Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED						
		HAL011189	B. WING		04/0	8/2016					
NAME OF PROVIDER OR SUPPLIER  RICHMOND HILL REST HOME # 4  STREET ADDRESS, CITY, STATE, ZIP CODE  95 RICHMOND HILL ROAD  ASHEVILLE, NC 28806											
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE						
	Harrell on 4-8-2016 Records indicate th licensed on 9-28-19 information, the fac 1978 NC State Built Unrestrained Occup Standards and Reg Aged and Disabled the current Rules for or More Beds.  Housekeeping-Main SECTION .0300 - F 10A NCAC 13F .03	is 12 bed facility was first 989. Based on this ility was surveyed using the ding Code for Institutional pancies, the 1987 Minimum ulations for Homes for the and the applicable portions of or Adult Care Homes of Seven intained Free of Hazards	C 000								
C 189	FURNISHINGS  (a) Adult care homes shall:  (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;  (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on observation, an exterior exit path was not maintained uncluttered and free of obstructions.  Finding includes; The exit way at the rear of the facility was obstructed with 2 chairs.  C 189  Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS		C 189								

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL011189	B. WING		04/0	08/2016
	PROVIDER OR SUPPLIER  ND HILL REST HOME	: # ₄ 95 RICHN	DRESS, CITY, S IOND HILL F LE, NC 2880			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 189	(a) The building an mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex which shall not app.  This Rule is not me Based on observati emergency light in twhen tested. Batte that will not work pr	d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.	C 189			

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Division of Health Service Regulation STATE FORM