

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL011269</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/06/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANGEL HOUSE 6</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>60 F HORNOT CIRCLE ASHEVILLE, NC 28806</b>
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(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 Luis Padilla</p> <p>DHSR Construction Section conducted a Biennial Follow-up Survey on August 6, 2019 from 12:20 PM to 12:45 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required.</p> <p>The remaining deficiencies are as follows:</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: 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.</p> <p>LAP-8/6/2019</p> <p>At the time of the survey it was observed that this deficiency has not been corrected. This is not compliant with the rule.</p>	{C 135}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_