

Division of Health Service Regulation

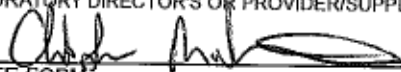
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/15/2016
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NAME OF PROVIDER OR SUPPLIER
BROOKDALE ASHEVILLE OVERLOOK

STREET ADDRESS, CITY, STATE, ZIP CODE
**308 OVERLOOK ROAD
ASHEVILLE, NC 28803**

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 12-15-2016. Records indicate this facility was first licensed on 8-14-1992. It is currently licensed for 79 beds. Based on this information we are requiring the facility to meet the 1991 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More beds, and the 1991 Edition of the North Carolina State Building Code; Section 409 Institutional Occupancy - Group I.	C 000	<i>Please see attached</i>	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the exit door from the dining room fails to comply with the NC State	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Erect Dir

(X6) DATE

1/16/2017

Division of Health Service Regulation

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C 101	<p>Continued From page 1</p> <p>Building Code which requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS."</p> <p>Finding includes: The required sign was completely obscured behind blinds.</p> <p>2. Based on observation, the delayed egress door near bedroom 3 operates after a delay of 30 seconds. A delay of 30 seconds can be acceptable if approved by the local Authorities Having Jurisdiction [Fire Marshal]. However, the sign posted on the door states it will open in 15 seconds.</p>	C 101	<p><i>Please see attached A</i></p>	
C 140	<p>Linen Storage-Separate Clean & Soiled</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(f) The requirements for storage rooms and closets are: (2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room;</p> <p>This Rule is not met as evidenced by: Based on observation, there was no separation provided between clean and soiled linen.</p>	C 140		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p>	C 166		

Division of Health Service Regulation

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C 166	<p>Continued From page 2</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the toilet was loosely mounted to the floor in the bathroom off bedroom 36. Loose toilets can cause leaking and/or fall hazards.</p> <p>2. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.</p>	C 166	<p><i>Please see attached</i></p>	
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on a review of documents, the records</p>	C 185		

Division of Health Service Regulation

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C 185	Continued From page 3 available onsite included no description of what the rehearsal involved. 2. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 2nd quarter of this year, there was no rehearsal done during the 2nd shift. b. There were no rehearsals done all year during the 3rd shift.	C 185	<i>Please see attached</i>	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the fire alarm system horns and strobes failed to operate in the front and right portions of the facility. A fire alarm system that does not operate properly could fail to notify the staff and residents in the event of a fire. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 4</p> <p>present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <p>a. One of the fire rated doors at the fire wall was dragging the floor and failed to close and latch when activated by the fire alarm system. b. The door to bedroom 4 would not latch when closed. c. The doors to bedrooms 7 and 41 do not fit the opening properly to be resistant to the passage of smoke. d. Hole beside the latchset through the door to room 34.</p> <p>3. 2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <p>a. Hole in the ceiling of the Administrator's office, b. Hole in the ceiling of the Business office, c. Holes in the ceiling of the laundry beside 2 dryer flues, d. Hole in the corridor ceiling above the fire alarm panel, e. Hole in the corridor ceiling above a smoke detector near the fire alarm panel, f. The attic access door in the corridor near bedroom 5 is damaged, g. Hole in the ceiling of the housekeeping closet, h. Improperly sealed sleeve through the ceiling in the communication room, i. Holes around a sewer line in the basement ceiling, j. Sprinkler escutcheon not tightly fitted to the</p>	C 189	<p><i>Please see attached</i></p>	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE ASHEVILLE OVERLOOK **308 OVERLOOK ROAD**
ASHEVILLE, NC 28803

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C 189	<p>Continued From page 5</p> <p>ceiling in corridor near room 56.</p> <p>4. Based on observation, the exit sign/battery powered emergency light combo in the corridor near the fire alarm panel would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>5. Based on observation, the battery powered emergency light panels in the communication room and the housekeeping closet would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>6. Based on observation, the GFCI type receptacle in the Spa would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk.</p>	C 189	<p><i>Please see attached</i></p>	

The following is the Plan of Correction for Brookdale Asheville Overlook related to the DHSR Construction Section Biennial Survey conducted on December 15th, 2016. This Plan of Correction is not 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 of finding, nor have we identified mitigating factors.

10A NCAC 13F .0301 – Application of Physical Plant Requirements (ID Prefix Tag C101)

- The sign on the exit door from the dining room that reads “PUSH UNTIL ALRAM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS” will be relocated to the frame of the door in order to aid in visibility. This will be completed by 1/31/2017.
- The delayed egress door near bedroom 3 will be reprogrammed to 15 seconds in order to be consistent the current sign that reads “PUSH UNTIL ALRAM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS.” This will be completed by 1/31/2017.

10A NCAC 13F .0305 – Housekeeping and Furnishings (ID Prefix Tag C140)

- The toilet located in room 36 has been properly secured. The Maintenance Technician and/or designee will perform routine maintenance monthly on all toilets in facility in order assist with compliance.
- The ice machine drain will be reconfigured in order that the drain sets at least 2 inches above the floor. This will be completed by 1/31/2017.

10A NCAC 13F .0309 – Plan for evacuation (ID Prefix Tag C185)

- Fire Drills will be conducted 4 times on each shift annually.
- Fire Drill documentation will be up to date and filed by 1/31/2017
- Fire Drill documentation will be furnished to DSS by 1/31/2017.

10A NCAC 13F .0311 – Other Requirements (ID Prefix Tag C189)

- The fire alarm system; horns and strobes were repaired by Simplex Grinnell on 12/20/2016. Fire Alarm system now fully operational.
- Corridor doors will be repaired in order to allow for proper close, latch, and sealing. This will be completed by 1/31/2017.
- Holes and penetrations will be addressed and repaired with appropriate fire rated caulk or other appropriate material by 1/31/2017.
 - a. Holes in Administrator’s office will be sealed
 - b. Holes in Business office will be sealed
 - c. Holes in ceiling of the laundry beside dryer flues will be sealed
 - d. Hole in corridor ceiling above fire panel will be sealed

Chris [Signature] 2/16/17

- e. Hole in corridor ceiling above smoke detector near the fire alarm panel will be sealed.
 - f. Attic access door near bedroom 5 covering will be repaired or replaced.
 - g. Hole in the ceiling of housekeeping closet will be sealed
 - h. Improperly sealed sleeve in communication room will be repaired.
 - i. Holes around sewer line in the basement ceiling will be sealed.
 - j. Sprinkler escutcheon not tightly fitted to the ceiling corridor near room 56 will be repaired.
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- Exit sign/battery powered emergency light in corridor near fire alarm panel will be repaired or replaced by 1/31/2017.
 - Battery powered emergency light in communication room will be repaired or replaced by 1/31/2017.
 - GFCI receptacle in SPA will be replaced by 1/31/2017.

Signature: _____



Date: _____

1/16/17

Printed Name: Christopher Morrisette

Title: Executive Director