PRINTED: 04/06/2016 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL011235 02/17/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 134 CENTER AVENUE SOUNDVIEW FAMILY CARE HOMES - UNIT H **BLACK MOUNTAIN, NC 28711** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 000 C 000 Initial Comments C100 4/2/10 Report by Glenn Hoppin Radiation dampers installed on HVAC DHSR Construction Section conducted a Biennial Survey on February 17, 2016 from 9:30am until 11:00am at the above referenced facility. DHSR records indicate the home was first licensed on system. June 16, 1999 as a Family Care Home for six (6) Residents with no more than three (3) who are All modifications will non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance meet the requirements
of C100. Facility
maintenance supervisor
designee shall consult
with the construction during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1996 (99 Rev) North Carolina State Building Code - Section 419.3 -Small Residential Care Facilities. section prior to modifications At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: C 100 C 100 New Construction, Modifications SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows:

Division of Health Service Regulation

Section;

RY DIRECTOR'S OR PROPOER/SUPPLIER REPRESENTATIVE'S SIGNATURE LABORATO

(1) New construction and existing buildings proposed for use as a Family Care Home shall comply with the requirements of this Section; (3) New additions, alterations, modifications and repairs shall meet the requirements of this

TITLE

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If continuation sheet 1 of

PRINTED: 04/06/2016 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL011235 02/17/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 134 CENTER AVENUE SOUNDVIEW FAMILY CARE HOMES - UNIT H **BLACK MOUNTAIN, NC 28711** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 100 Continued From page 1 C 100 5/1/16 1. Ceiling hepaired 2. Floor sealed around This Rule is not met as evidenced by: Observations revealed that the heating and air conditioning system has been replaced. The system does not have the required radiation dryer duct. dampers and does not meet the one hour fire rating required by a facility licensed for up to three Damper for dreyer non- ambulatory residents. Therefore, you have two options. Replaced 1. Consult with your local building official, and have a qualified technician install radiation dampers on the HVAC system to meet the one hour rating requirement. Provide copies of all permits and approvals to the DHSR Construction Section. Exterior inspection to 2. Submit an application to have your license be conducted in amended to six all ambulatory clients to the DHSR Licensure Section. Provide copies to the DHSR Construction Section when this is April 1 October of complete. each year. Repairs to be completed C 174 Building Equipment Maintained Safe, Operating C 174 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT

peeling in the hallway. Have a qualified Division of Health Service Regulation

STATE FORM

operating condition.

family care homes.

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family

care home shall be maintained in a safe and

(j) This Rule shall apply to new and existing

This Rule is not met as evidenced by: 1. Observations revealed that the ceiling is Interior inspections

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATI	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: 01			COMPLETED	
FCL011235		B. WING		02/17/2016			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
SOUNDV	IEW FAMILY CARE H	IOMES - UNIT H	ER AVENUE	0.00744			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	OUNTAIN, NO		PECTION	()(5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLE DATE			
C 174	Continued From page 2		C 174				
	Provide photo docu Construction section 2. Observations revethe floor at the drye technician seal the	replace the peeling ceiling. Immentation to the DHSR In when this is complete. Vealed an open penetration in the duct. Have a qualified open penetration. Provide on to the DHSR Construction is complete.					
	damper for the drye a qualified technicia backflow damper.	vealed that the backflow er exhaust is damaged. Have an repair or replace the Provide photo documentation ruction Section when this is					
	rear deck. Have a the missing pickets	ne DHSR Construction Section					