

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 10/17/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHASE SAMARITAN ASSISTED LIVING

30 DALEA DRIVE
ASHEVILLE, NC 28806

(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 Biennial Construction Section Survey report by Frank Strickland on 10/17/2018: This facility was first licensed on 02/01/1974. Therefore, this facility was surveyed for conformance with the 1967 edition of the North Carolina State Building Code, the 1971 Homes for the Aged and Infirm Minimum Desired Standards and Regulations and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. The facility is licensed for 54 beds. Deficiencies have been cited and a Plan of Correction 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: 1- Based on observation, this facility has not maintained the plumbing equipment in a safe and operationing condition. Findings on 11/17/2018: The toilet is not secured to the floor in the Bathroom between Rooms 100/102.	C 189	1- Maintenance supervisor secured toilet to floor, 11/8/18	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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LIC021

If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1011133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/17/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHASE SAMARITAN ASSISTED LIVING

**30 DALEA DRIVE
ASHEVILLE, NC 28805**

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C 189	<p>Continued From page 1</p> <p>2-Based on observation, this facility has not maintained the plumbing equipment in a safe and operationing condition.</p> <p>Findings on 11/17/2018: The Salon hair wash sink does not have a vacuum breaker for the hose and head set.</p> <p>3-Based on observation, this facility has not maintained the mechanical equipment in a safe and operationing condition.</p> <p>Findings on 11/17/2018: The mechanical exhaust system is not operational in the Main Janitor's Closet.</p> <p>4-Based on observation, this facility has not maintained in a safe and operationing condition.</p> <p>Findings on 11/17/2018: The plumbing floor clean-out located at the Front Lobby is recessed in the floor about about 1" thusly creating a trip hazard.</p>	C 189	<p>2- Vacuum breaker ordered to be placed on shampoo bowl in salon area by maintenance supervisor to be completed by 11/13/18.</p> <p>3- Replaced exhaust fan in main janitor's closet. 11/8/18</p> <p>4- Maintenance Supervisor placed cover over clean-out located at front door. 11/8/18</p> <p>All areas to be monitored by maintenance supervisor during routine housekeeping duties.</p>	