

Brookdale Asheville Overlook

308 Overlook Road, Asheville NC 28803

PH: 828.684.1982

FAX: 828.684.1917

Date: 11-1-18

To: DHSR Construction  
Brookdale Section  
From: Asheville Overlook

Fax #: 919-733-6592

# of Pages: 10

Comments:

Please see the POC for the  
Construction Survey on Asheville  
Overlook completed on 9/26/18

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2018</b>
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NAME OF PROVIDER OR SUPPLIER  
**BROOKDALE ASHEVILLE OVERLOOK**

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

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C 000	Initial Comments  Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 9-26-2018.  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	The following plan of correction is for Brookdale Asheville Overlook regarding the Statement of Deficiencies dated 9/26/18. 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 a 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 mitigation factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.	
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: Based on observation, some of the Delayed Egress exit doors failed to comply with the NC	C 101		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Haley House*  
STATE FORM 5899

TITLE  
*Area Director*  
IGBL21

(X6) DATE  
**11-1-18**  
If continuation sheet 1 of 9

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C 101	Continued From page 1  State Building Code. The NC State Building Code requires a sign, with letters at least 1 inch high, on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS." Findings on 9-26-2018; a. There was no sign provided on the Delayed Egress exit door from the kitchen. b. The letters on the sign for the Delayed Egress exit door near room 3 were only 5/8 inch high. c. The letters on the sign for the Delayed Egress exit door in the dining room were only 1/2 inch high.	C 101	<b>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS (2):</b> Community will ensure that signs with letters at least 1 inch high will be placed on all delayed egress exit doors.	10/30/18
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111	<b>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (f):</b> Community has obtained the required annual fire alarm inspection.	10/30/18
C 133	Bathrooms-Hand Grips  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are:	C 133		

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C 133	Continued From page 2  (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;  This Rule is not met as evidenced by: ✓ Based on observation, the hand grip provided at the shower in the Spa was loosely mounted to the wall.	C 133	<b>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) (6):</b> Hand grip in the show in the spa room has been tightened.	10/30/18
C 140	Linen Storage-Separate Clean & Soiled  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (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;  This Rule is not met as evidenced by: ✱ Based on observation, the clean linens were stored on shelves in the laundry and there were soiled linens in the same space. Soiled linens are routinely taken into the same space where the clean linens are stored. Note; The door had been removed from the former clean linen room and it was now being used for other storage.	C 140	<b>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) (2):</b> Community has provided a closed bins for soiled laundry to be stored in in order to keep the soiled linen separate from the clean linen until it is washed.	10/30/18
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and	C 166		

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C 166	<p>Continued From page 3</p> <p>hazards; (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 building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 9-26-2018: Several (6) portable medical oxygen cylinders were stored in an unapproved plastic crate in room 34.</p> <p>2. Based on observation, the exit gate on the rear porch was obstructed from opening fully. Gates and doors that cannot fully open could delay or prevent an evacuation in an emergency. Note, This deficiency was corrected during the survey.</p> <p>3. Based on observation, the facility was not maintained in a safe condition because of much combustible storage in the crawl space. A crawl space has no fire resistance rated protection or sprinkler protection because it is supposed to stay free of combustible storage.</p> <p>4. Based on observation, the cooking equipment associated with the range hood fire suppression system was not properly positioned and maintained free of hazards. With cooking equipment miss-positioned, the range hood fire suppression system may not be capable of suppressing a range fire as designed. Findings on 9-26-2018: The range had been moved forward and was not</p>	C 166	<p><b>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) (5) (e):</b></p> <p>1. Community has replaced plastic crates that stored oxygen cylinders with approved metal containers.</p> <p>2. Obstruction of exit gate at the rear porch was removed and corrected onsite at time of survey.</p> <p>3. All combustible materials have been removed from the craw space.</p> <p>4. Community will adjust the stove position to ensure that the range is positioned properly under the range hood suppression system so that it can properly suppress a range fire as designed.</p> <p>5. Area behind washing machines has been cleared of lint and a weekly maintenance check list has been implemented to ensure that lint buildup behind washing machines does not continue to occur.</p>	<p>10/30/18</p> <p>9/26/18</p> <p>10/30/18</p> <p>10/30/18</p> <p>10/30/18</p>

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C 166	Continued From page 4 properly situated under the system nozzles.  5. Based on observation, there was a significant accumulation of lint behind the washing machines. Lint is highly combustible. ✓	C 166		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (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. (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. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. 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 1st quarter of this year, there was no rehearsal done during the 1st shift. b. In the 2nd quarter of this year, there was no rehearsal done during the 3rd shift. c. In the 3rd quarter of last year, there was no rehearsal done during the 2nd shift. d. In the 4th quarter of last year, there was no rehearsal done during the 3rd shift.	C 185	<b>10A NCAC 13F .0309 PLAN FOR EVACUATION (b) (c) (f): 1.</b> Community will ensure that fire drill rehearsals are being done regularly with at least one per shift each quarter. Community's Executive Director will inspect fire drill rehearsals to ensure compliance.  2. Fire drill rehearsals will be documented with a description of what the rehearsal involved. Community's Executive Director will inspect fire drill rehearsal documentation to ensure compliance.	10/30/18  10/30/18

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C 185	Continued From page 5  2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185		
C 188	Electrical Outlets in Wet Locations  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.  This Rule is not met as evidenced by: Based on observation, the GFCI type receptacle outside the exit near room 56 would not trip off when tested. GFCI type receptacles that won't trip present the hazard of serious electrical shock or electrocution.	C 188	<b>10A NCAC 13F .0310 ELECTRICAL OUTLETS:</b> Community will replace the GFCI receptacle that did not trip that was located outside the exit door near room 56.	11/30/18
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, there was a duct mounted smoke detector in the Zone GH mechanical room and no access door was	C 189	<b>10A NCAC 13F .0300 OTHER REQUIREMENTS (a) (k):</b> 1. Community will cut an access door so that the duct mounted smoke detector may be cleaned regularly to ensure that it operates properly.	11/9/18

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C 189	<p>Continued From page 6</p> <p>provided. The sampling tubes for duct mounted smoke detectors without access doors are likely to never be cleaned. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly.</p> <p>2. Based on observation, the battery powered emergency lights in the central corridor 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>3. 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 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. The fire rated door from the kitchen to the dining room was wedged open. Note, This deficiency was corrected during the survey.</p> <p>b. One of the smoke barrier doors near room 1 dragged on the floor and did not close at all when activated by the fire alarm system.</p> <p>c. The smoke barrier doors near room 35 do not close completely when activated by the fire alarm system.</p> <p>d. The double doors to the dining room will not automatically latch when closed and are difficult to manually latch.</p> <p>e. One of the doors to the living room dragged on the frame and would not close.</p> <p>f. The other door to the living room would not latch when closed.</p> <p>g. The door to the physical therapy room would not latch when closed.</p> <p>h. The door to bedroom 4 would not latch when</p>	C 189	<p>2. Community will replace the battery in emergency lights that are not working properly for at least 90 minutes.</p> <p>3. a. Wedge that was holding fire door open was removed onsite during the survey. Community will not continue to use a wedge to keep the door open. Community will utilize a magnetic holder when the door needs to be open during meal times.</p> <p>b. Community will adjust the smoke barrier door near room 1 so that it closes properly when activated by fire alarm system.</p> <p>c. Community will adjust the smoke barrier door near 35 so that it closes properly when activated by fire alarm system.</p> <p>d. Community will adjust the doors to the dining room so that they close properly.</p> <p>e. Community will adjust the door in the living room so that it closes properly.</p> <p>f. Community will adjust the door the other door to the living room so that it closes properly.</p>	<p>10/30/18</p> <p>9/26/18</p> <p>10/30/18</p> <p>10/30/18</p> <p>10/30/18</p> <p>10/30/18</p> <p>10/30/18</p>



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C 189	<p>Continued From page 7</p> <p>closed.</p> <p>i. The door to the Administrator's office was propped open.</p> <p>j. The door to the Health and Wellness office was wedged open.</p> <p>4. 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. The attic access door near room 5 is severely damaged,</p> <p>b. Holes in the wall behind the washing machines,</p> <p>c. Hole in the ceiling of the laundry by the heat detector.</p> <p>d. Hole in the ceiling of the employee break room by the heat detector.</p> <p>e. Unsealed sleeve (2) in the communication closet,</p> <p>f. Junction box with no cover in the ceiling of the kitchen at the back door,</p> <p>g. Hole in the basement ceiling by a 3 inch cast iron pipe.</p> <p>5. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings include:</p> <p>a. The exit sign near the dining room did not work on battery when tested.</p> <p>b. The exit sign at the front door did not work on battery when tested.</p>	C 189	<p>g. Community will adjust the door to the physical therapy room so that it latches properly when closed.</p> <p>h. Community will adjust the door to bedroom 4 so that it latches properly when closed.</p> <p>i. Community will not continue to use a wedge to prop the Administrator's door open.</p> <p>j. Community will not continue to use a wedge to prop the Health and Wellness office door open.</p> <p>4. a. Community will add a cover over the attic access door to fix the damaged attic access door.</p> <p>b. Community will patch the holes in the wall behind the washing machines with material that will maintain the integrity of the fire rating.</p> <p>c. Community will patch the hole in the ceiling in the laundry near the heat detector with materials that will maintain the integrity of the fire rating.</p>	<p>10/30/18</p> <p>10/30/18</p> <p>9/26/18</p> <p>9/26/18</p> <p>10/30/18</p> <p>11/9/18</p> <p>11/9/18</p>

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C 199	Continued From page 8	C 199		
C 199	<p>Exhaust Ventilation</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b> 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <p>(1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Finding on 9-26-2018; The exhaust provided was not working in the men's bathroom near room 41.</p>	C 199	<p>d. Community will patch the hole in the ceiling of the break room near the heat detector with materials that will maintain the integrity of the fire rating.</p> <p>e. Community will seal the unsealed sleeves in the communication closet with fire rated caulk.</p> <p>f. Community will place an outlet cover over the box with no cover in the ceiling of the kitchen at the back door.</p> <p>g. Community will patch the hole in the ceiling by the 3" cast pipe with materials that will maintain the integrity of the fire rating.</p> <p>5. a. Community will replace the battery in the exit sign near the dining room so that it works when the battery power is deployed.</p> <p>b. Community will replace the batter in the exit sign at the front door so that it works when the battery power is deployed.</p> <p><b>10A NCAC 13F .0311 OTHER REQUIREMENTS (g)(1)(2)(3)(4)(5)(k):</b> Community will replace the fan motor in the exhaust fan in the men's bathroom near room 41 to ensure that the exhaust fan is working properly.</p>	<p>10/30/18</p> <p>10/30/18</p> <p>10/30/18</p> <p>10/30/18</p> <p>10/30/18</p> <p>10/30/18</p> <p>11/9/18</p>