		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED 08/09/2018	
		FCL011127				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
ANGEL H	IOUSE 1		NOT CIRCLE LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Report by Wendy C	Chester				
0 153	AM at the above re- records indicate the September 23, 199 six (6) Residents winon-ambulatory res- evacuate without and assistance during a Based on this inform home to maintain c the 1992 Rules for and Desired Standa applicable portions 13G for Family Car Rev) North Carolina Section 514.2 - Res At the time of our vit that require an acce deficiencies listed b on-site staff during deficiencies are as	idents (unable to respond and hy physical or verbal fire or other emergency). mation we are requiring the ompliance with the following: Family Care Homes Minimum ards and Regulations, the of the 2005 Rules 10A NCAC e Homes, and the 1991 (92 a State Building Code - sidential Care Facilities. sit we observed deficiencies eptable plan of correction. All below were discussed with the exit interview. The listed follows:	C 153			
C 153	SECTION .0300 - T 10A NCAC 13G .03 FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture	15 HOUSEKEEPING AND	0 153			

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		E SURVEY PLETED
7110121			A. BUILDING: 01		CONFECTED	
		FCL011127	B. WING		08/	09/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
ANGEL	HOUSE 1		RNOT CIRCL LE, NC 2880			
	SUMMARY STA			PROVIDER'S PLAN OF C	ORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	COMPLETE DATE
C 153	Continued From pa	ge 1	C 153			
	This Rule is not me 1) The Rule require shall have walls ke	s that each family care home				
	During the survey t Resident Bedroom	he walls of the front middle were dusty.				
	Take appropriate measures to ensure this deficiency is corrected to comply with the Rule. Provide photos as documentation of the work performed.					
		es that each family care home kept clean and in good repair;				
		urvey there were multiple lgs being kept in good repair scribed below:				
	the ceiling parallel t b. The Laundry roo is peeling spackle. c. The Corridor, ab ceiling spackle that fixture. d. The front right Be along the ceiling ne	m at the smoke detector head out midway, has acoustic is peeling near the light edroom has nail head pops				
	deficiencies are con	easures to ensure these rected to comply with the os as documentation of the				
		es that each family care home erings kept in good repair.				
		he vinyl tiles at the rear				
Division of H STATE FOR	ealth Service Regulation M		⁶⁸⁹⁹ F	FH9U21	If continu	ation sheet 2 of 7

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL011127	B. WING		08/09	9/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
ANGEL H	HOUSE 1		RNOT CIRCLE LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 153	Continued From pa	ge 2	C 153			
	Kitchen exit are loo germs can harbor.	se and gapped where dirt and				
	deficiency is correct	easures to ensure this ted to comply with the Rule. documentation of the work				
C 174	Building Equipment	Maintained Safe, Operating	C 174			
	EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition.	BUILDING SERVICE 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 that the building shall be e and operating condition.				
		urvey there are multiple uilding not being maintained scribed below:				
	the location where t	eft side fascia is rotted under the gutter abuts the siding. it Ramp handrail, nearest the se on the left lower				
	deficiencies are cor	easures to ensure these rected to comply with the os as documentation of the				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED		
		FCL011127	B. WING		08/	09/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
ANGEL H	IOUSE 1		NOT CIRCLE _E, NC 28806				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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) COMPLETI DATE	
C 174	Continued From pa	ge 3	C 174				
	2) The Rule requires that all fire safety equipment in a family care home shall be maintained in a safe and operating condition.						
	During the survey there are multiple concerns with fire safety equipment not being maintained and they are as described below:						
	 a. The front double occupant Bedroom smoke detector did not sound when tested. b. The front middle Bedroom smoke detector did not sound when tested. c. The smoke detector at the end of the Corridor closest to the right exit sounded weak. d. Most of the Resident Bedroom smoke detectors are installed too close to the ceiling fans which can prevent smoke from reaching the sensors. 						
	deficiencies are cor	easures to ensure these rected to comply with the ipts as documentation of the					
	, .	s that all electrical equipment ne shall be maintained in a condition.					
	concerns with elect	urvey there are multiple rical equipment not being y are as described below:					
	are not functioning. a-1. The Staff v a-2. The Staff c function.	an one location where lights anity light has a bulb out. overhead light does not					
	bulb out.	ry Room overhead has one ght Resident Bedroom					

STATE FORM

Division	of Health Service Re	egulation				IAPPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		E SURVEY PLETED
		FCL011127	B. WING		08/	09/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
	IOUSE 1		RNOT CIRCLE			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
C 174	Continued From pa	ge 4	C 174			
	sockets.	t functioning. xit flood light has two empty m light switch plate is missing				
	Take appropriate measures to ensure these deficiencies are corrected to comply with the Rule. Provide photos as documentation of the work performed.					
	4) The Rule requires that all mechanical equipment in a family care home shall be maintained in a safe and operating condition.					
		nere are multiple concerns uipment not being maintained scribed below:				
	b. The Laundry root Bathroom exhaust t c. The Kitchen rang functioning.	om exhaust fan cover is dusty. m, rear Bathroom, and front fans are not functioning. je hood exhaust fan was not ndry exhaust wall cap fully close.				
		s that all plumbing equipment ne shall be maintained in a condition.				
	concerns with plum	urvey there are multiple bing equipment not being y are as described below:				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	FCL011127		B. WING		08/	09/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ANGEL I	HOUSE 1		RNOT CIRCLE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 174	Continued From pa	ge 5	C 174			
	Bathroom tub tiling something black in b. The front Bathroo are loose from the b	om toilet tank and hand rails base.				
	Take appropriate measures to ensure these deficiencies are corrected to comply with the Rule. Provide photos as documentation of the work performed.					
C 143	Floors		C 143			
	material and so con cleanable. (b) Scatter or throw	be of smooth, non-skid istructed as to be easily w rugs are not to be used. be kept in good repair.				
	This Rule is not me 1) The Rule require are not to be used.	et as evidenced by: s that scatter or throw rugs				
		urvey there were multiple r or throw rugs are being used e following:				
	chair. b. The rear left Res chair.	sident Bedroom in front of a ident Bedroom under a potty om over the side of the tub.				
	Take appropriate m deficiencies are cor	easures to ensure these rected to comply with the s as documentation of the				

E

T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
	FCL011127	B. WING		08/	09/2018
ROVIDER OR SUPPLIER					
OUSE 1					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Outside Premises-	Maintained Safe	C 167			
 (a) The outside grading a clean and safe control the rules governing care facilities of the Environment, Healt Division of Environment, Healt Division of Environment, Healt Division of Environment and the required must be maintained. During the survey the with the outside grading and partially slick with the outside grading and partially slick with the is a lands of flowerbed near the is rotted and has expropriate mideficiencies are control to the survey of the survey o	ounds must be maintained in ondition, in accordance with the sanitation of residential North Carolina Department of h an Natural Resources; mental Health Services. et as evidenced by: is that the outside grounds d in a safe condition. here were multiple concerns bunds being maintained in a they are as described below: ray to the rear mailboxes that veled at the asphalt grade, ith mud and moss. cape timber at the front right handrail for the right ramp that cosed nails.				
	T OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER IOUSE 1 SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Outside Premises-I T10: 42C .2215 OUTSIDE PF (a) The outside gr a clean and safe co the rules governing care facilities of the Environment, Healt Division of Environr This Rule is not me 1) The Rule require must be maintained During the survey th with the outside gro safe condition and the and partially slick w b. There is a walkwe is washed out, unle and partially slick w b. There is a landso flowerbed near the is rotted and has ex- Take appropriate m deficiencies are cor Rule. Provide photo	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DOF CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: FCL011127 PROVIDER OR SUPPLIER STREET AL GOUSE 1 60 D HOI ASHEVIL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Outside Premises-Maintained Safe T10: 42C .2215 OUTSIDE PREMISES (a) The outside grounds must be maintained in a clean and safe condition, in accordance with the rules governing the sanitation of residential care facilities of the North Carolina Department of Environment, Health an Natural Resources; Division of Environmental Health Services. This Rule is not met as evidenced by: 1) The Rule requires that the outside grounds must be maintained in a safe condition. During the survey there were multiple concerns with the outside grounds being maintained in a safe condition and they are as described below: a. There is a walkway to the rear mailboxes that is washed out, unleveled at the asphalt grade, and partially slick with mud and moss. b. There is a landscape timber at the front right flowerbed near the handrail for the right ramp that is rotted and has exposed nails. Take appropriate measure to ensure these deficiencies are corrected to comply with the Rule. Provide photos as documentation of the	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE DENTIFICATION NUMBER: A. BUILDING: (III) ROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' ROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' BUMMARY STATEMENT OF DEFICIENCIES 60 D HORNOT CIRCLE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX Outside Premises-Maintained Safe C 167 T10: 42C .2215 OUTSIDE PREMISES (a) The outside grounds must be maintained in a clean and safe condition, in accordance with the rules governing the sanitation of residential care facilities of the North Carolina Department of Environment, Health an Natural Resources; Division of Environmental Health Services. This Rule is not met as evidenced by: 1) The Rule requires that the outside grounds must be maintained in a safe condition. During the survey there were multiple concerns with the outside grounds being maintained in a safe condition and they are as described below: a. There is a walkway to the rear mailboxes that is washed out, unleveled at the asphalt grade, and partially slick with mud and moss. b. There is a landscape timber at the front right flowerbed near the handrail for the right ramp that is rotted and has exposed nails. Take appropriate measure to ensure these deficiencies are corrected to comply with the Rule. Pro	TOP DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING: 01 BUILDING: 01 B. WING B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF CI (EACH OPERCENCE DO BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CI (EACH OPERCENCE TO T TAG D PROVIDER'S PLAN OF CI (EACH OPERCENCE TO T TAG C 167 Outside Premises-Maintained Safe C 167 C 167 D D Outside Premises-Maintained Safe C 167 C 167 D T10: 42C .2215 OUTSIDE PREMISES C 167 D D .215 OUTSIDE PREMISES C 167 D D D .216 OUTSIDE PREMISES C 167 D D D .217 OUTSIDE PREMISES C 167 D D D D .2215 OUTSIDE PREMISES C 167 D D D D D D D D D D D D D D D D D D D	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COM IPCUIDER FCL011127 B. WING 08/ ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 60 D HORNOT CIRCLE ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION HOUD BE CROSS-REFERENCED TO THE APPROPRIATE Outside Premises-Maintained Safe C 167 C 167 T10: 42C .2215 OUTSIDE PREMISES C 167 (a) The outside grounds must be maintained in a clean and safe condition, in accordance with the rules governing the sanitation of residential care facilities of the North Carolina Department of Environment, Health an Natural Resources; Division of Environmental Health Services. This Rule is not met as evidenced by: 1) The Rule requires that the outside grounds must be maintained in a safe condition. Safe condition and they are as described below: a. There is a walkway to the rear mailboxes that is washed out, unleveled at the asphalt grade, and partially slick with mud and moss. D. There is a landscape timber at the front right flowerbed near the handrail for the right ramp that is rotted and has exposed nails. Take appropriate measure to ensure these deficiencies are corrected to comply with the Rule. Provide photos as doccumentation of the Safe Condition of the condition