

PRINTED: 03/03/2017
FORM APPROVED

Division of Health Service Regulation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/15/2017	
NAME OF PROVIDER OR SUPPLIER CHASE SAMARITAN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 30 DALEA DRIVE ASHEVILLE, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
(C 000)	Initial Comments Report of Follow-up Survey by Dennis Harrell on 2-15-2017. One deficiency was not corrected. Further action is required.	(C 000)			
(C 189)	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: 3. 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 quickly spread to other areas of the facility. Finding on 10-31-2016 and 12-20-2016 and 2-15-2017: d. Attic access door in the linen closet was not positioned correctly in the opening to maintain the rating of the ceiling.	(C 189)	Attic door refinished to expose ^{SP} maintain the rating of the ceiling. Repaired by Wayne Stroupe 3/15/17.		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 1

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