<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE Appropriate DEFICIENCY)</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>L410 .3201(K)</td>
<td>Required Spaces</td>
<td>L410</td>
<td>Preparation and or execution of this plan of correction do not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because the provision of federal and state laws requires it.</td>
<td>5/20/13</td>
</tr>
<tr>
<td>10A-13D. 3201(k) A toilet room shall be directly accessible from each patient room and from each central bathing area without going through the general corridor. One toilet room may serve two patient rooms but not more than eight beds. The lavatory may be omitted from the toilet room if one is provided in each patient room. One tub or shower shall be provided for each 15 beds not individually served. There shall be at least one bathtub accessible on three sides and one shower provided for each 60 beds or fraction thereof.</td>
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This rule is not met as evidenced by:
Based on observations, record reviews, resident interview and staff interviews, the facility failed to provide a working bathtub for every 60 residents.

The findings included

Resident Resident #48 was admitted on 03/30/12. He was assessed on the annual Minimum Data Set (MDS) dated 04/08/13 as having no cognitive deficits no behaviors, and requiring extensive assistance with hygiene and total dependence for bathing.

Observations made on 04/22/13 at 3:01 PM during initial tour of the facility revealed the common shower room on the 200 hall had no bath tub and the 100 hall common shower room had a whirlpool tub but it was soiled with reddish rust under the seat.

On 04/22/13 at 4:48 PM, Resident #48 stated during interview that he would prefer a bath to a shower, however, there was no bath tub in this

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**Division of Health Service Regulation**

NAME OF PROVIDER OR SUPPLIER: GOLDEN LIVINGCENTER - ASHEVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE: 500 BEAVERDAM RD ASHEVILLE, NC 28804

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION:

(X1) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER: NH0321

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: 
B. WING: 

(X3) DATE SURVEY COMPLETED: 04/26/2013

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

TITLE: EXECUTIVE DIRECTOR

DATE: 5-17-13
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facility.

On 04/25/13 at 2:56 PM, Resident #48 again stated he would like a bath but "they don't have one." When asked if he told someone he would prefer a bath, he stated "lady it doesn't matter, they ain't got one."

On 04/25/13 at 6:00 PM, the Maintenance Director stated that the 200 hall tub had not been used since 2004, the residents didn't like it, it got dirty and he was told to remove it. He further stated that the 100 hall tub had not worked to his knowledge in 13 years. He stated there were some tubs available for use in some of the private rooms.

Interview with the Director of Nursing Services on 04/25/13 at 6:50 PM revealed she was unsure if the 100 hall shower room tub worked anymore.

Criteria 4

Audit tools as referenced in tag F 242 will continued to be brought to the monthly QAPI meetings for three months or until deemed unnecessary by the QAPI Committee. Any trends or issues will be addressed by the QAPI committee for continued compliance. The Quality Assurance Performance Improvement Committee consists of Executive Director, Director of Nursing Services, Medical Director, Assistant Director of Nursing, Director of Clinical Education, Unit Manager, Director of Dining Services, Maintenance Director, Director of Medical Records and Central Supply, Director of Activities, Director of Social Services, and Director of Rehabilitation Services.