

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: HAL-011-036	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETED: 10/18/2022
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NAME OF PROVIDER Brookdale Asheville Overlook	STREET ADDRESS, CITY, STATE, ZIP CODE 308 Overlook Rd., Asheville, NC 28803
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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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
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D000	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual survey on 10/17/22 through 10/18/22.			
D452	<p>10A NCAC 13F .1212(a) Reporting of Accidents and Incidents.</p> <p>10A NCAC 13F .1212 (a) REPORTING OF ACCIDENTS AND INCIDENTS</p> <p>(a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid.</p> <p>This Rule is not met as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to ensure the county department of social services was notified of accidents requiring referral for emergency medical evaluation for 1 of 5 sampled residents (Resident #2).</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 09/22/21 revealed diagnoses included diabetes mellitus type 2, hypotension, tachycardia, muscle weakness, and unsteady gait.</p> <p>Review of Resident #2's emergency department (ED) discharge summary dated 07/04/22 revealed: -Reasons for the visit to the ED included unspecified fall, abrasion of the scalp, unspecified injury of the head, and complaint of closed head injury without loss</p>			

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

TITLE

DATE