


DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER:	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETED:
	HAL-011-036	A. BUILDING: _____ B. WING _____	10/18/2022

NAME OF PROVIDER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookdale Asheville Overlook	308 Overlook Rd., Asheville, NC 28803

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 (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>		<p>Plan of Correction</p> <p>Brookdale Asheville Overlook AL The following is the Plan of Correction for Brookdale Asheville Overlook regarding the Statement of Deficiencies dated October 17-18th, 2022. This Plan of Corrections is not meant to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality healthcare services and will continue to make changes and improvement to satisfy that objective.</p>	10/20/22

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE:  TITLE: Executive Director DATE: 11/14/22

STATE FORM - DHSR LIMITED USE STATEMENT OF DEFICIENCIES

Reviewed and Acknowledged
Date: 11/22/22 CS

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D452	<p>-The discharge instructions included observe fall precautions, no evidence of urinary tract infection, Computed Tomographic (CT) scans of the head and cervical spine were interpreted as negative for traumatic findings, x-ray of the right hip was negative for fracture.</p> <p>-There was an order to follow-up with PCP.</p> <p>Review of Resident #2's record revealed there were no incident and accident reports for the post fall ED evaluations on 07/04/22 and 09/28/22.</p> <p>Interview with the Resident Care Coordinator (RCC) on 10/18/22 at 1:15pm revealed:</p> <p>-It was the facility's policy to complete an incident and accident report when a resident fell and was sent to the hospital for evaluation.</p> <p>-The medication aides (MAs) were responsible for completing incident and accident reports.</p> <p>-The MAs were supposed to turn the completed incident and accident reports into the Health and Wellness Director (HWD).</p> <p>Interview with the Administrator on 10/18/22 at 1:25pm revealed:</p> <p>-It was the facility's policy to complete an incident and accident report when a resident fell and was sent to the hospital for evaluation.</p> <p>-She could find no evidence incident and accident reports were completed for Resident #2's falls with evaluation on 07/04/22 and on 09/28/22.</p> <p>-She did find fall risk evaluations completed by the HWD for the falls on 07/04/22 and 09/28/22.</p> <p>-She could find no evidence the local county department of social services was notified of Resident #2's falls on 07/04/22 and 09/28/22.</p> <p>-The MAs were responsible for completing the incident and accident reports.</p>			
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D452	<ul style="list-style-type: none"> -The HWD was responsible for faxing the completed reports to the local county department of social services. -The HWD had left employment at the facility on 10/14/22. -She called the HWD on 10/18/22 to ask questions about the incident and accident reports for Resident #2, however the HWD had not returned her call. -The HWD had worked 2 and ½ months in the role before leaving on 10/14/22. -The HWD prior to the last one had worked for a brief time in the role before resigning. -The HWD's received training on the facility's policies regarding expectations for incident and accident reporting. 			
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TITLE

DATE