 often had outbursts toward other residents who were mean to staff. -She had not witnessed any physical aggression due to being on leave and came back about a month and a half ago. -She was told to observe the residents when

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physical altercations took place.

that had been put in place.

-She was not aware of any other safety measures

Telephone interview with a second MA on

(X3) DATE SURVEY

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING: _		COMPLI	ETED
					R-C	
		HAL011262	B. WING		1	2/2024
		HALVIIZOZ			1 12/1	212024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CHIMMIC	COVE ASSISTED LIVING	67 MOUNT	AIN BROOK R	OAD		
CHUNNS	COVE MODIS I ED LIVING	ASHEVILL	E, NC 28805			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	XIA) E	DAIL
D 270	Continued From page	e 3	D 270			
	12/11/24 at 11:04am	revealed:				
		e very aggressive to other				
	residents.	c very aggressive to outer				
	1	summer, she witnessed				
		emale resident in the face.				
		ident to the Resident Care				
	Coordinator (RCC) a					
	Administrator.					
	-She was told to "lay	eyes" on residents, meaning				
		ents, but was not told to				
		safety measures after				
	Resident #2 was phy	sically aggressive with other				
	residents.					
	-She had never docu	mented "laying eyes" on the				
	residents.					
	-They check on all re	sidents every 2 hours.				
	·	with a third MA on 12/11/24				
	at 11:16am revealed:					
		ent #2 become physically				
	aggressive with other	ident he observed happened				
		en Resident #2 slapped				
	another resident.	en Resident #2 slapped				
	another resident.					
	Interview with the RC	CC on 12/12/24 at 2:00pm				
	revealed:					
	· · · · · · · · · · · · · · · · · · ·	do de-escalation techniques				
		d separate the residents.				
		o remove the residents from				
	the situation.					
	-She expected staff t	o do 15-minute checks on				
	residents who were v	violent to ensure safety.				
		ministrator on 12/12/24 at				
	2:30pm revealed:	de 45 minute autoto de etc				
	-	do 15-minute safety checks				
	on residents who had					
		-minute safety checks on				
	Resident #2 were ev	er aone.				

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
					R-C
		HAL011262	B. WING		12/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	E, ZIP CODE	
CHUNN'S	COVE ASSISTED LIVING		NTAIN BROOK RO	AD	
0743.45	CLIMMADV ST	ATEMENT OF DEFICIENCIES	LE, NC 28805	PROVIDER'S PLAN OF CORRE	CTION (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETE
D 270	Continued From page	4	D 270		
		creased supervision on ot having enough staff.			
	06/12/24 revealed:	t #3's current FL2 dated dementia and Alzheimer's			
	-The resident was am	bulatory.			
	-The resident was con	nstantly disoriented.			
	-Recommended level	of care was assisted living.			
	Review of Resident # revealed an admission	3's Resident Register n date of 11/14/23.			
		3's record revealed the ged from the facility on			
	Review of Resident # hospital discharge su revealed:	3's behavioral health mmary dated 11/13/23			
	neurocognitive disord	of 09/14/23. italization was for major ler, presented to hospital nmitment (IVC) from another			
	facility due to aggress behavior towards res	sive and hypersexual			
		is of severe dementia with			
	at 11:04am and on 12	cation aide (MA) on 12/11/24 2/12/24 at 10:40am			100
		ner resident (Resident #2) n the face on 09/04/24.			
	-Staff were supposed	I to initiate 15-minute			
		e 15-checks were completed			
		esidents every 15 minutes. e 15-minute checks or			

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 47 MOUNTAIN BROOK ROAD ASHEVILLE, NO. 28895 PO PROVIDER'S PLAN OF CORRECTION PREPRIX TAG CONTINUE OF PROVIDER'S VALUE PREPRIX TAG CONTINUE OF PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREVIATION SPOULD BE PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREVIATION SPOULD BE PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREVIATION SPOULD BE PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREVIATION SPOULD BE PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREVIATION SPOULD BE PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREPRIX TAG PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREPRIX TAG PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREPRIX TAG PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREPRIX TAG PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREPRIX TAG PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PREPRIX TAG PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER CHUNN'S COVE ASSISTED LIVING CA(4) ID PREFIX INC. (A4) ID PREFIX INC. (A5) ID PREFIX INC. (A6) ID PRE			HAL011262	B. WING	B. WING			
CHUNN'S COVE ASSISTED LIVING CAPACITICAL CONTROLLES CAPACITICAL CAPACITICAL CONTROLLES CAPACITICAL CAPACITICAL CONTROLLES CAPACITICAL CO	NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ITE, ZIP CODE			
PREPIX TAG REGULATORY OR LOS CIRCHIPPINS NFORMATION) D 270 Continued From page 5 document the 15-checksShe did not document any additional supervision checks on either resident. Review of Resident #3's charting notes dated 09/18/24 revealed: -Resident #3 was sent to the emergency department (ER) with a bloody nose after an altercation with the other resident. Review of Resident #3's accident and incident report dated 09/18/24 revealed: -Resident #3's accident and incident report dated 09/18/24 revealed: -Resident #3's accident and incident report dated 09/18/24 revealed: -Resident #3's accident and incident report dated 09/18/24 revealed: -Resident #3's accident may bloody nose after an altercation with the other resident. Review of Resident #3's accident and incident report dated 09/18/24 revealed: -Resident #3 was transported to the ED for an evaluationThere was documentation the facility sent a fax notification to Resident #3's Enlity memberThere was documentation that the facility sent a fax notification to Resident #3's ED discharge instructions dated 09/20/24 revealed: -Reseason for ED visit was due to assault, epistaxis (nosebleed) and fallThe resident was seen in the ED due to an altercation. Review of Resident #3's behavioral health progress note dated 09/20/24 revealed: -Resident #3's anticreased confusion, agitation	CHUNN'S	COVE ASSISTED LIVING	ì		OAD			
document the 15-checks. -She did not document any additional supervision checks on either resident. Review of Resident #3's charting notes dated 09/18/24 revealed: -Resident #3 walked into the other resident's (Resident #3's walked into the other resident's (Resident #3') room and started kicking and hitting the resident. -Resident #3 was sent to the emergency department (ED) with a bloody nose after an altercation with the other resident. Review of Resident #3's accident and incident report dated 09/18/24 revealed: -Resident #3 walked into the other resident's (Resident #2) room hitting and kicking the other resident resulting in the resident receiving a bloody nose. -Emergency medical services were called, and Resident #3 was transported to the ED for an evaluation. -There was documentation the facility left a voicemall message with Resident #3's family member. -There was documentation that the facility sent a fax notification to Resident #3's PCP. Review of Resident #3's ED discharge instructions dated 09/20/24 revealed: -Reason for ED visit was due to assault, epistaxis (nosebleed) and fall. -The resident was seen in the ED due to an altercation. Review of Resident #3's behavioral health progress note dated 09/20/24 revealed: -Resident #3 had increased confusion, agitation	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLE	ETE	
and physical aggression.	D 270	document the 15-che -She did not document checks on either resident Review of Resident # 09/18/24 revealed: -Resident #3 walked (Resident #2) room a hitting the residentResident #3 was ser department (ED) with altercation with the of Review of Resident # report dated 09/18/22 -Resident #3 walked (Resident #2) room h resident resulting in the bloody noseEmergency medical Resident #3 was trans evaluationThere was document voicemail message was memberThere was document fax notification to Resident #3 instructions dated 09 -Reason for ED visit (nosebleed) and fallThe resident was se altercation. Review of Resident # progress note dated of -Resident #3 had incomes	cks. Int any additional supervision ident. 3's charting notes dated into the other resident's and started kicking and into the emergency a bloody nose after an ider resident. 3's accident and incident into the other resident's into the other resident's itting and kicking the other the resident receiving a services were called, and isported to the ED for an into the facility left a with Resident #3's family it attain that the facility sent a sident #3's PCP. 3's ED discharge /20/24 revealed: was due to assault, epistaxis en in the ED due to an in the ED due	D 270	DEFICIENCY			

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FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: R-C HAL011262 12/12/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **67 MOUNTAIN BROOK ROAD** CHUNN'S COVE ASSISTED LIVING **ASHEVILLE, NC 28805** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 270 D 270 Continued From page 6 was not redirectable. -Resident #3's recent unprovoked physical aggression towards another resident (Resident #2) was concerning. Review of Resident #3's record revealed there was no documentation of increased supervision after the 09/18/24 incident. Review of Resident #3's charting notes dated 10/05/24 revealed the resident had taken a chair. picked it up and was hitting other residents with it. Review of Resident #3's record revealed there was no documentation of increased supervision after the 10/05/24 incident. Review of Resident #3's PCP progress note dated 10/16/24 revealed documentation the resident had physical altercations with other residents. Review of Resident #3's PCP progress note dated 10/22/24 revealed staff reported agitation, and the resident had physical altercations with other residents. Review of Resident #3's record on 12/11/24 revealed there was no documentation of increased supervision after these episodes of physical altercations. Review of Resident #3's charting note dated 10/25/24 revealed: -Resident #3 was assaulted by another resident

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the altercation.

(Resident #2) causing bodily injury and

-Resident #3 received sutures to his head from

transported to the hospital.

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: R-C 12/12/2024 HAL011262 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **67 MOUNTAIN BROOK ROAD CHUNN'S COVE ASSISTED LIVING ASHEVILLE, NC 28805** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 270 D 270 Continued From page 7 Review of Resident #3's accident and incident reported dated 10/26/24 revealed: -Resident #3 went into another resident's (Resident #2) room who hit Resident #3 in the head because he would not leave the room. -Emergency medical services were called, and Resident #3 was transported to the ED for an evaluation. -There was documentation the facility left a voicemail message with Resident #3's family member. -There was no documentation that the facility notified Resident #3's PCP. Review of Resident #3's ED discharge instructions dated 10/26/24 revealed: -The reason for the ED visit was due to head abrasion and traumatic subdural hemorrhage (head injury) with loss of consciousness. -A computed tomography (CT) scan of the resident's head at 8:08am revealed acute on chronic right subdural hematoma with a small volume of acute hemorrhage within the posterior aspect of the chronic subdural hematoma. -CT of the resident's head at 1:46pm revealed no significant interval change from same day examination performed earlier. -Unchanged acute on chronic subdural hematoma with a small volume of acute hemorrhage within the posterior aspect of the chronic subdural hematoma. Review of Resident #3's charting notes dated 11/25/24 revealed: -Resident #3 was observed in a female resident's room trying to choke her. -Staff removed Resident #3 from the room and took him back to his room.

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Review of Resident #3's record revealed there

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ R-C B. WING 12/12/2024 HAL011262 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **67 MOUNTAIN BROOK ROAD CHUNN'S COVE ASSISTED LIVING** ASHEVILLE, NC 28805 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 270 D 270 Continued From page 9 338 a known history of physically aggressive behaviors towards each other and also towards other residents which resulted in Resident #2 physically assaulting Resident #3 on two occasions causing Resident #3 to be hospitalized for a subdural hematoma (brain bleed) and a head injury that required sutures. The failure of the facility to increase supervision resulted in serious physical harm and injury to residents and constitutes a Type A1 Violation. The facility provided a plan of protection on 12/10/24 for this violation in accordance with G.S. 131D-34. THE CORRECTION DATE FOR THE TYPE A1 VIOLATION WILL NOT EXCEED JANUARY 11, 2024. D 338 D 338 10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: FOLLOW UP TO TYPE A2 VIOLATION. or Administra Non-compliance continues with increased severity resulting in serious physical harm. THIS IS A TYPE A1 VIOLATION Based on interviews and record reviews, the facility failed to ensure all residents were free from abuse related to multiple residents being physically assaulted by two residents (#2 and #3).

PRINTED: 01/08/2025 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: R-C B. WING 12/12/2024 HAL011262 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **67 MOUNTAIN BROOK ROAD CHUNN'S COVE ASSISTED LIVING ASHEVILLE, NC 28805** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 270 D 270 Continued From page 8 was no documentation of increased supervision after the 11/25/24 incident. Telephone interview with Resident #3's Mental Health Nurse Practitioner (NP) on 12/11/24 at 3:15pm revealed: -The facility did not notify her of Resident #3's incidents on 10/05/24 or on 11/25/24. -She expected the facility to notify her of Resident #3's aggressive behaviors. -She expected the facility to initiate increased supervision. Interview with the RCC on 12/12/24 at 1:59pm revealed: -She found Resident #3 choking a female resident on 11/25/24 and immediately removed him from the room. -She should have initiated 15-minute checks on Resident #3 but did not. -She kept an eye on the resident but did not initiate any increased supervision. Interview with the Administrator on 12/12/24 at

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2:33pm revealed:

11:20am was unsuccessful.

9:28am was unsuccessful.

checks.

-Staff should have completed 15-minute checks on any resident displaying aggressive behaviors. -He did not know if staff had completed 15-minute

Attempted telephone interview with another MA on 12/11/24 at 11:03am and on 12/12/24 at

Attempted telephone interview with Resident #3's PCP on 12/11/24 at 11:36am and on 12/12/24 at

The facility failed to ensure supervision was increased for two residents (#2 and #3) who had

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING: R-C B. WING 12/12/2024 HAL011262 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **67 MOUNTAIN BROOK ROAD** CHUNN'S COVE ASSISTED LIVING **ASHEVILLE, NC 28805** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 338 D 338 Continued From page 10 The findings are: Review of the facility's management of physical aggression or assault policy, Accident or illness policy and emergency/accident policy revealed: -Harassment, physical or verbal abuse of other residents or staff is considered to be inappropriate and unacceptable. -Residents engaging in inappropriate behavior may be subject to behavioral intervention techniques as deeded necessary by the facility The facility and the resident's physician(s). -If a resident is displaying aggressive or inappropriate behavior, contact the supervisor immediately. -Remove resident from immediate danger if possible. -Ask all staff to be alert to inappropriate behaviors. -Report immediately to the supervisor any maladaptive behaviors. -Deescalate the situation as needed. 3 Completin Dute: -Report dangerous behaviors to the resident's physicians and/or area mental health authority and implement physician's orders. -Report dangerous behavior to the resident's family/responsible person and seek intervention. -If all other interventions fail, the facility will restrain the resident and call the appropriate law enforcement. -Cooperate with law enforcement. -Assist any victims to obtain medical treatment, relief in the court system, etc., as appropriate. -If a resident was a threat to themselves or others, call 911 immediately. -Any physical altercation must be reported on an incident report. -Completely fill out accident and incident report

and notify the local DSS and/or Division of Facility

(X3) DATE SURVEY

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	COMPLETED			
		HAL011262	B. WING		R-C 12/12/2024	
	ROVIDER OR SUPPLIER	67 MOUN	DDRESS, CITY, STAT NTAIN BROOK RO LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE COMPLETE	
D 338	Services as appropria Review of the facility's 04/01/24 revealed: -It is necessary to dis discharge is necessar the resident and the f needs of the resident resident's physician, p practitioner and/or the other individuals in th determined by the fac administrator or the d the resident's physicianurse practitioner. Review of the emerge from 09/01/24 through revealed that there we enforcement. 1. Review of Residen 10/29/24 revealed: - Resident #2 had dia hemiplegia (a medica paralysis or weaknes major depressive disc coronary artery disea the heart's major blood disorder The resident was ser - The resident was ori - Current level of care Review of Resident # evaluation dated 08/1 personality disorder (emotional, or erratic to	ste. step discharge policy effective charge residents when the ry to protect the welfare of acility cannot meet the as documented by the obysician assistant, or nurse e safely of the resident or e facility is endangered as cility at the direction of the esignee in consultation with an, physician assistant, or ency 911 call event summary in 12/11/24 for the facility ere no calls to local law t #2's current FL2 dated gnoses that included al condition characterized by s on one side of the body), order, restless agitation, se (damage or disease in ad vessels), and seizure mi-ambulatory. ented. was Assisted Living. 2's current psychiatric 3/24 revealed diagnoses of cluster b traits (dramatic, behaviors and thoughts), line personality persists) and	D 338			

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: _ R-C 12/12/2024 HAL011262 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **67 MOUNTAIN BROOK ROAD CHUNN'S COVE ASSISTED LIVING ASHEVILLE, NC 28805** PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 338 D 338 Continued From page 12 Review of the Resident #2's Resident Register revealed an admission date of 04/21/22. Review of Resident #2's care plan dated 02/07/24 revealed documentation that Resident #2 was seen by mental health for disruptive behaviors and verbally abusive behaviors. Review of Resident #2's charting notes revealed: -On 07/02/24, Resident #2 made threats to harm another resident. -On 07/17/24, Resident #2 slapped a female resident on the arm. -On 07/26/24, Resident #2 kicked the medication cart because he was mad about cigarettes and threatened to tear the place apart and stated there was nothing staff could do about it. -On 08/03/24, Resident #2 threatened to do bodily harm to another resident who was in his room. -On 08/17/24, Resident #2 was cursing demanding breakfast and demanding personal care tasks. -On 08/26/24, Resident #2 was demanding medications. -On 09/03/24, Resident #2 was upset due to not having cigarettes and threatened there would be fights that day and for everyone to be ready. -On 09/04/24, Resident #2 smacked another resident. -On 09/23/24, Resident #2 punched the wall and got into an altercation with another resident, being verbally abusive. -On 10/25/24, Resident #2 assaulted another resident, hitting him in the head with a stick causing bodily injury. Review of Resident #2's incident report dated

10/25/24 at 6:15am revealed:

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011262	B. WING		R-C 12/12/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CHUNN'S	COVE ASSISTED LIVING	3	AIN BROOK R	OAD		
	CHMMADVCT	ASHEVILLI ATEMENT OF DEFICIENCIES	E, NC 28805	PROVIDER'S PLAN OF CORRECTION	d (ve)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 338	Continued From page	e 13	D 338			
	-Resident #2 stated a his room and he told -Resident #2 threater and hit him in the hear resident injured and demergency room (ER-The Resident Care CResident #2's primary notified on 10/25/24. Interview with a resid revealed: -He had witnessed Rewomen.	another resident came into him to get out of his room. The document of his room. The document of him to be sent to the standard of him to be s				
	Interview with a second resident on 12/11/24 at 3:20pm revealed: -She witnessed Resident #2 twisting her roommate's armShe woke up one day to a male resident in her roommate's bedShe did not feel safe.					
	3:29pm revealed: -She was admitted to agoShe had witnessed versidents since her acceptable brush to hit aresident, but was unsulprivate with a personal statement of the had been verbaresident, but was unsulprivate with a personal statement of the had been verbaresident, but was unsulprivate with a personal statement of the had been verbaresident, but was unsulprivate with a personal statement of the had been verbaresident.	dent in a wheelchair grab a nother resident. Ily threatened by another sure of his name. onal care aide (PCA) on revealed:				
	-He was aware Resid	revealed: lent #2 hit another resident other resident about 2				

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING. 12/12/2024 HAL011262 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **67 MOUNTAIN BROOK ROAD CHUNN'S COVE ASSISTED LIVING** ASHEVILLE, NC 28805 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 338 D 338 Continued From page 14 months ago. -He was not aware of any safety measures that were put in place to protect Resident #2 or any of the other residents. Interview with a medication aide (MA) on 12/11/24 at 10:34am revealed: -Resident #2 often had outbursts toward other residents. -She had not witnessed any physical aggression due to being on leave and came back about a month and a half ago. -She had always been told to keep her eye on residents and observe them when physical altercations had taken place. -She was not aware of any other safety measures that had been put into place. Telephone interview with a second MA on 12/11/24 at 11:04am revealed: -Resident #2 could be very aggressive to other residents. -Sometime over the summer, she witnessed Resident #2 slap a female resident in the face. -She reported the incident to the Resident Care Coordinator (RCC) and to the Assistant Administrator. Telephone interview with a third MA on 12/11/24 at 11:16am revealed: -He had witnessed Resident #2 become physically aggressive with other residents. -The most recent incident he observed happened over the summer when he slapped another resident. Telephone interview with the local Department of

Social Services Adult Home Specialist (AHS) on

-There was a 30-day notice of discharge for

12/11/24 at 10:04pm revealed:

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		CONTLETED	
					R-C	
		HAL011262	B. WING		12/12/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	TE, ZIP CODE		
CHIMNIS	COVE ASSISTED LIVING	67 MOUNTA	AIN BROOK RO	DAD		
CHONNS	COVE ASSISTED LIVING	ASHEVILLE	E, 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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 338	Continued From page	e 15	D 338			
D 338	Resident #2 issued on not been given to the the resident on 11/05. On 11/04/24, the facteam for Resident #2. Resident #2 would neam. On 11/13/24, the RC not to discharge Resilooking for placement would take Resident: There was no docum Commitment (IVC) (a medical professional judge order mental heteratment for someon paperwork completed Interview with the fact Practitioner (NP) on 11/05/24.	n 10/25/24, but a copy had resident when she spoke to //24. Ility requested a discharge of consent to the consent to th	D 338			
	-He was aware Resid for being in his room. - He would expect sta were having violent o power of attorney's (F services involved. -If eliminating violent resolved, placement	ent #2 hit another resident aff to send residents who utbursts to the ER, notify the POA) and get psychiatric outbursts could not be at another facility should be				
	FL2 were faxed to oth agoHe was unsure why discharged other than					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				<u>-</u>	R-C
		HAL011262	B. WING		12/12/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CHUNN'S	COVE ASSISTED LIVING		TAIN BROOK R LE, NC 28805	OAD	
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 338	Interview with the Ass 12/10/24 at 5:10pm re-Involuntary Commitm not completed on Res failed with other reside. He was told by law e residents or families of was nothing that could interview with the Adr 2:30pm revealed: He tried to discharge facility for over a yearelt was difficult to obtail IVC for a previous resente was unaware of at any facilities. Resident #2 had alwed discharged. He expected staff to from the other residered. He expected staff to checks on residents where the expected staff to checks on residents where the never initiated sure due to not having encountered. 2. Review of Residen 06/12/24 revealed: Diagnoses included disease. The resident was amente resident was connected to the resident was amente resident was connected to the resident was connec	sistant Administrator on evealed: nent (IVC) paperwork was sident #2 because it had ents in the past. Inforcement that if other did not press charges, there did be done. Ininistrator on 12/12/24 at Resident #2 from the Ininistrator on 12/12/24 at Resident #2 from the Ininistrator on 12/12/24 at Resident #2 being accepted ays refused to be separate violent residents and accepted to have refused t	D 338		

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: R-C B. WING 12/12/2024 HAL011262 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **67 MOUNTAIN BROOK ROAD** CHUNN'S COVE ASSISTED LIVING **ASHEVILLE, NC 28805** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 338 D 338 Continued From page 16 other facilities. -He expected IVC paperwork to be filled out for residents who were a danger to themselves and/or others. -He expected to be notified of any violent behaviors that occurred with residents. Interview with the facility's contracted psychiatric provider on 12/12/24 at 9:29am revealed: -She was aware Resident #2 could get verbally and physically aggressive. -She received numerous complaints about Resident #2 for behaviors by staff. -She expected to be notified of any violent behaviors. -She would expect the facility to IVC residents for behaviors that would put themselves and/or others at risk if they refuse services. -She was unsure if resident #2 had ever had IVC paperwork filled out. Interview with the RCC on 12/11/24 at 10:01 am and on 12/12/24 at 2:00pm revealed: -Resident #2 refused to have assistance from anyone who could help find placement. -On 08/02/24, they were able to find placement for Resident #2, but he refused to go. -They had never requested an IVC for Resident #2 because it had not worked in the past for whom they had requested an IVC. -She tried to find placement in November for Resident #2, but it was unsuccessful because no other facilities would admit Resident #2. -Staff were trained to do de-escalation techniques to calm residents and separate the residents. -She expected staff to remove the residents from the situation. -She expected staff to do 15-minute checks to

ensure safety.

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: R-C B. WING 12/12/2024 HAL011262 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **67 MOUNTAIN BROOK ROAD** CHUNN'S COVE ASSISTED LIVING **ASHEVILLE, NC 28805** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 338 D 338 Continued From page 18 Review of Resident #3's record revealed the resident was discharged to a hospice facility on 11/27/24. Review of Resident #3's behavioral health hospital discharge summary dated 11/13/23 revealed: -An Admission date of 09/14/23. -The reason for hospitalization was for major neurocognitive disorder, presented to hospital under involuntary commitment (IVC) from another facility due to aggressive and hypersexual behavior towards residents. -A discharge diagnosis of severe dementia with behavioral disturbance. Review of Resident #3's accident and incident report dated 09/18/24 revealed: -Resident #3 walked into another resident's (Resident #2) room and started hitting and kicking the other resident resulting in the Resident #3 receiving a busted nose. -Resident #3 was sent to the emergency department (ED) with a bloody nose after an altercation with the other resident. Review of Resident #3's accident and incident report dated 09/18/24 revealed: -Resident #3 had walked into another resident's room, hitting and kicking the other resident. -The other resident gave Resident #3 a bloody nose which resulted in Resident #3 being sent to ED. Review of Resident #3's ED discharge instructions dated 09/20/24 revealed: -Reason for ED visit was due to assault, epistaxis (nosebleed) and fall. -Resident #3 was seen in the ED due to an

altercation.

PRINTED: 01/08/2025 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: R-C B. WING 12/12/2024 HAL011262 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **67 MOUNTAIN BROOK ROAD CHUNN'S COVE ASSISTED LIVING ASHEVILLE, NC 28805** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 338 D 338 Continued From page 19 Review of Resident #3's behavioral health progress note dated 09/20/24 revealed: -Resident #3 had increased confusion, agitation and physical aggression. -Resident #3 had periods of agitation when he was not redirectable. -Resident #3's recent unprovoked physical aggression towards another resident was concerning. Review of Resident #3's charting notes dated 10/05/24 revealed the resident had taken a chair, picked it up and hit other residents with it. Review of Resident #3's PCP progress note dated 10/16/24 revealed Resident #3 had physical altercations with other residents. Review of Resident #3's PCP progress note dated 10/22/24 revealed staff reported agitation, and Resident #3 had physical altercations with other residents since previous PCP visit. Review of Resident #3's staff charting notes dated 11/25/24 revealed: -Resident #3 was observed in a female resident's room trying to choke her. -Staff removed the resident from the room and took him back to his room. Interview with a resident on 12/12/24 at 3:10pm revealed Resident #3 had grabbed her by the arm and aggressively swirled her around causing her

Division of Health Service Regulation

revealed:

-The RCC had been seeking placement for

at 11:04am and on 12/12/24 at 10:40am

Interview with a medication aide (MA) on 12/11/24

to fall to the ground in the past

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL011262	B. WING	B. WING		-C 1 2/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	, ZIP CODE		
CHUNN'S	COVE ASSISTED LIVING	3	TAIN BROOK ROA LE, NC 28805	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 338	as yelling at other residents' rooms and towards other resident-She witnessed anoth #3 in the face when Fithe other resident's rooms and towards other resident #3 in the face when Fithe other resident's rooms and towards a face when Fithe RCC discussed a dementia unit due towards and the face of the RCC stopped too Resident #3 when he hospice services. Telephone interview with Health Nurse Practition 3:15pm revealed: -The facility did not residents on 10/05/24-She expected the face #3's aggressive behases he felt it was reaso IVC due to resident #3 facility if he had been Interview with the RC revealed: -She found Resident resident on 11/25/24 him from the room. -She kept an eye on complete any addition #3. -The facility did not complete any addition #3.	is aggressive behaviors such sidents, wandering into other being physically aggressive hts. her resident smack Resident Resident #3 would not leave from. with the local Department of Home Specialist (AHS) on revealed: discharging Resident #3 to on his aggressive behaviors. The was admitted to the care of with Resident #3's Mental oner (NP) on 12/11/24 at otify her of Resident #3's for on 11/25/24. Cility to notify her of Resident aviors. Inable for the facility to seek aggressive behaviors. It was not safe to reside in the assaulting other residents. CC on 12/12/24 at 1:59pm #3 choking a female and immediately removed Resident #3 but did not nal supervision of Resident or all local law enforcement or	D 338			
	seek Involuntary Con -The facility did not n	nmitment. otify Resident #3's PCP or				

Division of Health Service Regulation

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ R-C B. WING 12/12/2024 HAL011262 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **67 MOUNTAIN BROOK ROAD CHUNN'S COVE ASSISTED LIVING** ASHEVILLE, NC 28805 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 338 D 338 Continued From page 21 family member. -The facility never issued a discharge notice. Interview with the Administrator on 12/12/24 at 2:33pm revealed: -He was aware of Resident #3's aggressive behavior towards other residents. -The facility had never issued a discharge notice to Resident #3 due to the facility experiencing issues with a different resident over the summer who had aggressive behaviors. Attempted telephone interview with another MA on 12/11/24 at 11:03am and on 12/12/24 at 11:20am was unsuccessful. Attempted telephone interview with Resident #3's PCP on 12/11/24 at 11:36am and on 12/12/24 at 9:28am was unsuccessful. The facility failed to protect residents from abuse and physical harm when Resident #2 and Resident #3 physically assaulted each other and physically assaulted other residents. Issuance of discharge, filing for IVC and notification of law enforcement was not completed by the facility. This failure of the facility to protect residents from abuse resulted in serious physical harm and injury and constitutes a Type A1 Violation. The facility provided a plan of protection on 12/10/24 for this violation in accordance with G.S. 131D-34. THE CORRECTION DATE FOR THE TYPE A1 VIOLATION WILL NOT EXCEED JANUARY 11, 2024.

Division of Health Service Regulation

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: R-C B. WING 12/12/2024 HAL011262 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 67 MOUNTAIN BROOK ROAD **CHUNN'S COVE ASSISTED LIVING ASHEVILLE, NC 28805** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 378 D 378 | Continued From page 22 D 378 D 378 10A NCAC 13F .1006 (b) Medication Storage 10A NCAC 13F .1006 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained under locked security except when under the direct physical supervision of staff in charge of medication administration. arts to be locked when not This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure medications were stored securely when a medication aide left a medication cart unlocked and unattended. The findings are: Observation of a hallway on 12/10/24 at 9:58am and will menitor Med Aides adomy to ensure any looken revealed: -There was a medication cart in the hall unlocked and with the keys hanging from the lock. -There was no staff on the hall. -At 10:00am a medication aide (MA) came out of a resident's room 4 doors away from the medication cart, approached the medication cart, and locked it. By Med Aide or supersion of Completion Dete: Interview with the MA on 12/10/24 at 10:01am revealed she was trained to never leave the medication cart unlocked when not in view but she just forgot. Interview with the Resident Care Coordinator (RCC) on 12/12/24 at 10:18am revealed: -Medication carts were to be locked at all times and the keys should be with the MA. -She did not know why the medication cart was

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:		COMPLETED
		HAL011262	B. WING		R-C 12/12/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
			AIN BROOK R	OAD	
CHUNN'S	COVE ASSISTED LIVING	ASHEVILL	E, 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 378	Interview with the Ass 12/12/24 at 10:22am -The MA was trained at all times when not -He did not know why cart unsecured. 10A NCAC 13F .1212 And Incidents 10A NCAC 13F .1212 And Incidents (h) The facility shall assault resulting in his person in the facility sauthority. This Rule is not met TYPE A1 VIOLATION Based on interview a facility failed to immeenforcement regarding residents including 2 and #3) when Reside	ined to lock the medication W. sistant Administrator on revealed: to lock the medication cart in view. y the MA left the medication 2 (h) Reporting Of Accidents 2 Reporting Of Accidents immediately report any arm to a resident or other to the local law enforcement as evidenced by: Ind record reviews, the diately notify local law ng physical assault of of 5 sampled residents (#2 ent #2 assulted Resident #3 jury and Resident #3	D 378	O Residents enga- interpropriate behavior be subject to be intervention techn deeded necessary and the resident (m If all intervention facility will rest resident and call enforcement imm All dangerous behave reported to ASSI- responsible person	by the facility is fail, the rank the I know action the ly action the ly mison will be
	1. Review of Resider	nt #2's current FL2 dated			

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: _ R₋C B WING 12/12/2024 HAL011262 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **67 MOUNTAIN BROOK ROAD CHUNN'S COVE ASSISTED LIVING** ASHEVILLE, NC 28805 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) team industation ments
of each shift will
resident (m. 1+.) dis

(3) Completion Date:

0:/11/2025 D 457 D 457 | Continued From page 24 10/29/24 revealed: - Resident #2 had diagnoses that included hemiplegia (a medical condition characterized by paralysis or weakness on one side of the body), major depressive disorder, restless agitation, coronary artery disease (damage or disease in the heart's major blood vessels), and seizure -The resident was semi-ambulatory. -The resident was oriented. -Current level of care was Assisted Living. Review of Resident #2's current psychiatric evaluation dated 08/13/24 revealed diagnoses of personality disorder (cluster b traits (dramatic, emotional, or erratic behaviors and thoughts), antisocial and borderline personality persists) and stimulant use disorder. Review of the Resident #2's Resident Register revealed an admission date of 04/21/22. Review of Resident #2's care plan dated 02/07/24 revealed documentation that Resident #2 was seen by mental health for disruptive behaviors and verbally abusive behaviors. Review of Resident #2's charting notes revealed: -On 09/04/24, Resident #2 smacked another resident. -On 10/25/24, Resident #2 assaulted another resident, hitting him in the head with a stick causing bodily injury. Review of Resident #2's incident report dated 10/25/24 at 6:15am revealed: -Resident #2 stated another resident came into his room and he told him to get out of his room. -Resident #2 threatened to kill the other resident and hit him in the head, which left the other

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			COMPLETED	
		HAL011262	B. WING	B. WING		R-C 2/12/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	NTE, ZIP CODE		
CHUNN'S	COVE ASSISTED LIVING		NTAIN BROOK R LLE, NC 28805	OAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 457	Continued From page resident injured and of emergency room (ER-Resident Care Coord #2's primary care phy on 10/25/24. There was no docume and an emergency room of the coord was notified. There was no docume and the coord was notified. There was no docume and the coord was notified. There was no docume and the coord was notified. Interview with a medic 12/12/24 at 10:41am and 10/25/24. Interview with a medic 12/12/24 at 10:41am and 10:41am a	aused him to be sent to the). Inator (RCC) and Resident sician (PCP) were notified thentation law enforcement sentation that Law ified on 09/04/24 or cation aide (MA) on revealed: and the other resident care Coordinator sident Care Coordinator co call police when assaults of keeping the residents and MA on 12/11/24 at the resident care and Assistant we enforcement if he felt he situation. law enforcement before. C at 10:01am revealed: called law enforcement on	D 457			
	documentation of itStaff notified her of ir -She expected staff to any assaults.	ncidents/accidents. call law enforcement for				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
			A. BUILDING:		R-C					
		HAL011262	B. WING		12/12/2024					
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE						
CHUNN'S COVE ASSISTED LIVING 67 MOUNTAIN BROOK ROAD										
CHOINTS	COVE ASSISTED LIVING	ASHEVIL	LE, NC 28805							
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE					
D 457	Continued From page 26		D 457							
	Interview with the Ass	sistant Administrator on								
	12/10/24 at 5:10pm re									
	assaults.	cement had been called for								
		law enforcement that there								
		could do if other residents or								
	resident's families did not press charges.									
	 -He expected staff to call law enforcement for all assaults. 									
	Interview with the Administrator on 12/12/24 at			1 1 1 1 1 1 1 1 1						
	2:30pm revealed:									
	-He expected staff to call law enforcement in any									
	violent situation. -He did not know if law enforcement was called									
	when Resident #2 caused bodily injury to another									
	resident on 10/25/24 and sent the other resident to the ER.									
	2. Review of Resident #3's current FL2 dated 06/12/24 revealed:									
	-Diagnoses included disease.	dementia and Alzheimer's								
	-The resident was am	•								
	-The resident was co	nstantly disoriented. Fof care was assisted living.								
	((C C C C C C C C C C C C C C C C C C	or said mad assisted in ing								
		3's Resident Register								
	revealed an admissio	on date of 11/14/23.								
		3's record revealed the								
resident was discharged to a hospice facility on										
	11/27/24.									
		cation aide (MA) on 12/11/24								
	at 11:04am and on 12 revealed:	2/12/24 at 10:40am			1.0					
		another resident smack								
	Resident #3 in the fac									
	-She did not docume charting notes for Re	nt the incident in the staff sident #3.								

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED				
		HAL011262	B. WING		R-C 12/12/2024				
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	12,12,2021				
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CHUNN'S COVE ASSISTED LIVING 67 MOUNTAIN BROOK ROAD								
CHOING	COVE ASSISTED LIVING	ASHEVILLE	E, NC 28805						
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE				
D 457	Continued From page 27		D 457						
	-She did not notify local law enforcement.								
	Review of Resident # 09/18/24 revealed: -Resident #3 walked (Resident #2) room a hitting the other resid-Resident #3 was ser department (ED) with altercation with the of	3's charting notes dated into another resident's nd started kicking and ent. It to the emergency a bloody nose after an ther resident.							
	report dated 09/18/24 -Resident #3 walked (Resident #2) room a kicking the other resident #3 receiving -Emergency medical and Resident #3 was evaluationThere was no documenforcement was not -Review of Resident:	into another resident's nd started hitting and dent resulting in the g a busted nose. services (EMS) were called, transported to the ED for an							
	(nosebleed) and fall.	/20/24 revealed: was due to assault, epistaxis en in the ED due to an injury							
	and physical aggress	09/20/24 revealed: reased confusion, agitation ion. iods of agitation where he			vx				

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: R-C 12/12/2024 HAL011262 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **67 MOUNTAIN BROOK ROAD CHUNN'S COVE ASSISTED LIVING** ASHEVILLE, NC 28805 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 457 D 457 Continued From page 28 aggression towards another resident was concerning. Review of Resident #3's charting notes dated 10/05/24 revealed the resident had taken a chair, picked it up and was hitting other residents with it. Review of Resident #3's record revealed there was no documentation that local law enforcement was notified. Review of Resident #3's PCP progress note dated 10/16/24 revealed the resident had physical altercations with other residents. Review of Resident #3's PCP progress note dated 10/22/24 revealed staff reported agitation, and the resident had physical altercations with other residents. Review of Resident #3's charting note dated 10/25/24 revealed: -Resident #3 was assaulted by another male causing bodily injury and transported to the hospital. -Resident #3 had received sutures to his head from the altercation. Review of Resident #3's accident and incident reported dated 10/26/24 revealed: -Resident #3 went into another resident's (Resident #2) room who hit Resident #3 in the head because he would not leave the room. -There was no documentation that local law enforcement was notified. -Review of Resident #3's record on 12/11/24 revealed there was no documentation that local

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law enforcement was notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		HAL011262	B. WING		R-C 12/12/2024				
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CHUNN'S	COVE ASSISTED LIVING		AIN BROOK R E, NC 28805	OAD					
(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 457	abrasion and traumat (head injury) with loss -A computed tomograresident's head at 8:0 chronic right subdura volume of acute hemaspect of the chronic -CT of the resident's significant interval chexamination performe -Unchanged acute or hematoma with a smithemorrhage within the chronic subdural hem Review of Resident # dated 11/25/24 revea -Resident #3 was cauroom trying to choke -Staff removed Resident # was no documentation was notified. Interview with the RC revealed: -She found Resident resident on 11/25/24 him from the roomShe did not notify local literview with the Ad 2:33pm revealed:	3's ED discharge 26/24 revealed: D visit was due to head ic subdural hemorrhage s of consciousness. The phy (CT) scan of the 18 am revealed acute on I hematoma with a small porrhage within the posterior subdural hematoma. The ad at 1:46pm revealed no ange from same day red earlier. The chronic subdural call volume of acute re posterior aspect of the retoma. The additional state of the resident's rent #3 from the room and room. The conditional law enforcement The conditional state of the resident's rent #3 from the room and room. The conditional law enforcement The conditional law en	D 457						
		call local law enforcement e displayed aggressive							

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING HAL011262 12/12/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **67 MOUNTAIN BROOK ROAD** CHUNN'S COVE ASSISTED LIVING **ASHEVILLE, NC 28805** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 457 Continued From page 30 D 457 behaviors. -He did not know if local law enforcement had been called when Resident #3 had been aggressive towards other residents. Attempted telephone interview with another MA on 12/11/24 at 11:03am and on 12/12/24 at 11:20am was unsuccessful. Attempted telephone interview with Resident #3's PCP on 12/11/24 at 11:36am and on 12/12/24 at 9:28am was unsuccessful. The facility failed to ensure law enforcement was contacted on several occasions when two residents who had a known history of physically aggressive behaviors assaulted each other (Resident #2 and #3) and other residents. Resident #3 attempted to choke another resident and sustained a head injury that required sutures after being assaulted by Resident #2. The facility's failure resulted in delayed reporting and prevention of further physical assaults which resulted in serious injury, harm and physical abuse which constitutes a Type A1 Violation. The facility provided a plan of protection on 12/10/24 for this violation in accordance with G.S. 131D-34. THE CORRECTION DATE FOR THE TYPE A1 VIOLATION WILL NOT EXCEED JANUARY 11, 2024.

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