	of Health Service Re		T			APPROVEL
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION		E SURVEY PLETED
		FCL011294	B. WING		04/04/2	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, ST			
	IDGE ASSISTED LIV		DY ROSE LAN LE, NC 28804			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Wendy C	Chester				
	Survey on April 4, 2 AM at the above re records indicate the 1, 1988 as a Family ambulatory Resider evacuate without and assistance during a Based on this inform home to maintain c the 1984 (1987 Rev Minimum Standard applicable portions 13G for Family Car Revisions) North C 409.1 (g) Residenti At the time of our v	n Section conducted a Biennial 2018 from 8:30 AM to 10:45 ferenced facility. DHSR e home was licensed on March y Care Home for six (6) nts (able to respond and ny physical or verbal a fire or other emergency). mation we are requiring the compliance with the following: vision) Family Care Home s and Regulations, the of the 2005 Rules 10A NCAC e Homes, and the 1978 (1984 arolina Building Code - Sectior al Care Facilities. isit we cited deficiencies that ble plan of correction. They are				
	three feet. b. Corridors must lights providing 1 fc c. Corridors must l other obstructions. This Rule is not me	AC 42C .2208) be a minimum clear width of be lighted sufficiently with night bot-candle power at the floor. be free of all equipment and	C 122			
vision of He	lighted sufficiently v foot-candle power a alth Service Regulation	vith night lights providing 1				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	E CONSTRUCTION D1		E SURVEY PLETED
		FCL011294	B. WING		04/04/2018	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
NORTH	RIDGE ASSISTED LIV		DDY ROSE LA			
		ASHEVII	LE, NC 28804			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 122	Continued From pa	ge 1	C 122			
	in the Corridor. Onl observed and they this requirement.	to night lights were observed y overhead lights were are too high and bright to mee n the Corridor. Provide photos	:t			
C 123	Outside Entrances/	exits	C 123			
	.2209) a. All floor levels m there are only two, from each other as b. At least one entr minimum clear wid must be a minimum eight inches. c. At least two outs residents' floor leve accessible by ramp inches of length of entrances/exits, the remote from each of (The requirement for ground level applie one resident who n getting up or down d. All exit doors loo by a single hand m times without keys. locking device whic this standard.) e. All entrances/exit	ees/Exits (10 NCAC 42C nust have at least two exits. If the exits must be as remote reasonably possible. rance/exit door must be a th of three feet and another n clear width of two feet and side entrances/exits for the entrances/exits for the entrances/exits must be as other as reasonably possible. For the ramp at exits not at s to homes which have at leas eeds personal assistance in	b t			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		E CONSTRUCTION 01		E SURVEY PLETED
		FCL011294	B. WING	B. WING		04/2018
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, S			04/2010
			26 MELODY ROSE LA			
NURTHE	RIDGE ASSISTED LIV	ING # 4	ASHEVILLE, NC 2880	)4		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 123	Continued From pa	ige 2	C 123			
	f. All steps, porche provided with hand g. In homes with a determined by a ph to be disoriented or exit door must be e device that is active The sound must be can be heard by sta will deactivate the s provided the control bedroom of the per This Rule is not me 1) The Rule require entrances/exits for be at ground level of	of fire or other emerge s, stoops and ramps r rails and guardrails. t least one resident wh sysician or is otherwise a wanderer, each req equipped with a soundi ated when the door is of of sufficient volume th aff. A central control p sounding device may b of panel is located in th rson on call within the l et as evidenced by: es that at least two out the residents' floor lev or accessible by ramp 2 inches of length of th	nust be no is e known juired ng oppened. hat it anel that be used, e home. side el must with a 1			
	At the time of the s ramp off the Front I grade and that a sn	urvey it was observed Porch did not end leve nall concrete angle ha of the concrete does	that the I with d been			
	as per the rise/ leng	np terminates at groun gth requirement and e: gly. Provide photos as				
	be easily operable, the inside at all time	es that all exit doors loo by a single hand motion es without keys. (This bocking device which mo this standard.)	on, from limits			
	Kitchen storm door	t was observed that the had a finger-lock med movements. The Staf	chanism			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION 1	(X3) DATE SUR COMPLETE		
		FCL011294	B. WING		04/	04/04/2018	
ME OF F	PROVIDER OR SUPPLIER	L	DDRESS, CITY, ST	ATE, ZIP CODE			
ORTH F	RIDGE ASSISTED LIV	ING # 4	DDY ROSE LAN LLE, NC 28804				
X4) ID REFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
C 123	Continued From pa	ge 3	C 123				
	removed the lockin site.	g mechanism while still on					
	No further action is	required.					
	be free of all obstru	es that all entrances/exits mus octions or impediments to allow n case of fire or other					
		ring the survey that at the exit ridor a Resident wheel chair					
		chair from the Corridor and of obstructions. Provide ntation.					
		es that all steps, porches, must be provided with drails.					
	handrails were not Corridor and Kitche the Front Porch ran	urvey it was observed that provided at the steps off the en steps nor the house side of np. Guardrails were not the porches or ramps.					
	Code and Rule con	ocal building official and install opliant handrails and photos as documentation.					
C 125	Floors		C 125				

Division of Health Service Reg STATE FORM

If continuation sheet 4 of 13

	of Health Service Re			CONCEPTION		
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	CONSTRUCTION D1		E SURVEY PLETED
		FCL011294	B. WING		04/04/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
NORTH	RIDGE ASSISTED LIV	1NG # 4	DY ROSE LAN LE, NC 28804			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
C 125	Continued From pa	ge 4	C 125			
		/ rugs are not to be used. e kept in good repair.				
	This Rule is not me 1) The Rule require in good repair.	et as evidenced by: as that all floors must be kept				
		urvey it was observed that of the carpet in the Living pattern.				
		carpet in the Living Room. well as invoices indicating work mentation.	¢			
C 126	Outside Premises		C 126			
	<ul> <li>a. The outside grouclean and safe contrules of the Division the sanitation of rest.</li> <li>b. If the home has the fence must not entering freely or be</li> </ul>	ses (10 NCAC 42C .2215) unds must be maintained in a dition, in accordance with the n of Health Services governing sidential care facilities. a fence around the premises, prevent residents for exiting on hazardous.				
		et as evidenced by: is that the outside grounds I in a clean and safe condition				
	there were items be nearest the parking	urvey it was observed that eing stored on the Porch area and at the rear of the e items need to be discarded				

STATEMEN	IT OF DEFICIENCIES	egulation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: C			PLETED
		FCL011294	B. WING		04/	04/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NORTH	RIDGE ASSISTED LIV	/ING # 4	DDY ROSE LAN			
		ASHEVI	LLE, NC 28804			0.75
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 126	Continued From pa	ige 5	C 126			
	include wet plywood tools, a lawn mowe bathroom sink, brol Dispose of broken	properly stored. The items d, broken furniture, garden r (in the path of egress), a ken pots, and a tarp. or damaged items and emaining items. Provide				
	photos as documer 2) The Rule require	ntation.				
	must be maintained	d in a clean condition.				
		t was observed that the siding s dirty and that the gutters				
		siding and gutters. Provide ions of the Home as				
	3) The Rule require must be maintained	es that the outside grounds d in a condition.				
		ring the survey that in the vas evidence of an animal ale of insulation.				
		tion bale and debris created de a photo as documentation.				
		es that the outside grounds d in a safe condition.				
	the Kitchen window blocking the gap in unit on the left side	urvey it was observed that in there was a piece of plywood the window created by the A/C (as viewed from the outside). ained the proper gap closure				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>			E SURVEY PLETED	
		FCL011294	B. WING		04/	04/04/2018	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST DY ROSE LAN				
NORTH	RIDGE ASSISTED LIV		LE, NC 28804				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 126	Continued From pa	ge 6	C 126				
		od and replace with the proper nism. Provide a photo as					
C 127	Building Service Eq	uipment-Maintained Safe	C 127				
	.2214) 1. The building ar mechanical, and plu	e Equipment (10 NCAC 42C nd all fire safety, electrical, umbing equipment must be e and operating condition.					
		et as evidenced by: es that the building must be e and operating condition.					
	guttering at the Kito dripping and that th down either due to	urvey it was observed that the chen Porch exit door was e fascia covering has slipped improper repair or water e cover. This is at a location of					
	necessary. Repair f	or damage and repair if the gutter so that water does ed away from the building. documentation.					
	2) The Rule require maintained in a saf	es that the building must be e condition.					
	the Homes operabl knowledge push bu actions and excess which are not allow	urvey it was observed that all e windows have special itton latches that take multiple ive finger strength to open and ed. This has been previously to be a safety concern.					

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	E CONSTRUCTION		E SURVEY PLETED
		FCL011294	B. WING		04/04/2018	
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE			04/2010
NORTHI	RIDGE ASSISTED LIV		ODY ROSE LAI ILLE, NC 28804			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	T OF DEFICIENCIES ID PROVIDER'S PLAN OF CORF BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S			(X5) COMPLET DATE
C 127	Continued From pa	age 7	C 127			
	that take no specia complete provide d as invoices/ receipt performed. 3) The Rule require	ce these latches with latches I knowledge or effort. Once ocumentation photos as well is indicating all work es that the building must be				
	Laundry exhaust want of the sitting flush on the si	e condition. ring the survey that the all cap was coated with lint, the wall, and the backdraft fla dditionally there was debris	p			
		ces and the metal flex ducting greater than 180 degrees lint in the curve.				
	from the cap and e severely angled/ tu	wall cap, clean out the lint nsure that the duct line is less rned and is also clean of lint. a description of work mentation	3			
		es that the electrical equipmer d in a safe and operating	nt			
		t was observed that the Staff d fixture has a short.				
	Repair/ replace the receipts detailing w	fixture. Provide photos and ork performed.				
		es that the electrical equipmer d in an operating condition.	nt			
	there were bulbs bu	the time of the survey that urnt out or missing in Residen he share Resident Bedroom	t			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION		E SURVEY PLETED	
		FCL011294	B. WING		04/	04/04/2018	
AME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE, ZIP CODE			
ORTH I	RIDGE ASSISTED LIV	26 MEL	ODY ROSE LAN	NE			
			ILLE, NC 28804	PROVIDER'S PLAN OF		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 127	Continued From pa	age 8	C 127				
	Replace all missing or burnt out bulbs. Provide photos and receipts as documentation.						
		es that the plumbing equipmend d in a safe and operating	nt				
		t was observed that the toilet athroom with the shower.					
		o that it is not loose. Provide a epair work performed.	ı				
		es that the plumbing equipmend d in a safe and operating	nt				
	the Resident Bathron Additionally, the fau	urvey it was observed that in oom the sink was loose. ucet was missing the aerator uncontrolled out of the basin.					
	it remains stationar	the base or to the wall so that y. Replace the faucet aerator pray is controlled within the					
		es that the plumbing equipmend d in a safe and operating	nt				
	heaters in the Pant	t was observed that the water ry were piped into the pan drain terminations exited ce.					
	terminations prope	s to have the pan drain rly exit the crawlspace. Provid nvoices/ receipts indicating	e				

Division	of Health Service Re	equlation			FORMAPPR	JVEL
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING		(X3) DATE SURVE COMPLETED	Y
		FCL011294	B. WING		04/04/201	8
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
NORTH I	RIDGE ASSISTED LIV	/ING # 4	DY ROSE LA LE, NC 288			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMF	(5) PLETE ATE
C 127	Continued From pa	age 9	C 127			
	work performed.					
C 137	Fire Safety-Evacua	tion Plan	C 137			
	.2213) 5. A written fire/dis diagrammed drawin the local fire depart large print and post each floor. This pla	uirement (10 NCAC 42C aster plan including a ng which has the approval of tment, must be prepared in ted in a central location on an must be reviewed with each ion and must be a part of the ew staff.				
	1) The Rule require including a diagram approval of the loca prepared in large p location on each flo reviewed with each	et as evidenced by: es a written fire/disaster plan med drawing which has the al fire department, must be rint and posted in a central por. This plan must be resident on admission and ne orientation for all new staff.				
	a centrally located for the Resident us	t was observed that there was diagram of the floor plan layout e floor, but there were no g acceptable evacuation plan				
		ned drawing indicating nd a marked plan of umentation.				
C 140	Housekeeping and	Furnishings	C 140			
	IV. The Building F. Housekeeping	and Furnishings (10 NCAC				
	ealth Service Regulation		6899	-	If continue the state	10 - 1
TATE FOR	VI		0033	S3P221	If continuation sheet	10 Of

	of Health Service Re				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		E SURVEY PLETED
		FCL011294	B. WING	04/	04/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE		
NORTH	RIDGE ASSISTED LIV	/ING # 4	DDY ROSE LANE		
		ASHEVI	LLE, NC 28804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORF	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 140	Continued From pa	age 10	C 140		
	<ul> <li>42C .2212)</li> <li>1. Each home musical have walls, ceiling coverings kept clear behave no chronic c. have furniture clips have no chronic c. have furniture clips have an approver times.</li> <li>e. be maintained in orderly manner, free hazards;</li> <li>f. have an adequat towels, washcloths blankets, and addit times;</li> <li>g. make available through any means personal funds of respecial Assistance (1) protective sheet and smooth pads;</li> <li>(2) bedpans, urina caps;</li> <li>(3) bedside common wheelchairs;</li> <li>h. have television working order.</li> <li>i. have curtains, cappropriate.</li> </ul> This Rule is not means the required walls kept clean.	st: ngs, and floors or floor an and in good repair; a unpleasant odors; lean and in good repair; ed sanitary classification at all n an uncluttered, clean and ee of all obstructions and ate supply of bath soap, clean , sheets, pillow cases, ional coverings on hand at all the following items as needed s other than charge to the ecipients of State-County  ets and clean, absorbent soft ls, hot water bottles, and ice odes, walkers, and and radio, each in good draperies or blinds, where et as evidenced by: es that each home must have t was observed that the walls vere dusty and dirty especially near and on the baseboard			

STATEMEN	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	ESURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0			PLETED
		FCL011294	B. WING		04/	04/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
NORTH	RIDGE ASSISTED LIV	/ING # 4	DY ROSE LAN LE, NC 28804			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
C 140	Continued From pa	ige 11	C 140			
	Clean the walls thoroughly. Provide photos of the walls as documentation.					
	2) The Rule requires that each home must have walls and floors kept clean.					
	there were multiple cleaning the walls a noted below: a. The Resident Sh the wall and floor o b. The tub in the St soap scum. c. The Staff Bathro	the time of the survey that areas of concern regarding and the floors. These are as ower tiles and grout on both f the shower need cleaning. aff Bathroom was coated in om walls and floors, both tile e moldy and mildewed.				
	Clean these areas in a clean state. Pro documentation.	thoroughly and maintain them ovide photos as				
	3) The Rule require furniture clean and	es that each home must have in good repair.				
	there was a china h	urvey it was observed that nutch in the Dining Room and er was broken or improperly				
	Repair the drawer. documentation.	Provide a photo as				
		es that each home must be all obstructions and hazards.				
	appeared to be a c	t was observed that there ord emanating from a source across the threshold in the raff Bedroom.				

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
		A. BUILDING: <b>01</b> B. WING		04/04/2018		
	FCL011294					
AME OF PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
ORTH RIDGE ASSISTED LIV	IN(5 # 4	DDY ROSE LAN LLE, NC 28804				
X4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	N SHOULD BE COMPLETE E APPROPRIATE DATE		
C 140 Continued From page	ge 12	C 140				
	o that it does not conflict with ses a trip hazard. Provide a ation.					
1						