PRINTED: 12/30/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		TE SURVEY
		345010	B. WNG			С
NAME OF P	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		2/12/2013
GOLDEN	LIVINGCENTER - ASHEV	/ILLE		500 BEAVERDAM RD ASHEVILLE, NC 28804		
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 312 SS=E	A resident who is una daily living receives the		F 3	Preparation and or execution plan of correction do not consider admission or agreement by the provider of the truth of the falleged or conclusion set for statement of deficiencies. The correction is prepared and of executed solely because the poffederal and state laws required.	nstitute the acts th in the e plan of r provision	7.
	by: Based on observation and staff interviews the assistance for activities residents (Resident #1 The findings included:  1. Resident #13 was an 11/18/13 with diagnose respiratory failure and Review of the Minimum 11/25/13 indicated Resintact and was able to understood. Resident #1 assistance with person Review of the care plar Resident #13 had a phyrelated to self care imprintervention for staff to idaily living.  An observation was mathematical and selected the self care was mathematical and selected the self care imprintervention for staff to idaily living.	dmitted to the facility on es of Parkinson Disease, Non-Alzheimer's Dementia. In Data Set (MDS) dated sident #13 was cognitively understand and make self #13 required extensive all hygiene.  In dated 11/25/13 revealed sysical functioning deficit airment with an assist with activities of the on 12/11/13 at 9:00 me resident was noted to hairs on bilateral jaw line		Z	iscovery est for  oral care ided to on, chower and icy 11-13. shower policy 2-13. chower policy 2-13. chower policy 3 2014	1-9-1

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Original Signature Date: 1-8-14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	C	X3) DATE SURVEY COMPLETED	
		345010	B. WING		_	C	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY 500 BEAVERDAM RD ASHEVILLE, NC 288	-	12/12/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COR	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	N
F 312	AM of Resident #13. have ½ inch white chi and chin.  During an interview or Resident #13 stated s facial hair. Resident # requested for staff to s times for the past wee stated staff said they withey had time. Reside thought staff was just facial hair.	The resident continued to n hairs on bilateral jaw line 12/12/13 at 9:08 AM he did not like to have any	F3	interviewed by Services in rej being met by t Education wa in regards to j provision of o the Director o	oriented residents were y the Director of Social ference to their needs the nursing staff on 1/7/ is provided to clinical st facility expectations of to oral care and showers b of Clinical Education ar ector of Nursing on or	(14. taff the by ad	
	revealed he had obser hair. He stated facial he the resident's shower or request of resident. Not #13's shower days we she did not receive her NA#1 stated Resident hair to be shaved but he shave her today. NA # pulled from the shower hall due to call outs. Not impossible to complete NAs and no shower teat During an interview on Director of Nursing (DO expectation for facial heresident's shower day of stated if a resident asked did not have time it shows shift and they should possible to the should possible to complete NAs and no shower teat the shower day of the should possible to the should possible to complete NAs and no shower teat the shower day of the should possible to the s	rved Resident #13's facial air should be shaved on day or any time upon A #1 reported Resident are Tues. and Thurs. but a shower on 12/11/13. #13 had asked for facial are had not had time to 1 stated he had been at team to work on the 200 A #1 further stated it was a all resident care with 3 am.  12/22/13 at 4:30 PM the DN) stated it was her air to be shaved on the or as needed. The DON and to be shaved and staff and be reported to the next rovide the care.		facility policy a shower sheets w clinical start-up clinical manage ongoing. At the licensed nurses of oral care, fac for residents the	ivery of ADLs per and care plan, resident's will be brought to o meeting comprised of ement designees e change of each shift, will monitor provision cial hair, and ADL card at can and cannot be ring mandatory shift-to- ounds ongoing.	e	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPL	LE CONSTRUCTION		NO. 0938-0391
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	82 52				TE SURVEY MPLETED
		effectioners of					С
NAME OF F	DOMEST OF STREET	345010	B. WNG	_		1	2/12/2013
NAME OF F	PROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE		
GOLDEN	LIVINGCENTER - ASHEV	/ILLE		1 .	500 BEAVERDAM RD ASHEVILLE, NC 28804		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	_			
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
	dated 12/02/13 indical cognitively intact and make self understood extensive assistance of Review of the care plated to self care impairment with an interview of the care impairment with activities needed. Resident #12 self-feeding difficulty a coordinate hand to mo An observation of Resident #12 self-feeding difficulty a coordinate hand to mo An observation of Resident #12 stated reside with a yellow/brownish. During an interview on Resident #12 stated stor set up for him to do #12 stated he could brow everything up for him be brush his them becaus Resident #12 reported provide oral care or set his teeth on a daily bas An observation was map M of Resident #12. Thave a yellow/brownish An interview conducted 2:50 PM revealed oral or Resident #12. NA #2 st	dent, and Parkinson e Minimum Data Set (MDS) ted Resident #12 was was able to understand and Resident # 12 required with personal hygiene.  In dated 12/06/13 revealed hysical functioning deficit pairment, mobility ervention for staff of daily living (ADL) as was also care planned for s related to inability to uth movements.  Ident #12 on 12/12/13 at dent's teeth were coated film.  12/12/13 at 8:54 AM aff did not provide oral care oral care daily. Resident ush his teeth if the staff set but he preferred staff to the they did a better job. he had to ask staff to things up for him to brush is.  Ide on 12/12/13 at 2:25 he resident continued to film coating teeth.  with NA #2 on 12/12/13 at care was not provided for ated oral care should be daily. NA #2 reported due	F	312	The data gathered from the monito tools will be brought to the monthly QAPI meetings for a minimum of 3 months or until QAPI committee determines necessary. The QAPI committee composed of the Execute Director, Director of Nursing Serv. Medical Director, Assistant Direct Nursing Services, Director of Clini Education, MDS Director, Busines Office Manager, Director of Social Services, Director of Activities, Director of Maintenance, Director Dining Services, and Director of Medical Records.	ive ices, tor of cal	F-(-14

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345010	B. WING			41	C
	ROVIDER OR SUPPLIER	ILLE		50	REET ADDRESS, CITY, STATE, ZIP CODE  0 BEAVERDAM RD  6HEVILLE, NC 28804	12	1/12/2013
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE		
	revealed it was her exprovided daily for ever 3. Resident #1 was ad 11/18/13 with diagnos respiratory failure and Review of the Minimur 11/25/13 indicated Reand was able to under understood. Resident assistance with bed mand bathing.  Review of the care pla Resident #1 was at rist physical functioning de impairment with an intewith activities of daily like the shower service one shower a week the 12/02/13. There was not Resident #1 had refuse the puring an interview on #2 stated with 3 NAs play work could be done but was pulled to be the 3rd impossible to complete	N on 12/12/13 at 4:28 PM pectation that oral care be by resident.  Imitted to the facility on es of Parkinson Disease, Non-Alzheimer's Dementia. Im Data Set (MDS) dated sident was cognitively intact stand and make self #1 required extensive obility, transfers, toileting In dated 11/21/13 revealed for falls and had a efficit related to self care ervention for staff to assist ving.  In dated 11/21/13 revealed to the falls and had a efficit related to self care ervention for staff to assist ving.  In dated 11/21/13 revealed to detect the falls and had a efficit related to self care ervention for staff to assist ving.  In dated 11/21/13 revealed to detect the falls and had a efficit related to self care ervention for staff to assist ving.  In dated 11/21/13 are the fall to assist ving.  In dated 11/21/13 revealed to detect the fall to assist ving.  In dated 11/21/13 revealed the fall to assist ving.  In dated 11/21/13 revealed the fall to assist ving.  In dated 11/21/13 revealed the fall to assist ving.  In dated 11/21/13 revealed the fall to assist ving.  In dated 11/21/13 revealed the fall to assist ving.  In dated 11/21/13 revealed to assist ving.  In dated 11/21/13 revealed to assist ving.	F	312			

PRINTED: 12/30/2013 FORM APPROVED

OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 345010 B. WNG 12/12/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 BEAVERDAM RD GOLDEN LIVINGCENTER - ASHEVILLE** ASHEVILLE, NC 28804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 312 Continued From page 4 F 312 During an interview on 12/12/13 at 9:24 AM with Resident #1 revealed she was to have two showers per week but there were some weeks she only got one. Resident #1 stated the staff didn't have time to get to everyone. During an interview on 12/12/13 at 2:29 PM NA #1 stated he had been pulled from the shower team to work on the 200 hall due to call outs. NA #1 stated when there are only 3 NAs for the 200 hall it is impossible to get all of the care done. NA#1 stated he had been working 4 hours today and had made one round with his residents and he had 2 showers to give and rounds to start again for incontinence care. NA#2 further stated when he worked as a NA on the floor with no shower team cleaning nails, brushing teeth and showers did not get done. During an interview on 12/12/13 at 2:37 PM the Director of Nursing (DON) stated it was her expectation that all care should be provided to the resident and if certain areas were missed they should be reported for the next shift to do. During an interview on 12/12/13 at 3:39 PM Nurse #4 stated the NAs can barely keep the residents clean and dry and showers and activities of daily living (ADLS) were not getting done. Nurse #4 stated the residents were lucky to get one shower a week. 4. Resident #2 was admitted to the facility on 03/09/10 with diagnoses of generalized muscle weakness, hypertension, cognitive impairment and depressive disorder. A review of the Minimum Data Set (MDS) dated 10/21/13 revealed Resident #2 was severely impaired for skills of daily decision making and had long and

	STATEMENT AND PLAN OF	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	THE SHOWING		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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		short term memory imprequired extensive assisting and to the care plate Resident #2 was at risphysical functioning desimpairment with an interview of the showers. Resident #2 was scheeked on Tuesday and ADL documentation represerved one shower at 10/12/13, 10/19/13, 10/12/13, 10/19/13, 10/12/13. There was not received one shower at 10/12/13, 10/19/13, 10/19/13, 10/19/13. There was not received one shower at 10/12/13, 10/19	pairment. Resident #2 sistance with personal colleting.  In dated 11/04/13 revealed is for falls and had a efficit related to self care cervention for staff to assist iving.  In dated 11/04/13 revealed is for falls and had a efficit related to self care cervention for staff to assist iving.  In dated 11/04/13 revealed deficit related to self care cervention for staff to assist iving.  In deficit related to self care cervention for staff to assist iving.  In deficit related to self care cervention for staff to assist iving.  In deficit related to self care cervention for staff to assist control of the showers  In deficit related to self care cervention for staff to assist ce	F	312			

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/CLIA IDENTIFICATION NUMBER:		(X2) MULT	TIPLE CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY COMPLETED	
GOLDEN LIVINGCENTER - ASHEVILLE  STREET ADDRESS, CITY, STATE, ZIP CODE  500 BEAVERDAM RD  ASHEVILLE, NC 28804		345010	B. WNG _		1		
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION SHOULD BE COMPLI	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE	
worked as a NA on the floor with no shower team cleaning nails, brushing teeth and showers did not get done.  During an interview on 12/22/13 at 2:37 PM the Director of Nursing (DON) stated it was her expectation that all care should be provided to the resident and if certain areas were missed they should be reported for the next shift to do.  During an interview on 12/12/13 at 3:39 PM Nurse #4 stated the NAs could barely keep the residents clean and dry and showers and activities of daily living (ADLS) were not getting done. Nurse #4 stated the residents were lucky to get one shower a week.  5. Resident #7 was admitted to the facility on 01/17/09 with diagnoses of Alzheimer's disease, dementia, mood disorder and hypertension. The MDS dated 07/14/13 revealed Resident #7 was severely impaired for skills of daily decision making and had long and short term memory impairment. Resident #7 required extensive assistance for personal hygiene, tolleting and bathing.  Review of the care plan dated 07/29/13 revealed Resident #7 was at risk for falls and had a physical functioning deficit related to self care impairment with an intervention for staff to assist with activities of daily living.  Review of the shower schedule revealed Resident #7 was scheduled to receive showers weekly on Tuesday and Thursday. Review of ADL documentation revealed Resident #2 received one shower a week the weeks of 11/7/13, 11/12/13, 11/12/31,	worked as a NA on cleaning nails, brush not get done.  During an interview Director of Nursing (expectation that all cresident and if certain should be reported for the shower a weak of the shower a weak of the shower the shower and the shower th	the floor with no shower team hing teeth and showers did  on 12/22/13 at 2:37 PM the DON) stated it was her care should be provided to the n areas were missed they or the next shift to do.  on 12/12/13 at 3:39 PM NAs could barely keep the dry and showers and ag (ADLS) were not getting ed the residents were lucky to sek.  admitted to the facility on sees of Alzheimer's disease, order and hypertension. The revealed Resident #7 was skills of daily decision and short term memory to the trequired extensive hall hygiene, toileting and an dated 07/29/13 revealed sk for falls and had a deficit related to self care tervention for staff to assist living.  The schedule revealed ended the decident receive showers and Thursday. Review of evealed Resident #2 a week the weeks of	F3	12			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.0		E CONSTRUCTION	(X3) DAT	O. 0938-0391 E SURVEY PLETED
			A. BUILD	ING_			C
		345010	B. WNG	_			/12/2013
	PROVIDER OR SUPPLIER  LIVINGCENTER - ASHEV			5	STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM RD ASHEVILLE, NC 28804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ΒE	(X5) COMPLETION DATE
	and 12/09/13. There is stating Resident #2 had During an interview or #2 stated with 3 NAs is work could be done be was pulled to be the 3 impossible to complete oral care and showers many days showers we passed on to the next.  During an interview on #1 stated he had been team to work on the 20 #1 stated when there as hall it is impossible to NA#1 stated he had be and had made one routhe had 2 showers to gragain for incontinence when he works as a Nashower team cleaning showers did not get do During an interview on Director of Nursing (DO expectation that all car resident and if certain a should be reported for During an interview on Nurse #4 stated the Naresidents clean and dry activities of daily living done. Nurse #4 stated get one shower a week	was no documentation and refused showers.  In 12/11/13 at 11:10 AM NA clus the shower team the ut when the shower team and NA it was almost eall care such as shaving, so NA #2 stated there were were not given and were shift.  In 12/12/13 at 2:29 PM NA in pulled from the shower cook hall due to call outs. NA are only 3 NAs for the 200 get all of the care done, seen working 4 hours today and with his residents and give and rounds to start care. NA#2 further stated A on the floor with no nails, brushing teeth and one.  In 12/12/13 at 2:37 PM the DN) stated it was her e should be provided to the areas were missed they the next shift to do.  In 12/12/13 at 3:39 PM as can barely keep the and showers and (ADLS) were not getting the residents were lucky to it.	F	312			
F 353	483.30(a) SUFFICIENT	24-HR NURSING STAFF	F 3	53			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		Vi. 2020 NAS (2000)	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		345010	B. WNG _			12	2/12/2013
NAME OF P	ROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE		
GOLDEN	LIVINGCENTER - ASHEV	<b>ULLE</b>		500	0 BEAVERDAM RD		
5				AS	SHEVILLE, NC 28804		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	Continued From page PER CARE PLANS	8	F 3	53	F 353 SS =E		1-01-14
	The facility must have	sufficient nursing staff to		1	Criteria 1		
	provide nursing and maintain the highest pand psychosocial well determined by resider individual plans of car.  The facility must provinumbers of each of the personnel on a 24-hou care to all residents in care plans:  Except when waived usection, licensed nursing personnel.  Except when waived usection, the facility must provide the personnel.	elated services to attain or or oracticable physical, mental, abeing of each resident, as not assessments and e.  de services by sufficient e following types of ar basis to provide nursing accordance with resident ander paragraph (c) of this			1. Resident 13's facial hair was removed immediately upon discordand a plan per resident request for ongoing grooming initiated.  2. Resident 12 was provided oral upon discovery and will be added dental consult for discoloration.  3. Resident 1 was provided a show subsequent grooming per policy according to schedule on 12-11-14. Resident 2 was provided a show and subsequent grooming per policy according to schedule on 12-12-15. Resident 7 was provided a show and subsequent grooming per policy according to schedule on 12-16-16. Criteria 2	care I to  ver and  3.  wer licy 3.  wer licy wer	1-9-14
	by: Based on observation and staff interviews the assistance with activitie insufficient nursing star (Resident #1, #2, #7, # The findings are:  1. Resident #13 was are 11/18/13 with diagnose respiratory failure and I				The staff were reeducated on the facility's attendance policy and the proportional comparison of staff attendance to patient care on 12/1 and 12/19/13 by the Executive Dir and Director of Nursing Services, were reeducated on proper proceds shower team is placed on an assign by the Executive Director and Director Nursing Services on 12/18/13 at 12/19/13. All alert and oriented residents were interviewed by the Director of Social Services in refer to their needs being met by the nurstaff on 1/7/14.	8/13 ector Staff fure if nment ector nd	

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
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		345010	B. WNG			12	/12/2013	
	ROVIDER OR SUPPLIER  LIVINGCENTER - ASHEV	<b>/</b> ILLE		50	REET ADDRESS, CITY, STATE, ZIP CODE D BEAVERDAM RD SHEVILLE, NC 28804			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
	intact and was able to understood. Resident assistance with person Review of the care plate Resident #13 had a plate related to self care impintervention for staff to daily living.  An observation was made and a plate of the self care impintervention for staff to daily living.  An observation was made and a plate of the self care impintervention for staff to daily living.  An observation was made and the self care impintervention was made of the self care impintervention with the self care impintervention and chin.  During an interview with 12/12/13 at 9:08 AM shave any facial hair. Rhad requested for staff several times for the president stated staff self several times for the president stated staff self several times for the president stated staffing assistance and the shower team nurse to work the floor to give the shower team nurse to work the floor to give and the shower team nurse to work the floor to give the shower team	esident #13 was cognitively anderstand and make self #13 required extensive nal hygiene.  In dated 11/25/13 revealed hysical functioning deficit pairment with an assist with activities of sade on 12/11/13 at 9:00. The resident was noted to hairs on bilateral jaw line.  Ith Resident #13 on tated she did not like to esident #13 reported she for to shave her facial hair ast week and a half. The haid they would shave her as as Resident #13 further ff was just too busy to hair.  Isignments for 11/01/13 to but of 42 days on 1st shift a aides (NAs) were pulled be each half 3 NAs.  Int Council Meeting minutes and a complaint had been esidents present at the being needed because eing met. The action taken	F	353	A weekly audit of the alert and orie residents will be completed for 4 w or until deemed compliant by IDT members to ensure the staffing meethe resident's needs. This audit will completed by the Director of Social Services or designee. All new admissions will be interviewed in the patient care meeting following admission to the facility for 4 week until deemed compliant by the IDT members. This meeting will be completed by the Director of Social Services and/or designees. Admission director completes admission audit all new admissions within 7 days of admission per facility policy. Provis of ADL care will be discussed in the weekly Resident Council meetings f weeks directed by the Executive Director and/or Director of Nursing Services. Provision of ADL care will discussed in the monthly Resident Council meetings monthly for three months. All facility residents will eithe interviewed and/or observed week in regards to their ADL care receiv To ensure adequate staffing for day shift to provide the needed care, the facility will continue to recruit for mostaff. If needed, the facility will react out to agency staffing in order to provide the adequate staffing. Implementation of an on-call proceed for CNAs to ensure adequate staffing.	eeks  Is be I he s or  Sion e On for 4  Bl be I her Ekly Eed.	1-9-14	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345010	B. WNG			C 12/12/2013	
	ROVIDER OR SUPPLIER	VILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM RD ASHEVILLE, NC 28804		12122010	
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	They were awaiting to other candidates.  During an interview will 11:10 AM stated the most days. NA #2 stashower team the word the shower team the word the shower team was was almost impossible as shaving, oral care, plus showers.  An interview with Num. AM revealed oral care residents and some reperiods of time to be the facility being short stated lunch trays are days due to lack of stated lunch trays are days due to lack of stated lunch trays are days due to lack of stated lunch trays are days due to lack of stated lunch trays are days due to lack of stated lunch trays are days due to lack of stated lunch trays are days due to lack of stated lunch trays are days due to lack of stated lunch trays are days due to AM to 3:00 PM a resident assignment and typically shaved reside with showers. The interest wing was suppossifit (7:00 AM to 3:00 supposed to have 3 Non each wing. NA #6 days when there were	with NA #2 on 12/11/13 at NAs worked short staffed ated with 3 NAs plus the k could be done but when pulled to be the 3rd NA it e to complete all care such making and changing beds as #1 on 12/12/13 at 10:08 as was rarely done for esidents had to wait long changed when wet due to to staffed. Nurse #1 further passed out late on many affing on the halls.	F 35	ull the description and	onitoring onthly of 3 lee API secutive Services, Director of 'Clinical usiness Social s, ector of	1-9-14	
	revealed he had obser	#1 on 12/12/13 at 2:22 PM rved Resident #13's facial hair should be shaved on					

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	the resident's shower request of resident. Nhad asked for facial hnot had time to shave had been pulled from the 200 hall due to cait was impossible to cwith 3 NAs and no show the 200 hall due to cait was impossible to cwith 3 NAs and no show the 200 hall due to cait was impossible to cwith 3 NAs and no show the 200 hall due to cait was impossible to cwith 3 NAs and no show the 22/13 at expectation that all caresident and if certain should be reported for DON stated if there we they had to do to take DON stated 6 NAs, 2 restorative NA should on 1st shift 7 days a wasked to work over or shift the shower team if there were call outs.  A follow up interview wasked to work over or shift the shower team if there were call outs.  A follow up interview wasked to work over or shift the shower team if there were call outs.  A follow up interview wasked to work over or shift the shower team if there were call outs.  A follow up interview wasked to work over or shift the shower team if there were call outs.  A follow up interview wasked to work over or shift the shower team if there were call outs.  A follow up interview wasked to work over or shift the shower team if there were call outs.  A follow up interview wasked to work over or shift the shower team if there were call outs.  A follow up interview wasked to work over or shift the shower team if there were call outs.	day or any time upon IA#1 stated Resident #13 air to be shaved but he had ther today. NA #1 stated he the shower team to work on II outs. NA #1 further stated complete all resident care cower team.  With the Director of Nursing 12:37 PM stated it was her tree should be provided to the areas were missed they the next shift to do. The ere call outs they did what care of the residents. The shower team NAs and 1 be the staffing for each hall week. She reported staff was come in early and on 1st was pulled to work the floor  With the DON on 12/22/13 at was aware of the staffing lent Council meeting on tot know what needs were elents due to staffing. The the had not spoken to the needs were not being met  admitted to the facility on the of Alzheimer's disease, dent, and Parkinson the Minimum Data Set (MDS)	F3	53			

PRINTED: 12/30/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING C 345010 B. WNG 12/12/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM RD **GOLDEN LIVINGCENTER - ASHEVILLE** ASHEVILLE, NC 28804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 353 Continued From page 12 F 353 extensive assistance with personal hygiene. Review of the care plan dated 12/06/13 revealed Resident #12 had a physical functioning deficit related to self care impairment, mobility impairment with an intervention for staff to assist with activities of daily living (ADL) as needed. Resident #12 was also care planned for self-feeding difficulty as related to inability to coordinate hand to mouth movements. An observation of Resident #12 on 12/12/13 at 8:53 AM revealed resident's teeth were coated with a yellow/brownish film. During an interview with Resident #12 on 12/12/13 at 8:54 AM stated staff did not provide oral care or set up for him to do oral care daily. Resident #12 stated he could brush his teeth if the staff set everything up for him but he preferred staff to brush his them because they did a better job. Resident #12 reported he had to ask staff to provide oral care or set things up for him to brush his teeth on a daily basis. An observation was made on 12/12/13 at 2:25 PM of Resident #12. The resident continued to have a yellow/brownish film coating teeth. An interview conducted with NA #2 on 12/12/13 at 2:50 PM revealed oral care was not provided for Resident #12. NA #2 stated oral care should be provided with AM care daily. NA #2 reported due to working short staffed he had not had time to provide Resident #12's oral care today. Interview with the DON on 12/12/13 at 4:28 PM revealed it was her expectation that oral care be provided daily for every resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	shift (7:00 AM to 3:00 supposed to have 3 Non each wing. NA # 6 days when there were was difficult to comple residents with assista.  During an interview or #1 stated he had been team to work on the 2 #1 stated when there hall it was impossible NA#1 stated he had be and had made one rook he had 2 showers to gagain for incontinence when he worked as a shower team cleaning showers did not get do During an interview with (DON) on 12/22/13 at expectation that all caresident and if certain should be reported for DON stated if there we they had to do to take DON stated 6 NAs, 2 sectorative NA should on 1st shift 7 days a wasked to work over or shift the shower team with the show	PM) and the west wing was IAs plus a shower team aide of further stated there were enough 2 NAs per wing and it set showers and provide ince with ADL.  In 12/12/13 at 2:29 PM NA in pulled from the shower 00 hall due to call outs. NA were only 3 NAs for the 200 to get all of the care done, een working 4 hours today and with his residents and give and rounds to start in care. NA#1 further stated NA on the floor with no inails, brushing teeth and one.  Ith the Director of Nursing 2:37 PM stated it was her are should be provided to the areas were missed they in the next shift to do. The ere call outs they did what care of the residents. The shower team NAs and 1 be the staffing for each hall seek. She reported staff was come in early and on 1st was pulled to work the floor the Nurse #4 on 12/12/13 at its could not keep the y and showers and (ADLS) were not getting	F3	53			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	A follow up interview v 4:56 PM revealed she complaint at the Resid 11/26/13 but she did n not being met for resid DON further stated she residents about what r by staff.  3. Resident #1 was ad 11/18/13 with diagnose respiratory failure and Review of the Minimun 11/25/13 indicated Res and was able to unders understood. Resident # assistance with bed me and bathing.  Review of the care plan Resident #1 was at risk physical functioning de impairment with an inte with activities of daily liv Review of the shower s Resident #1 was sched weekly on Tuesday and documentation revealed one shower a week the 12/02/13. There was no Resident #1 had refuse  A review of staffing assi 12/12/13 revealed 20 or	with the DON on 12/22/13 at was aware of the staffing lent Council meeting on tot know what needs were lents due to staffing. The end not spoken to the needs were not being met mitted to the facility on es of Parkinson Disease, Non-Alzheimer's Dementia. In Data Set (MDS) dated sident was cognitively intact estand and make self and and make self and required extensive obbility, transfers, toileting and dated 11/21/13 revealed a ficit related to self care revention for staff to assist ving.  In chedule revealed alled to receive showers a Friday. Review of ADL and Resident #1 received weeks of 11/04/13 and to documentation stating a showers.  Ignments for 11/01/13 to cut of 42 days on 1st shift aides (NAs) were pulled	F 35	i3			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	A review of the Residuated 11/26/13 reveal made by 11 out of 11 meeting for more NAs their needs were not be was Nursing Administ recruiting for NAs. The orientation to be comparting for NAs. The orientation to be comparting an interview with 11:10 AM stated the Namest days. NA #2 states shower team the work the shower team was was almost impossible as shaving, oral care, plus showers.  An interview with NA #12/12/13 at 11:38 AM scheduled to work Mos 8:00 AM to 4:00 PM are resident assignment and ue to call outs and not typically shaved reside with showers. The interest wing was supposed to have 3 N/O on each wing. NA # 6 days when there were was difficult to complet residents with assistant.  During an interview on #1 stated he had been	ent Council Meeting minutes led a complaint had been residents present at the being needed because being needed because being met. The action taken ration was actively ree NAs were presently in pleted the week of 12/09/13. Cackground checks on two letted with 3 NAs plus the could be done but when pulled to be the 3rd NA it is to complete all care such making and changing beds let (shower team) on revealed she was anday through Friday from and was pulled to work a peroximately twice a week on shows. NA #6 stated she ents and provided oral care enview further revealed the led to have 4 NAs on 1st PM) and the west wing was As plus a shower team aide further stated there were only 2 NAs per wing and it les showers and provide	F	353			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ 345010 B. WNG 12/12/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 BEAVERDAM RD GOLDEN LIVINGCENTER - ASHEVILLE** ASHEVILLE, NC 28804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 353 Continued From page 17 F 353 #1 stated when there are only 3 NAs for the 200 hall it is impossible to get all of the care done. NA#1 stated he had been working 4 hours today and had made one round with his residents and he had 2 showers to give and rounds to start again for incontinence care. NA#1 further stated when he works as a NA on the floor with no shower team cleaning nails, brushing teeth and showers did not get done. During an interview with the Director of Nursing (DON) on 12/22/13 at 2:37 PM stated it was her expectation that all care should be provided to the resident and if certain areas were missed they should be reported for the next shift to do. The DON stated if there were call outs they did what they had to do to take care of the residents. The DON stated 6 NAs, 2 shower team NAs and 1 restorative NA should be the staffing for each hall on 1st shift 7 days a week. She reported staff was asked to work over or come in early and on 1st shift the shower team was pulled to work the floor if there were call outs. During an interview with Nurse #4 on 12/12/13 at 3:39 PM stated the NAs could not keep the residents clean and dry and showers and activities of daily living (ADLS) were not getting done due to lack of staffing. A follow up interview with the DON on 12/22/13 at 4:56 PM revealed she was aware of the staffing complaint at the Resident Council meeting on 11/26/13 but she did not know what needs were not being met for residents due to staffing. The DON further stated she had not spoken to the residents about what needs were not being met by staff.

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OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING\_ 345010 B. WNG 12/12/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 BEAVERDAM RD GOLDEN LIVINGCENTER - ASHEVILLE** ASHEVILLE, NC 28804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION DATE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) Continued From page 18 F 353 4. Resident #2 was admitted to the facility on 03/09/10 with diagnoses of generalized muscle weakness, hypertension, cognitive impairment and depressive disorder. A review of the Minimum Data Set (MDS) dated 10/21/13 revealed Resident #2 was severely impaired for skills of daily decision making and had long and short term memory impairment. Resident #2 required extensive assistance with personal hygiene, bathing and toileting. Review of the care plan dated 11/04/13 revealed Resident #2 was at risk for falls and had a physical functioning deficit related to self care impairment with an intervention for staff to assist with activities of daily living. Review of the shower schedule revealed Resident #2 was scheduled to receive showers weekly on Tuesday and Thursday, Review of ADL documentation revealed Resident #2 received one shower a week the weeks of 10/12/13, 10/19/13, 10/30, 11/09/13 and 12/05/13. There was no documentation stating Resident #2 had refused showers. A review of staffing assignments for 11/01/13 to 12/12/13 revealed 20 out of 42 days on 1st shift the shower team nurse aides (NAs) were pulled to work the floor to give each hall 3 NAs. A review of the Resident Council Meeting minutes dated 11/26/13 revealed a complaint had been made by 11 out of 11 residents present at the meeting for more NAs being needed because their needs were not being met. The action taken was Nursing Administration was actively recruiting for NAs. Three NAs were presently in orientation to be completed the week of 12/09/13.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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	During an interview with 11:10 AM stated the North most days. NA #2 states shower team the work the shower team the work the shower team was was almost impossible as shaving, oral care, plus showers.  An interview with NA #12/12/13 at 11:38 AM scheduled to work Most 8:00 AM to 4:00 PM air resident assignment adue to call outs and not typically shaved reside with showers. The interview with showers. The interview was wing was suppose shift (7:00 AM to 3:00 Is supposed to have 3 Notes on each wing. NA #6 days when there were was difficult to complet residents with assistant During an interview on #1 stated he had been the amount of the stated when there are all it is impossible to go NA#1 stated he had be and had made one round he had 2 showers to gingain for incontinence on think he would have the should	ackground checks on two  ith NA #2 on 12/11/13 at  JAs worked short staffed  ited with 3 NAs plus the could be done but when pulled to be the 3rd NA it to to complete all care such making and changing beds  #6 (shower team) on revealed she was inday through Friday from and was pulled to work a pproximately twice a week to shows. NA #6 stated she ents and provided oral care enview further revealed the end to have 4 NAs on 1st PM) and the west wing was As plus a shower team aide further stated there were only 2 NAs per wing and it to showers and provide ce with ADL.  12/12/13 at 2:29 PM NA pulled from the shower 0 hall due to call outs. NA re only 3 NAs for the 200 tet all of the care done. ten working 4 hours today and with his residents and	F	353				

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	works as a NA on the cleaning nails, brushin not get done.  During an interview w (DON) on 12/22/13 at expectation that all caresident and if certain should be reported for DON stated if there withey had to do to take DON stated 6 NAs, 2 restorative NA should on 1st shift 7 days a wasked to work over or shift the shower team if there were call outs.  During an interview wi 3:39 PM stated the NA residents clean and dractivities of daily living done due to lack of state A follow up interview wi 4:56 PM revealed she complaint at the Resid 11/26/13 but she did n what needs were not be to staffing. The DON fit spoken to the residents not being met by staff.  5. Resident #7 was add 01/17/09 with diagnose dementia, mood disord	ith the Director of Nursing 2:37 PM stated it was her re should be provided to the areas were missed they the next shift to do. The ere call outs they did what care of the residents. The shower team NAs and 1 be the staffing for each hall reek. She reported staff was come in early and on 1st was pulled to work the floor the Nurse #4 on 12/12/13 at as can barely keep the y and showers and (ADLS) were not getting iffing.  With the DON on 12/22/13 at was aware of the staffing ent Council meeting on ot know eing met for residents due on the sabout what needs were mitted to the facility on se of Alzheimer's disease, er and hypertension. The evealed Resident #7 was kills of daily decision	F3	53		

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	orientation to be compl	ation was actively se NAs were presently in eted the week of 12/09/13. ckground checks on two					
	11:10 AM stated the Namost days. NA #2 state	h NA #2 on 12/11/13 at As worked short staffed ed with 3 NAs plus the could be done but when					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DAT	E SURVEY IPLETED
		345010	B. WNG		1	C 2/12/2013
100.0 100.000 Cartholic (1	ROVIDER OR SUPPLIER LIVINGCENTER - ASHEV	TLLE		STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM RD ASHEVILLE, NC 28804		
(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 CORRECT  (EACH CORRECTIVE ACTION SHO  CROSS-REFERENCED TO THE APP  DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	DON stated if there we they had to do to take DON stated 6 NAs, 2 restorative NA should on 1st shift 7 days a wasked to work over or shift the shower team if there were call outs.  During an interview wi 3:39 PM stated the NA residents clean and dractivities of daily living done due to lack of states A follow up interview wi 4:56 PM revealed she complaint at the Resid 11/26/13 but she did n what needs were not be to staffing. The DON fit	ere call outs they did what care of the residents. The shower team NAs and 1 be the staffing for each hall reek. She reported staff was come in early and on 1st was pulled to work the floor th Nurse #4 on 12/12/13 at As could not keep the y and showers and (ADLS) were not getting affing.	FS	353		