Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: HAL011036 07/18/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 308 OVERLOOK ROAD **BROOKDALE ASHEVILLE OVERLOOK** ASHEVILLE, NC 28803 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 000 Effective immediately, all new employees D 000 Initial Comments July 18, 2018 Will have the NC Healthcare Personnel The Adult Care Licensure Section and the **Buncombe County Department of Social Services** Registry completed before hire. The Office conducted an annual survey on July 17-18, 2018. Manager, Executive Director or assigned D 137 10A NCAC 13F .0407(a)(5) Other Staff D 137 Qualifications Designee will audit all new hire paperwork 10A NCAC 13F .0407 Other Staff Qualifications Prior to first day of employment. (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

STATE FORM THIN WOLLD

Executive Director

1/25/18

If continuation sheet 1 of 2

Reviewed and Acknowledged by Joseph Cline, RN on 08/15/18

Joseph Cline

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 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 DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) 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) vesterday (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.