

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011269	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETE R 12/03/2015
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NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE 6	STREET ADDRESS, CITY, STATE, ZIP CODE 60 F HORNOT CIRCLE ASHEVILLE, NC 28806
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(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
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C 000 Initial Comments

Report by Glenn Hoppin

DHSR Construction Section conducted a Biennial Survey on December 03, 2015 from 1:30pm until 3:00pm at the above referenced facility. DHSR records indicate the home was first licensed on February 05, 1993 as Family Care Home for six Residents where no more than three are non-ambulatory (Un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) Based on this information, we are requiring the home to maintain compliance with the following; the 1992 " Rules for Family Care Homes Minimum Standards and Regulations " and the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 Edition of the North Carolina State Building Code - Section 514.2 - Residential Care Facilities

At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:

C 174 Building Equipment Maintained Safe, Operating

SECTION .0300 - THE BUILDING
10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.

(j) This Rule shall apply to new and existing family care homes.

This Rule is not met as evidenced by:
1. Observations revealed that the electrical cover on the hot water heater was missing a screw and



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

Glenn Hoppin
2015 01/21

TITLE
Administrator

(X6) DATE
1-2-16

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE 6	STREET ADDRESS, CITY, STATE, ZIP CODE 60 F HORNOT CIRCLE ASHEVILLE, NC 28906
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(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) DATE COMPLETE
C 174	<p>Continued From page 1</p> <p>was very loose. This was corrected at the time of the survey and no further action is required.</p> <p>2. Observations revealed that the ventilation cover in the laundry room was missing. Replace the missing ventilation cover. Provide photo documentation to the DHSR Construction section when this item is complete.</p>	C 174		

Angel House VI-F

In response to Rule 10A NCAC 13G.0317, which is in non-compliance:

Facility Administrator had replaced the ventilation cover that was missing in the laundry room. This was replaced on 1/3/2016.

Facility administrator will do weekly documented maintenance checks to ensure that the facility remains in compliance.