

PRINTED: 11/17/2016  
FORM APPROVED

Division of Health Service Regulation

STATE AND COUNTY OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL011264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 12/03/2015
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NAME OF PROVIDER OR SUPPLIER  ANG - HOUSE IV	STREET ADDRESS, CITY, STATE, ZIP CODE 60-B HORNOT CIRCLE ASHEVILLE, NC 28806
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(X4) 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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C10	Initial Comments  Report by Glenn Hoppin  DHSR Construction Section conducted a Biennial Survey on December 03, 2015 at the above referenced facility. DHSR records indicate the home was first licensed on May 13, 1992 as a Family Care Home for six (6) Residents with no more than three(3) that can be non-ambulatory (unable 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 1991 "Rules for Family Care Homes Minimum Standards and Regulations," applicable portions of the 2006 Rules 10A NCAC 13G for Family Care Homes and the 1991 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 000	In response to 10A NCAC 13G.0317, building Service Equipment in non-Compliance, Facility maintenance repaired Pantry Floor on 2-10-16. The GFI receptacle was replaced on 12-4-15. Admin. has maintenance staff do weekly walk throughs to assure all repairs needed are done to maintain	
C1	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 pantry floor is torn. Have a qualified technician repair or replace the floor. Provide documentation to the DHSR	C 174		

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

TITLE: Marky Gray Administrator 11-23-16  
(X6) DATE

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STATE AND FACILITY	IDENTIFICATION OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL011264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 12/03/2015
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NAME OF PROVIDER OR SUPPLIER  
ANGI HOUSE IV

STREET ADDRESS, CITY, STATE, ZIP CODE  
60-B HORNOT CIRCLE  
ASHEVILLE, NC 28808

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C 1	Continued From page 1 Construction section when this repair is complete.  2. Observations revealed that the GFCI Receptacle in the the second bathroom failed to trip when tested with a GFCI testing device. Have a qualified technician repair or replace the GFCI receptacle.	C 174	Compliance, and Safety for all residents.	