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If continuation sheet 1 of 3

Division of Health Service Regulation						FORM APPROVED	
STATEM	ENT OF	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTII	PLE CONSTRUCTION	(X3) DATE	E SURVEY
	1101	ONNEOTION	IDENTIFICATION NUMBER:	A. BUILDIN	G: 01	COM	PLETED
					H		R
			FCL011196	B. WING _			25/2015
NAME 0	FPROV	DER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE		
EVERG	REEN	LIVING HOME #	254 50 50	LY RIDGE F			
	-	ETTITO TOBIC P	LEICEST	ER, NC 287	748		
(X4) (D PREFIX		SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CO.		(KS)
TAG		REGULATORY OR LE	SC (DENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE	APPROPRIATE	DATE
	+				DEFICIENCY		
(C 00	nit (6	al Comments		(C 000)			
	Re	port by Glenn Ho	pppin		CONSTRUCT	ON SECTION	
	AC	i Jompíaint Follow-	up Survey was conducted on				
	Ma	rch 25, 2015 star	rting at 11:00AM and ending	1	. MAM 0	6 2015	
	at 1	1:15AM. Not all	of the previously cited		l och	EIVED	ļ
	det	ciencies were co on is required.	prrected. Therefore, further		KEN	(V 1 6./	
	açı	or) is required.					
	The	remaining defic	lencies that were observed				
	are	as follows:					
IC 141	V LLa	males and a discount	I I I I I				
(0.10)		sekeeping-Land		{C 161}			
		T - 0080. NOITS	HE BUILDING 15 HOUSEKEEPING AND		1		
	FUE	RNISHINGS	IS HOUSEKEEPING AND				1 1
	(a)	Each family car	e home shall: .				
	(12)	have at least or	ne telephone that does not			,	
		eno on electricity rate.	or cellular service to				
			apply to new and existing			i	
	hon	nes.					
	This	Rule is not met	as evidenced by:				.
			vey it was observed that		Evergreen (iving	Home Inc	- 1
	ther	e is no landline p	phone in the facility. Install a		Administrator Con	.to oted	
	one	line phone in the	facility that does not depend ar service to operate.		Haministrator Con	W 1000 X 001	
					At 2+ on date 1/	2/15	ĺ
	03/2	5/2015- GH - Th	Is Deficiency remains, install		to set up a tel	e phone in	
	den	roline prione in the	he facility that does not or cellular service to operate,		To see un -		` '
	onc	completed prov	ide verification to our office.		each building the	or does	
	-				not depend on e	ectricity	
(C 170)	Fire	Safety-Any Othe	r City Ordinances	(C 170)	not depend on e	ice to	1
	SEC	TION .0300 - TH	E BUILDING		on cereman	La (O) attorn	_
			6 FIRE SAFETY AND	.	Operate. The ins	4111	Asichin
vision of H	ealth S	ervice Regulation			were completed	4/16/15	11010
BORATOR	DIRE	CTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE		Ø) DATE
		•	My Al	tan-	Administract	~/	5/5/15
TATE EAD	7) 000	1 4 101 3 11401	0,	12/0

STATE FORM

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Division of Health Service Regulation							10101111110120		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	: 01		COMP	LETED		
	1					F	,		
		FCL011196	B. WING			03/2	5/2015		
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE					
EVERGR	EEN LIVING HOME #	DAD							
ETENOR	EN ENTRO FROME #	LEICESTE	ER, NC 287	48					
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC [DENTIFYING INFORMATION]	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD) BE	(X5) COMPLETE DATE		
(C 170)	Continued From pa	ge 1	(C 170)						
	DISASTER PLAN								
		requirements required by city							
į.		ty building inspectors shall be							
ĺ	met	, senseng mapacitation and							
	This Date is not as		1						
	This Rule is not me	et as evidenced by; conducted with the Buncombe							
		ils office, DSS, and the DHSR							
		n. The live drill was		1		-			
		aff and 911 was called as part							
	of the drill.								
	The following condit	tions were observed							
				SIC in each But facility will be on fire emerger procedure. in cleaning	ildir	ve l			
		the 911 dispatcher was unable		SIC in Facu .		١, ١			
	the staff member sp	taff member calling, because beaks only Korean.	Carro	Caroline will A	e tro	chrod			
	. To your monitor of	out of the contract of the con		raciacing.	.0.4				
		r was turned of to the facility	1	on fire emerger	رس				
	the smoke detectors alarm did not function	s, the phones, and the wander		non dues mo	ud >~	8			
	alai n did not junctit	511.		procedure.		*** **			
	Based on these fact	cts the Buncombe County fire		effective commi	nn i Ca	nose			
		an addressable monitored		to 911 dispate	duis	e			
		at will tell emergency		to 911 a25 pag	,,,,		/		
		e emergency is and where to s for a monitored addressable		Ton	. Feb	Apr.	the/15		
	. ' .	nd provide the Buncombe		many one	. ,	'	7 (-		
	County Fire Marsha	is office and the DHSR							
		with a set of installation							
		al before installing the DHSR Construction section							
		rmits, plans, invoices, and any							
		cumentation when the system							
1		ct the Fire Marshals office and							
	the DHSR Construct after installation.	tion section for final approval				1			
	arter installation.			[]					
		int meeting was called by the Fire Marshalls office after it							

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Division	Division of Health Service Regulation					FORM APPROVED	
AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL011196	B. WING		03/	R 25/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		-	
EVERGR	EEN LIVING HOME	A HI A Was a All	LY RIDGE R				
LEICESTER, NC 28748							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ON SHOULD BE	(XS) COMPLETE DATE	
	was discovered that system was installed or the Fire Marshall a suspension of ad this facility until all of Provide the Buncor office and the DHS set of installation drives.	at a residential fire alarm and without DHSR Construction as approval. Based on this fact missions has been issued for deficiencies are corrected, mbe County Fire Marshals R Construction section with a rawings for a monitored arm system for review.		evergreen living Administrator fire alarm con five alarm Cach facility the plan we by the fire I DHSR const section installation coon.	nired a upony CTyce appropriate in the approved units on		