AND DI AN OF CORRECTION INTERPRETATION NUMBERS					ATE SURVEY OMPLETED	
			A. BOILDING. VI			
		FCL011357	B. WING		05/0	9/2018
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RIVERSIDE VILLAGE HOME UNIT H			TER AVENUE IOUNTAIN, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Luis Pad DHSR Construction	lilla n Section conducted a Biennial				
	Survey on May 9, 2018 from 10:15 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on June 16, 1999 as a Family Care Home for six (6) Residents with no more than three who are 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 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations," applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 (1999 Revision) North Carolina State Building Code - Section 419.3 - Small Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:					
C 169	Fire Safety-Smoke	Detectors	C 169			
	DISASTER PLAN (b) The building sl detectors as require Building Code and connected to a ded located in the attic detectors shall be in provided with batte Note: Smoke detections of the state of the st	hall be provided with smoke ed by the North Carolina State U.L. listed heat detectors licated sounding device and basement. These nterconnected and be				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

AND BLAN OF CORRECTION TO TRANSPORT TO THE ANTI-		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
FCL011357			B. WING		05/0	9/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RIVERSI	DE VILLAGE HOME (JNIT H	'ER AVENUE OUNTAIN, N			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 169	Continued From page 1		C 169			
	interconnected with smoke detectors, but does not require it.					
		s U.L. listed heat detectors icated sounding device				
	detectors in the atti	as unknown if the heat c were on a dedicated his is not compliant with the				
	Make arrangements to have this deficiency corrected. Please verify that these devices are functional and are on its own dedicated sounding device. Provide documentation in the form of photos/invoices for all completed work.					
C 174	Building Equipment	t Maintained Safe, Operating	C 174			
	EQUIPMENT (a) The building a mechanical, and pl care home shall be operating condition	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing				
		et as evidenced by: s all electrical equipment must safe and operating condition:				
	extension cord was	as observed that an outdoor being used in the pantry.				

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TBT721 If continuation sheet 2 of 6

AND DI AN OF CORRECTION \ \ \ IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
FCL011357			B. WING		05/09/2018	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RIVERSI	DE VILLAGE HOME (JNIT H	ER AVENUE OUNTAIN, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 174	permanent wiring. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work. 2.) The rule requires all electrical equipment must be maintained in a safe and operating condition: During our visit it was observed that there were multiple missing light light covers (laundry room, pantry, etc). This is not compliant with the rule. Staff mentioned that these lights did not require light covers for it will shorten the lifespan of the bulb. Please provide verification of this. If unable to make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.		C 174			
C 183	SECTION .0300 - 7 10A NCAC 13G .03 (a) The outside gr family care homes and safe condition. This Rule is not mount in the require and existing family maintained in a clear condition. During our survey it back left sofit is rott the gutter. This is not the second condition in the require and existing family maintained in a clear condition.	THE BUILDING B18 OUTSIDE PREMISES ounds of new and existing shall be maintained in a clean	C 183			

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AND DIAN OF CORRECTION IN IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED	
FCL011357		B. WING		05/09/2018		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	05/0	9/2010
		134 CFNT	ER AVENUE			
RIVERSIDE VII I AGE HOME UNIT H			OUNTAIN, N	C 28711		
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 183	Continued From page 3		C 183			
	corrected; provide documentation in the form of photos for all completed work.					
C 138	Outside Entrances/	Exits-Single Hand Motion	C 138			
	(d) All exit doors lo	NTRANCES AND EXITS ocks must be easily operable, otion, from the inside at all				
		s all exit doors locks must be a single hand motion, from the				
	had a thumb latch,	as observed that the front door thus not allowing a single s not compliant with the rule.				
		s to have the deficiency documentation in the form of leted work.				
C 140	Outside Entrances/	Exits-Handrails	C 140			
	(f) All steps, porch	NTRANCES AND EXITS les, stoops and ramps must landrails and guardrails.				
		et as evidenced by: s all steps, porches, stoops provided with handrails and				

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AND DIAN OF CORRECTION INTERPRETATION NUMBERS		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3)		(X3) DATE SURVEY COMPLETED		
FCL011357		B. WING		05/09/2018		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RIVERSI	DE VILLAGE HOME U	INIT H	ER AVENUE OUNTAIN, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETE DATE
C 140	guardrails: During our survey it handrails for the from length. This present the ramps where the meet the intent of the language of the langu	t was observed that the ont ramp did not extend the full its a trip hazard at the base of ey discharge. This does not ne rule. It is to have the deficiency documentation in the form of	C 140			
C 143	T10: 42C .2211 FLOORS (a) All floors must be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs are not to be used. (c) All floors must be kept in good repair. This Rule is not met as evidenced by: 1.) The rule requires all floors must be kept in good repair: During our survey it was observed that the floor tiles in bedroom #2 was damaged by the bed-frame. This is not compliant with the rule. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.		C 143			
C 158	Fire Safety-Evacua T10: 42C .2213 FIRE SAFET (d) A written fire a		C 158			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIA	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
RIVERSIDE VILLAGE HOME UNIT H 134 CENTER AVENUE BLACK MOUNTAIN, NC 28711 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 158 Continued From page 5 diagrammed drawing) which has the approval of the local fire department must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1.) The rule requires a written fire and disaster plan (including a diagrammed drawing) which has the approval of the local fire department must be	FCL011357			B. WING			05/09/2018	
C SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLIANCE OF CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY D	NAME OF	PROVIDER OR SUPPLIER						
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 158 Continued From page 5 diagrammed drawing) which has the approval of the local fire department must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1.) The rule requires a written fire and disaster plan (including a diagrammed drawing) which has the approval of the local fire department must be	RIVERSI	DE VILLAGE HOME U	INIT H					
diagrammed drawing) which has the approval of the local fire department must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1.) The rule requires a written fire and disaster plan (including a diagrammed drawing) which has the approval of the local fire department must be	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUNDS) CROSS-REFERENCED TO THE APPR	JLD BE	(X5) COMPLETE DATE	
the local fire department must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1.) The rule requires a written fire and disaster plan (including a diagrammed drawing) which has the approval of the local fire department must be	C 158	Continued From pa	ge 5	C 158				
location on each floor: During our visit it was observed that the fire evacuation plan was not oriented correctly for the home. This is not compliant with the rule. Make arrangements to have the deficiency corrected (Up on the plan shoud signify straight for the resident). Provide documentation in the form of photos for all completed work.	C 158	diagrammed drawir the local fire depart large print and post each floor. This pla resident on admiss orientation for all not the approval of the prepared in large plan (including a dia the approval of the prepared in large plan location on each flood During our visit it we evacuation plan was home. This is not compared to the prepared (Up on the for the resident).	ng) which has the approval of ment 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. et as evidenced by: s a written fire and disaster agrammed drawing) which has local fire department must be rint and posted in a central for: as observed that the fire s not oriented correctly for the ompliant with the rule. s to have the deficiency the plan shoud signify straight rovide documentation in the	C 158				

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