STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		FCL011358	B. WING		05/	09/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
RIVERSI	DE VILLAGE HOME U	JNIT J	TER AVENUE IOUNTAIN, 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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Luis Pad	illa				
	Survey on May 9, 2 PM at the above rerecords indicate the July 28, 1998 as a Residents with no ron-ambulatory (unwithout any physical fire or other emerge information we are compliance with the for Family Care Hostandards and Regof the 2005 Rules 1 Care Homes and the Carolina State Build Small Residential Care Homes of the Small Residential Care Homes of our versions and the Small Residential Care Homes of our versions and the Small Residential Care Homes of our versions and the Small Residential Care Homes of our versions are recorded to the same state of the same shall be supported to the same shall be same same shall be same same same same same same same sam	n Section conducted a Biennial 018 from 12:35 PM to 2:00 ferenced facility. DHSR e home was first licensed on Family Care Home for six (6) more than three who are nable to evacuate and respondal or verbal assistance during a ency). Based on this requiring the home to maintain e following: the 1992 "Rules mes Minimum and Desired gulations," applicable portions 10A NCAC 13G for Family ne 1996 (1998 Revision) North ding Code - Section 419.3 - Care Facilities.				
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 a detectors shall be in provided with batter Note: Smoke detections and the state of th	anall be provided with smoke ed by the North Carolina State U.L. listed heat detectors icated sounding device and basement. These interconnected and be				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		FCL011358	B. WING		05/0	9/2018
<u> </u>				STATE, ZIP CODE	05/0	9/2010
		138 CFN	TER AVENUE	,		
RIVERSI	DE VILLAGE HOME (BLACK M	IOUNTAIN, N	IC 28711		
(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 169	Continued From pa	ige 1	C 169			
	interconnected with not require it.	smoke detectors, but does				
		s U.L. listed heat detectors licated sounding device				
	detectors in the atti	t was unknown that the heat c was on a dedicated his is not compliant with the				
	corrected. Please v functional and are of device. Provide door	s to have the deficiency verify that these devices are on its own dedicated sounding cumentation in the form of 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	B17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing				
	maintained in a saf During our visit it w small opening in the	et as evidenced by: se that the building shall be de and operating condition: as observed that there was a de ceiling of the pantry for sass through. This is a fire				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY MPLETED	
		FCL011358	B. WING		05/0	9/2018	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE			
RIVERSI	DE VILLAGE HOME U	JNIT J	ER AVENUE				
0/4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	OUNTAIN, N		2N	(V5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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	(X5) COMPLETE DATE	
C 174	Continued From pa	ge 2	C 174				
	rated ceiling, thus the rule.	his is not compliant with the					
	Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.						
		s all electrical equipment in a hall be maintained in a safe ition:					
	extension cord was	as observed that an outdoor being used to power the DVR appliant with the rule.					
		s to have the opening fire e documentation in the form of leted 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					
		as observed that a chain lock n the staff bedroom. This is					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL011358	B. WING		05/0	9/2018
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
		138 CFNT	ER AVENUE			
RIVERSII	DE VILLAGE HOME U	INII J BLACK M	OUNTAIN, N	C 28711		
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 138	Continued From pa	ge 3	C 138			
	not compliant with t	he rule.				
	Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.					
C 140	Outside Entrances/	Exits-Handrails	C 140			
	(f) All steps, porch	NTRANCES AND EXITS es, stoops and ramps must ndrails and guardrails.				
		et as evidenced by: s all steps, porches, stoops provided with handrails and				
	handrails for the fro extend the full lengt at the base of the ra	was observed that the nt of the ramp would not the ramp would not this presents a trip hazard amps where they discharge. the intent of the rule.				
		s to have the deficiency documentation in the form of leted work.				
C 143	Floors		C 143			
	material and so cor cleanable. (b) Scatter or throw	be of smooth, non-skid astructed as to be easily w rugs are not to be used. be kept in good repair.				

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This Rule is not met as evidenced by:

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NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
RIVERSI	DE VILLAGE HOME U	INII .I	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 APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 143	Continued From pa	ge 4	C 143				
	1.) The rule require to be used:	s scatter or throw rugs are not					
	During our visit it was observed that in Bedroom #3 an area rug was being used. 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.						

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