

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011269	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE 6	STREET ADDRESS, CITY, STATE, ZIP CODE 60 F HORNOT CIRCLE ASHEVILLE, NC 28806
--	--

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report by Greg Williams</p> <p>DHSR Construction Section conducted a Biennial Survey on December 19, 2018 from 3:15 PM to 4:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on February 5, 1993 as a Family Care Home for six Residents where no more than three are non-ambulatory (who are un-able 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 Standards and Regulations" and the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 Edition of the North Carolina State Building Code - Section 514.2 - Residential Care Facilities</p> <p>1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p>	C 000		
C 135	<p>Bathroom-Hand Grips</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents.</p> <p>This Rule is not met as evidenced by:</p>	C 135		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011269	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE 6	STREET ADDRESS, CITY, STATE, ZIP CODE 60 F HORNOT CIRCLE ASHEVILLE, NC 28806
--	--

(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 135	Continued From page 1 1.) At the time of the survey it was observed that the toilets in the residents bathrooms did not have hand grips at the toilets. This is not compliant with the rule.	C 135		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the molding at the base of the tubs in the residents bathrooms had water damage and needed to be replaced. This is not compliant with the rule. 2.) At the time of the survey it was observed that a section of exterior siding had been replaced on the left side of the front porch and needed to be painted. This is not compliant with the rule. 3.) At the time of the survey it was observed that the fascia board on the left side of the front porch needed to be painted. This is not compliant with the rule.	C 174		