PRINTED: 07/19/2018 FORM APPROVED

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 07/18/2018 HAL011036 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 308 OVERLOOK ROAD **BROOKDALE ASHEVILLE OVERLOOK** ASHEVILLE, NC 28803 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 000 D 000 Initial Comments The Adult Care Licensure Section and the **Buncombe County Department of Social Services** conducted an annual survey on July 17-18, 2018. D 137 D 137 10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 5 staff sampled (Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) before hire. The findings are: Review of Staff B's personnel record revealed: -There was a hire date of 06/05/18. -Staff B was hire as a Personal Care Assistant (PCA). -There was no documentation of a HCPR check. Interview with the Business Office Manager (BOM) on 07/18/18 at 8:05am revealed: -The BOM was responsible for ensuring the HCPR checks were completed. -The BOM was hired on 06/19/18. -"I don't know why it (HCPR check) wasn't done, that was before I started." -The BOM knew HCPR checks were to be

Division of Health Service Regulation

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

TITLE

(X6) DATE

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: R B. WING 07/18/2018 HAL011036 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 308 OVERLOOK ROAD **BROOKDALE ASHEVILLE OVERLOOK** ASHEVILLE, NC 28803 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 137 D 137 Continued From page 1 completed on all staff before hire. Interview with the Executive Director (ED) on 07/18/18 at 8:10am revealed: -The ED had been hired "about four months ago". -The ED was not aware that HCPR checks were to be completed on employees before hire. -"I just found out about them (HCPR checks) yesterday (07/17/18)." -"The BOM would be responsible for that." Interview with Staff B on 07/18/18 at 8:50am revealed: -Staff B was hired on 06/05/18 as a PCA. -Staff B worked "at least forty hours per week". Attempted telephone interview with the Administrator on 07/18/18 at 8:35am was unsuccessful. Review of the HCPR check for Staff B completed on 07/17/18 revealed no substantiated findings.

6899