

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 01/11/2024
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

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	<p>Initial Comments</p> <p>Construction Section Biennial Survey report by Tod Hancock conducted on January 11, 2024.</p> <p>This facility was licensed on 08/14/1992 and 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.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on record review and interview with staff, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this rule. Findings on January 11, 2024:</p> <p>a. There were no records available to indicate the Fire Marshall had inspected the facility. b. There were no records available to indicate the health department had inspected the facility.</p>	C 111		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 01/11/2024
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

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 164	Continued From page 1	C 164		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</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 observations, the ceilings are being kept clean.</p> <p>Findings on January 11, 2024:</p> <p>a. Throughout the facility, there is a pattern of dust accumulating on ceilings adjacent to HVAC registers.</p>	C 164		
C 188	<p>Electrical Outlets in Wet Locations</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS</p> <p>All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the facility is not maintaining the electrical components located near a water source in a safe manner.</p> <p>Findings on January 11, 2024:</p> <p>a. Laundry- The receptacles behind the washing machine did not trip on test indicating the lack of</p>	C 188		

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 01/11/2024
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

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 188	Continued From page 2 ground fault protection.	C 188		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the buildings plumbing system is not maintained in a safe manner. Findings January 11, 2024: a. Kitchen- The ice machine drain does not have a 2" air gap</p> <p>2. Based on observation, the buildings mechanical system is not maintained in a safe manner. Findings January 11, 2024: a. Employee Lounge- The diffuser is missing from the HVAC register.</p>	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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</p>	C 199		

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 01/11/2024
--------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------

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 199	<p>Continued From page 3</p> <p>before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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:</p> <p>1. Based on observation, the facility is not maintaining its exhaust fan in an operable condition. This could cause unnecessary odors as well as mildew.</p> <p>Findings January 11, 2024:</p> <ul style="list-style-type: none"> a. Housekeeping Closet adjacent to Room 38-The exhaust fan is not working. b. Housekeeping Closet adjacent to Room 40-The exhaust fan is not working. 	C 199		
-------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--