	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0			E SURVEY PLETED
						R
		FCL011294	B. WING		05/	15/2019
IAME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
	RIDGE ASSISTED LIV	ING # 4	DY ROSE LAN			
		ASHEVIL	LE, NC 28804	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE
{C 000}	Initial Comments		{C 000}			
	Report by Luis Pad	illa				
	Follow-up Survey o to 5:00 PM at the a all of the previously	n Section conducted a Biennial n May 15, 2019 from 4:30 PM bove referenced facility. Not cited deficiencies were re, further action is required.				
	The remaining defi	ciencies are as follows:				
{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 widt must be a minimum eight inches. c. At least two outs residents' floor level accessible by ramp inches of length of entrances/exits, the remote from each of ground level applies one resident who n getting up or down d. All exit doors loo by a single hand m times without keys.	es/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 in clear width of two feet and side entrances/exits for the el must be at ground level or with a 1 inch rise for each 12 the ramp. If there are only two centrances/exits must be as other as reasonably possible. For the ramp at exits not at is to homes which have at least eeds personal assistance in steps.) cks must be easily operable, otion, from the inside at all (This limits each door to one				
ision of He	this standard.)	h meets the criteria set forth in its must be free of all				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	(X2) MULTIPLE CONSTRUCTION		E SURVEY PLETED
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: ()1	COM	PLETED
		FCL011294	B. WING			R 15/2019
IAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
	RIDGE ASSISTED LIV	1NG # 4	LODY ROSE LA			
		ASHEV	/ILLE, NC 28804			
(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 DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{C 123}	Continued From pa	ge 1	{C 123}			
	instant use in case f. All steps, porche provided with handing g. In homes with all determined by a ph to be disoriented or exit door must be e device that is activat The sound must be can be heard by sta will deactivate the s provided the contro- bedroom of the per This Rule is not me 1) The Rule require entrances/exits for be at ground level of inch rise for each 1. At the time of the su ramp off the Front F grade and that a sn installed. The angle meet the rise/ lengt Ensure that the ram as per the rise/ lengt documentation. 5/15/2019-LAP At the time of the su deficiency remained	es that at least two outside the residents' floor level mus or accessible by ramp with a 2 inches of length of the ram urvey it was observed that th Porch did not end level with nall concrete angle had beer of the concrete does not h requirement. In terminates at ground leve gth requirement and extend ly. Provide photos as	n d. hat d, st 1 p. he h			
	compliant with the r2) The Rule require be easily operable,	es that all exit doors locks mu				

IAME OF P IORTH R (X4) ID PREFIX TAG		26 MEL	A. BUILDING: (B. WING	CONSTRUCTION	COMI	E SURVEY PLETED
IORTH R (X4) ID PREFIX TAG	RIDGE ASSISTED LIV	STREET A				R
IORTH R (X4) ID PREFIX TAG	RIDGE ASSISTED LIV	26 MEL	ADDRESS, CITY, S		R 05/15/2019	
(X4) ID PREFIX TAG	SUMMARY STA	/ING # 4		TATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STA		ODY ROSE LA			
PRÉFIX TAG			LLE, NC 28804	1		
		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETE DATE
{C 123}	Continued From pa	ige 2	{C 123}			
		es without keys. (This limits cking device which meets the his standard.)				
	Kitchen storm door which requires two	t was observed that the had a finger-lock mechanism movements. The Staff g mechanism while still on				
	5/15/2019-LAP					
		urvey it was observed that this d uncorrected. This is not rule.	5			
		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 instal npliant handrails and photos as documentation.				
	5/15/2019-LAP					
		urvey it was observed that the e loose. This is not compliant				
{C 126}	Outside Premises		{C 126}			
	IV. The Building					
ision of He ATE FORM	ealth Service Regulation		6899 C	3P222	If continue	ation sheet 3

	of Health Service Re IT OF DEFICIENCIES	egulation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		FCL011294	B. WING			R 15/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
	RIDGE ASSISTED LIV	26 MEL	DDY ROSE LA	NE		
NORTH		ASHEVI	LLE, NC 2880	4		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{C 126}	Continued From pa	ige 3	{C 126}			
	 C. Physical Environment 11. Outside Premises (10 NCAC 42C .2215) a. The outside grounds must be maintained in a clean and safe condition, in accordance with the rules of the Division of Health Services governing the sanitation of residential care facilities. b. If the home has a fence around the premises, the fence must not prevent residents for exiting or entering freely or be hazardous. c. General outdoor lighting must be adequate to illuminate walkways and drives. This Rule is not met as evidenced by: 1) The Rule requires that the outside grounds must be maintained in a clean and safe condition. At the time of the survey it was observed that there were items being stored on the Porch nearest the parking area and at the rear of the Home. Some of the items need to be discarded 		r			
	include wet plywood tools, a lawn mowe bathroom sink, brod Dispose of broken properly store the r	properly stored. The items d, broken furniture, garden er (in the path of egress), a ken pots, and a tarp. or damaged items and emaining items. Provide				
	photos as documer 5/15/2019-LAP					
	At the time of the s	urvey it was observed that this d uncorrected. This is not rule.				
		es that the outside grounds d in a clean condition.				
	around the Home is	t was observed that the siding s dirty and that the gutters				
ision of He	ealth Service Regulation		6899 9	3P222	lf continu	ation sheet 4

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (SURVEY
						R
		FCL011294	B. WING		05/*	15/2019
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
IORTH I	RIDGE ASSISTED LIV	/ING # 4	DDY ROSE LAN LLE, NC 28804			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
{C 126}	Continued From pa	age 4	{C 126}			
	need to be cleaned	I.				
		siding and gutters. Provide ions of the Home as				
	5/15/2019-LAP					
		urvey it was observed that this d uncorrected. This is not rule.	3			
{C 127}	Building Service Ed	quipment-Maintained Safe	{C 127}			
	.2214) 1. The building a mechanical, and pl	e Equipment (10 NCAC 42C nd all fire safety, electrical, umbing equipment must be and operating condition.				
	1) The Rule require	et as evidenced by: es that the building must be fe and operating condition.				
	guttering at the Kite dripping and that the down either due to	urvey it was observed that the chen Porch exit door was ne fascia covering has slipped improper repair or water e cover. This is at a location of				
	necessary. Repair	for damage and repair if the gutter so that water does ied away from the building. documentation.				
	5/15/2019-LAP					

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E SURVEY PLETED
		5010//00/	B. WING			R
		FCL011294			05/	15/2019
AME OF F	PROVIDER OR SUPPLIER		.DDRESS, CITY, S ⁻ DDY ROSE LAI			
ORTH F	RIDGE ASSISTED LIV	/ING # 4	LLE, NC 28804			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 127}	Continued From pa	age 5	{C 127}			
		urvey it was observed that this d uncorrected. This is not rule.	;			
	3) The Rule require maintained in a saf	es that the building must be e condition.				
	Laundry exhaust w not sitting flush on was stuck open. Ac behind the appliance	ring the survey that the all cap was coated with lint, the wall, and the backdraft flap dditionally there was debris 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				
	5/15/2019-LAP					
	dryer exhaust at th	urve it was observed that the e back of the home had not compliant with the rule.				
		es that the plumbing equipmen d in a safe and operating	ıt			
		t was observed that the toilet athroom with the shower.				
		o that it is not loose. Provide a epair work performed.				
	5/15/2019-LAP					
	At the time of the s	urvey it was observed that the				

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
	or connection	IDENTIFICATION NOMBER.	a. Building: 0	1		
		FCL011294	B. WING			R 15/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, 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 ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
{C 127}	Continued From pa	ige 6	{C 127}			
	left hall Bathroom to This is not complia	oilet was loose at its base. nt with the rule.				
		es that the plumbing equipment d in a safe and operating	t			
	the Resident Bathro Additionally, the fau	urvey it was observed that in com 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 oray is controlled within the				
	5/15/2019-LAP					
		urvey it was observed that room sinks were loose. This is the rule.				
{C 140}	Housekeeping and	Furnishings	{C 140}			
	42C .2212) 1. Each home mus a. have walls, ceilin coverings kept clea b. have no chronic c. have furniture cl	ngs, and floors or floor in and in good repair; unpleasant odors; ean and in good repair;				
	times. e. be maintained ir orderly manner, fre hazards;	ed sanitary classification at all n an uncluttered, clean and e of all obstructions and ite supply of bath soap, clean				

Division of Health Service Regulation STATE FORM

6899

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0			E SURVEY PLETED
		501044004	B. WING			R
		FCL011294			05/	15/2019
		26 MEL C	DDRESS, CITY, ST			
	RIDGE ASSISTED LIV	ASHEVIL	LE, NC 28804			1
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
{C 140}	Continued From pa	ige 7	{C 140}			
	blankets, and addit times; g. make available through any means personal funds of m Special Assistance (1) protective shee and smooth pads; (2) bedpans, urina caps; (3) bedside comme wheelchairs; h. have television working order. i. have curtains, o appropriate.	ets and clean, absorbent soft ls, hot water bottles, and ice odes, walkers, and and radio, each in good draperies or blinds, where				
	furniture clean and At the time of the s	es that each home must have				
	the right side drawe seated.	er was broken or improperly				
	Repair the drawer. documentation.	Provide a photo as				
	5/15/2019-LAP					
		urvey it was observed that this d uncorrected. This is not rule.				

S3P222

If continuation sheet 8 of 8