Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
ANDELAN	OF CONNECTION	IDENTIFICATION NOWIBER.	A. BUILDING:	01								
		HAL011262	B. WING		12/1	२ 3/2016						
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
CHUNN'S COVE ASSISTED LIVING 67 MOUNTAIN BROOK ROAD												
ASHEVILLE, NC 28805												
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	JLD BE	(X5) COMPLETE DATE						
{C 000}	Initial Comments		{C 000}									
	Report of Follow-up 12-13-2016.	Survey by Dennis Harrell on										
	Some deficiencies action is required.	were not corrected. Further										
{C 189}	Building Equipment	t Maintained Safe, Operating	{C 189}									
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	of all fire safety, electrical, umbing equipment in an adult maintained in a safe and										
	2. Based on obser are prevented from resist the passage doors that do not of present the possibility one space can quiethe remainder of the Findings include; d. The doors to the equipped with roller provide positive late permitted by the Not the adoption of the The latches on at least 10, 12, 14, 15, 17, 2 properly. This is a been cited before.	e bedrooms in this facility are r latches. Roller latches do not ching and have not been C State Building Code since										

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 COMF	(X3) DATE SURVEY COMPLETED					
		HAL011262	B. WING			२ 13/2016					
NAME OF PROVIDER OR SUPPLIER CHUNN'S COVE ASSISTED LIVING STREET ADDRESS, CITY, STATE, ZIP CODE 67 MOUNTAIN BROOK ROAD ASHEVILLE, NC 28805											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE					
{C 189}	latching hardware. Findings on 12-13-2	2016; east bedrooms 2, 6, and 32	{C 189}								

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