

PRINTED: 06/08/2016
FORM APPROVED

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011284 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/11/2016 |
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| NAME OF PROVIDER OR SUPPLIER NORTH RIDGE ASSISTED LIVING # 4 | STREET ADDRESS, CITY, STATE, ZIP CODE 26 MELODY ROSE LANE ASHEVILLE, NC 28804 |
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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 |
|--------------------|--|---------------|---|--------------------|
| C 000 | <p>Initial Comments</p> <p>Report by Suzanna Fay</p> <p>DHSR Construction Section conducted a Biennial Survey on May 11, 2016 from 8:30 AM to 9:45 AM at the above referenced facility. DHSR records indicate the home was first licensed on March 1, 1988 as a Family Care Home for six ambulatory Residents (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 1984 (1987 Revision) Family Care Homes Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 (Revision 8) North Carolina State Building Code - Section 409.1 (g) - Residential Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p> | C 000 | | |
| C 105 | <p>Initial Licensure-Meet NCSBC</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments,</p> | C 105 | | |

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

[Signature]

TITLE
[Signature]

(X6) DATE
6/27/16

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011294 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/11/2016 |
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NAME OF PROVIDER OR SUPPLIER
NORTH RIDGE ASSISTED LIVING # 4

STREET ADDRESS, CITY, STATE, ZIP CODE
**26 MELODY ROSE LANE
ASHEVILLE, NC 28804**

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| C 105 | <p>Continued From page 1</p> <p>may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).</p> <p>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by: 1. Observation revealed that the bedroom windows had safety catches, that when engaged, could deter emergency egress from the windows. Remove or disable the safety catches so that the windows can open easily and fully. Provide documentation of the repairs in the form of photos or receipts.</p> | C 105 | <p>All safety catches have been removed</p> | |
| C 174 | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1. At the time of this survey, the smoke detectors in Bedrooms #1 and #5 were chirping indicating low batteries. The smoke detector in Bedroom #5 was replaced during the survey. Staff could not locate another battery for Bedroom #1. Replace the battery. Provide documentation of the repairs in the form of receipts.</p> | C 174 | <p>The Administrator has assigned a member of management to monitor all areas cited</p> <p>The management will document any repairs and keep a log of monitoring.</p> | 7/31/16 |

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| C 174 | Continued From page 2 2. Observations revealed nail pops in the ceiling over the door in Bedroom #5. Have a qualified technician repair and paint the ceiling. Provide documentation of the repairs in the form of photos, receipts or work orders. 3. Observations revealed a small hole in the closet door of Bedroom #5 where the hinge stop penetrated the panel. Have a qualified technician patch the hole in the door. Provide documentation of the repairs in the form of photos, receipts or work orders. 4. Observations revealed that several of the deck boards near the end of the front porch ramp were loose. Secure the boards. Provide documentation of the repairs in the form of photos, receipts or work orders. 5. Observations revealed that the crawl space cover was rotting and deteriorating at the outer edges. Have a qualified technician repair the cover. Provide documentation of the repairs in the form of photos, receipts or work orders. 6. Observations revealed that the gutter seam near the kitchen exit had fallen off and rain water was dripping through the opening onto the deck below. Have a qualified technician repair the gutter. Provide documentation of the repairs in the form of photos, receipts or work orders. 7. Observations revealed that several of the deck boards at the side exit were rotting and deteriorating. Have a qualified technician replace the damaged boards. Provide documentation of the repairs in the form of photos, receipts or work orders. | C 174 | Management will monitor photos if repairs are needed before monitoring the sic will be given management phone number. Management will document call and repair results. | |

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| C 174 | Continued From page 3 8. Observations revealed a vine spreading along the right corner of the facility and up into the soffit. Remove the vine before it causes damage to the exterior finishes. Provide documentation of the repairs in the form of photos. | C 174 | Removed with monitor | |