STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011133				(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		B. WING		10/31/2016			
IAME OF PROVIDER OR SUPPLIER STREET ADD			DDRESS, CITY, ST	TATE, ZIP CODE			
HASE S	AMARITAN ASSISTE	ED LIVING 30 DALE	A DRIVE .LE, 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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
	Report of Biennial Harrell on 10-31-20	Construction Survey by Dennis					
	2-1-1974. Therefor conformance with t Carolina State Built for the Aged and In Standards and Reg portions of the 200	he facility was first licensed on e the facility was surveyed for the 1967 edition of the North ding Code, the 1971 Homes firm Minimum Desired gulations and the applicable 5 Rules for Adult Care Homes Beds. The facility is licensed for					
C 111	Must Have Current	San. & Fire Safety Reports	C 111				
	CONSTRUCTION(f) The facility shall fire and building sa	02 DESIGN AND					
	Based on a review fire alarm system in May of 2015. Fire inspected and appr	et as evidenced by: of documents, the most recent hspection report was dated in alarm systems must be roved annually as required to ate properly in an actual	t				
C 133	Bathrooms-Hand G	Grips	C 133				
	SECTION .0300 - I 10A NCAC 13F .03 ENVIRONMENT (e) The requireme rooms are:						

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		B. WING				
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
CHASE	SAMARITAN ASSISTE		A DRIVE .LE, NC 28805	i		
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C 133	Continued From pa	age 1	C 133			
	(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;					
	This Rule is not met as evidenced by: Based on observation, there was no hand grip provided at the tub in the shower room on the women's hall.					
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	Based on observati padlock on the outs Latching hardware one side of the doo padlocks, present t	et as evidenced by: ion there was a hasp and side of the door bedroom 200. that can only be operated from or, such as hasps and he possibility that someone the room. Note; the hasp was e survey.				
	on the range hood inspection tag. Ra systems must be in	nonthly inspections provided fire suppression system ange hood fire suppression aspected monthly and the e documented on the tag				
	Based on observati	ion, the ice machine drain line				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011133		FICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		B. WING		10/	10/31/2016		
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
HASES	SAMARITAN ASSISTE	DIIVING	A DRIVE	5			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
C 166	Continued From page 2		C 166				
	machine drain lines least 2 inches abov required by Code, o contaminated. Based on observat off room 108 was lo	ct with the floor drain. Ice s that are not maintained at re the floor or floor drain, as could cause the ice to become ion the toilets in the bathroom posely mounted to the floor. ause leaking and/or fall					
C 185	Fire Safety-Rehear	sals on Each Shift	C 185				
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date an shift, staff members description of what	09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code					
	Based on a review	et as evidenced by: of documents, most of the nsite included no description al involved.					
C 189	Building Equipment	t Maintained Safe, Operating	C 189				
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE SU COMPLET HAL011133 HAL011133 B. WING	ETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CHASE SAMARITAN ASSISTED LIVING 30 DALEA DRIVE ASHEVILLE, NC 28805	/2016
CHASE SAMARITAN ASSISTED LIVING 30 DALEA DRIVE ASHEVILLE, NC 28805	
CHASE SAMARITAN ASSISTED LIVING ASHEVILLE, NC 28805	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLE DATE
C 189 Continued From page 3 C 189	
 (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the fire alarm system was showing a "Maintenance Trouble" condition. Fire alarms in "Maintenance Trouble" condition. Fire alarms in "Maintenance Trouble" condition. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; One smoke barrier door near the personnel office was dragging the floor and not closing properly. The door to the Sunroom would not latch when closed. The door to bedroom 205 was very hard to close and may not latch when closed. The door to bedroom 205 was very hard to close and may not latch when closed. The doors to the dining room and one shower room were wedged open. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can guickly spread to ruse in one-hour fire rated construction present the possibility that a fire that begins in one space can be and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can be and penetrations that are not sealed with materials approved for use in one-hour fire rated	

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			A. BUILDING: U1			
		HAL011133	B. WING		10/	31/2016
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C 189	Manager's office, b. Hole in the ceilir c. Unsealed penetri personnel office, d. Attic access door	ration in the ceiling of the ng of the Janitor's closet, ration in the ceiling of the or in the linen closet was not y in the opening to maintain the	e C 189			