If continuation sheet 1 of 2

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING NH0321 04/26/2013 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)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) L410 .3201(K) Required Spaces L410 Preparation and or execution of this plan of correction do not constitute admission or 10A-13D. 3201(k) A toilet room shall be directly agreement by the provider of the truth of the accessible from each patient room and from each facts alleged or conclusion set forth in the central bathing area without going through the statement of deficiencies. The plan of general corridor. One toilet room may serve two correction is prepared and or executed solely patient rooms but not more than eight beds. The because the provision of federal and state laws requires it. lavatory may be omitted from the toilet room if 5/30/13 one is provided in each patient room. One tub or L 410 shower shall be provided for each 15 beds not individually served. There shall be at least one Criteria 1 bathtub accessible on three sides and one shower provided for each 60 beds or fraction On 4/26/13 Resident #48 was accessed by thereof. therapy and deemed unsafe for baths. This information was explained to Resident #48. Criteria 2 This Rule is not met as evidenced by: Center residents wishing to receive a tub bath Based on observations, record reviews, resident rather than a shower has the potential to be interview and staff interviews, the facility failed to affected. A 100% audit of all facility residents provide a working bathtub for every 60 residents. was conducted by the Director of Social Services on 5/15/13 in regards to resident The findings included choice of shower or bath and Resident #48 stated he would rather have a shower. Resident Resident #48 was admitted on 03/30/12. He was assessed on the annual Criteria 3 Minimum Data Set (MDS) dated 04/08/13 as having no cognitive deficits, no behaviors, and On 5/16/13 ARJO Huntleigh came to the facility to access the shower areas for requiring extensive assistance with hygiene and replacement of one century tub and an total dependence for bathing. addition of one century tub for a total of two new tubs. On 5/17/13 plumbing services Observations made on 04/22/13 at 3:01 PM came to the facility to access the shower during initial tour of the facility revealed the areas for installation of the tubs. On 5/17/13 common shower room on the 200 hall had no two century tubs accessible by three sides bath tub and the 100 hall common shower room were ordered and are expected to be delivered to the facility on 6/17/13 and had a whirlpool tub but it was soiled with reddish installed on or before 6/20/13.. rust under the seat. Received 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 MAY 2 9 2013 Division of Health Service Regulation by: TITLE EXECUTIVE DIVE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM EZEC11

Original signature 5-17-13 mh

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		NH0321		B. WING		04/26/2013	
NAME OF PR	ROVIDER OR SUPPLIER		STREET AD	STREET ADDRESS, CITY, STATE, ZIP CODE		04/20/2010	
I GOLDEN LIVINGCENTER - ASHEVILLE				500 BEAVERDAM RD ASHEVILLE, NC 28804			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
L410	10 Continued From page 1			L410	Criteria 4		
	Continued From page 1 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.		ave ould er, been it got r o his re orivate es on re if		Audit tools as referenced in tag F 242 w. continued to be brought to the monthly Q meetings for three months or until deems unnesseacry by the QAPI Committee. An trends or issues will be addressed by the committee for continued compliance. The Quality Assurance Performance Improves Committee consists of Executive Director of Nursing Services, Medical Director of Nursing Services, Medical Director of Clinical Education, Unit Mad Director of Dining Services, Maintenant Director, Director of Medical Records of Central Supply, Director of Activities, English Services, and Director of Rehabilitation Services.	QAPI ed ny e QAPI the ement or, nnager, ce	