STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011377	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VIEW ASSISTED LIVING # 4	233 COUNTRY TIME CIRCLE LEICESTER, NC 28748

(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 The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual survey on 04/13/23.	C 000		
C 444	10A NCAC 13G .1213 Reporting Of Accidents And Incidents 10A NCAC 13G .1213 Reporting of Accidents and Incidents (a) A family 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 evaluation, hospitalization, or medical treatment other than first aid. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to notify the local county Department of Social Services (DSS) for incidents involving 1 of 3 sampled residents (Resident #1) who received injuries that required emergency medical treatment. The findings are: Review of Resident #1's current FL2 dated 09/23/22 revealed diagnoses included hypertension, depression, and dementia. Review of Resident #1's Resident Register revealed an admission date of 05/20/22. Review of discharge instructions dated 01/03/23 from a local emergency department (ED) for	C 444		

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C 444	Continued From page 1 Resident #1 revealed: -On 01/03/23 the resident was seen in the ED for a laceration to the scalp sustained from a fall from her bed. -The laceration was repaired with 1 staple and and the resident was discharged back to the facility. Review of discharge instructions dated 01/20/23 from a local ED for Resident #1 revealed: -On 01/20/23 the resident was seen in the ED for a fractured humerus (upper arm) from a fall. -A sling was placed on the arm and the resident was discharged back to the facility. Interview with a local county Department of Social Services (DSS) Adult Home Specialist on 04/13/23 at 10:00am revealed DSS had not been notified that Resident #1 required emergency medical treatment on 01/03/23 and 01/20/23. Interview with the Supervisor in Charge (SIC) on 04/13/23 at 10:30am revealed she was newly hired and did not know why the previous staff had not notified DSS. Interview with the Administrator on 04/13/23 at 10:45am revealed: -The Incident and Accident reports dated 01/03/23 and 01/20/23 for Resident #1 were not available. -The staff was trained to fax Accident and Incident reports to DSS. -The fax number to the local county DSS was posted on the wall in the office. -Not notifying the local county DSS about the two incidents was an oversight.	C 444		