|                          |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |                             |  |                | (X3) DATE SURVEY<br>COMPLETED |  |
|--------------------------|--|---|-----------------------------|--|----------------|-------------------------------|--|
|                          |  | FCL011357   |                             |  | — 08/14/201    |                               |  |
| IAME OF F                | PROVIDER OR SUPPLIER   | STREET  | ADDRESS, CITY, S            | TATE, ZIP CODE   | •              |                               |  |
| RIVERSI                  | DE VILLAGE HOME U  | INIT H  | NTER AVENUE<br>MOUNTAIN, NO | C 28711  |                |                               |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)                             | ID<br>PREFIX<br>TAG         | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO 1<br>DEFICIENC | TION SHOULD BE | (X5)<br>COMPLET<br>DATE       |  |
| C 000                    | Initial Comments   |   | C 000                       |  |                |                               |  |
|                          | Report by Glenn Hoppin<br>DHSR Construction Section conducted a<br>Complaint Survey on August 14, 2019 from 2:30<br>PM to 3:00 PM at the above referenced facility.<br>DHSR records indicate the home was first<br>licensed on June 16, 1999 as a Family Care<br>Home for six (6) Residents with no more than<br>three who are non-ambulatory (unable to<br>evacuate and respond without any physical or<br>verbal assistance during a fire or other<br>emergency). Based on this information we are<br>requiring the home to maintain compliance with<br>the following: the 1992 "Rules for Family Care<br>Homes Minimum and Desired Standards and<br>Regulations," applicable portions of the 2005<br>Rules 10A NCAC 13G for Family Care Homes<br>and the 1996 (1999 Revision) North Carolina<br>State Building Code - Section 419.3 - Small<br>Residential Care Facilities.<br>NOTES: |   |                             |  |                |                               |  |
|                          |  |   |                             |  |                |                               |  |
|                          | that require an acce   | ur visit, we cited deficiencies<br>eptable plan of correction. All<br>were discussed with on-site<br>interview. |                             |  |                |                               |  |
|                          | once completed pro   | correct all listed deficiencies,<br>ovide verification in the form o<br>voices, etc. for all work               | of                          |  |                |                               |  |
|                          | The cited deficience   | ies are as follows:   |                             |  |                |                               |  |
| C 105                    | Initial Licensure-Me   | eet NCSBC   | C 105                       |  |                |                               |  |
|                          | SECTION .0300 - 1<br>10A NCAC 13G .03<br>CONSTRUCTION  | THE BUILDING<br>302 DESIGN AND  |                             |  |                |                               |  |

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|   | of Health Service Re   |   |                     |  |                                   |                          |
|---|--|---|---------------------|--|-----------------------------------|--------------------------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA   AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  | (X2) MULTIPLE<br>A. BUILDING: <b>(</b>  |                     | (X3) DATE SURVEY<br>COMPLETED  |                                   |                          |
|   |  | FCL011357   | B. WING             |  | 08/                               | 14/2019                  |
| NAME OF I   | PROVIDER OR SUPPLIER   | STREET A  | DDRESS, CITY, S     | TATE, ZIP CODE   |                                   |                          |
| RIVERSI   | DE VILLAGE HOME U  | INIT H 134 CEN  | TER AVENUE          |  |                                   |                          |
|   |  | BLACK   | MOUNTAIN, NO        | C 28711  |                                   | 1                        |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| C 105   | Continued From pa  | ge 1  | C 105               |  |                                   |                          |
|   | family care home sl<br>requirements of the<br>Code. All new cons<br>renovations to exist<br>requirements of the<br>Code for One and T<br>Residential Care Fa<br>applicable volumes<br>Building Code, whic<br>reference, including<br>may be purchased<br>Insurance Engineer<br>Chapanoke Road, S<br>Carolina 27603 at a<br>dollars (\$380.00).<br>(b) Each home sh | censed for the first time as a<br>hall meet the applicable<br>North Carolina State Building<br>struction, additions and<br>ting buildings shall meet the<br>North Carolina State Building<br>Two Family Dwellings and<br>acilities if applicable. All<br>of The North Carolina State<br>ch is incorporated by<br>g all subsequent amendments<br>from the Department of<br>ring Division located at 322<br>Suite 200, Raleigh, North<br>a cost of three hundred eighty<br>all be planned, constructed,<br>tained to provide the services |                     |  |                                   |                          |
|   | staff member has a<br>year old child living<br>compliant with the r  | urvey it was observed that a<br>i six month old baby and a 4<br>in the facility. This is not<br>rule.   |                     |  |                                   |                          |
| C 007   | 10A NCAC 13G .02   | 206 Capacity  | C 007               |  |                                   |                          |
|   | homes have a capa<br>(b) The total numb<br>exceed the number<br>(c) A request for ar<br>adding rooms, remo<br>modifications shall<br>department of social  | 206 Capacity<br>S. 131D-2(a)(5), family care<br>acity of two to six residents.<br>er of residents shall not<br>shown on the license.<br>n increase in capacity by<br>odeling or without any building<br>be made to the county<br>al services and submitted to<br>lity Services, accompanied by  |                     |  |                                   |                          |

If continuation sheet 2 of 4

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | egulation<br>(X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | · /                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b>                           |                                   | (X3) DATE SURVEY<br>COMPLETED |  |  |
|---|---|---|---------------------|--|-----------------------------------|-------------------------------|--|--|
|   |   | FCL011357   | B. WING             |  | 08/                               | 14/2010                       |  |  |
|   | PROVIDER OR SUPPLIER  |   | T ADDRESS, CITY, S  |  | 08/14/2019                        |                               |  |  |
|   | DE VILLAGE HOME   | 134 C   | ENTER AVENUE        |  |                                   |                               |  |  |
|   |   | BLAC  | K MOUNTAIN, NO      |  |                                   |                               |  |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>.SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE       |  |  |
| C 007   | Continued From pa   | age 2   | C 007               |  |                                   |                               |  |  |
|   | showing the existin<br>of rooms and the s<br>addition, remodelin<br>showing the use of<br>construction, plans<br>will be tied into the<br>proposed changes<br>(d) When licensed<br>designed capacity<br>remodeling of the e<br>entire home shall n<br>regulations.<br>(e) The licensee o<br>notify the Division of<br>evacuation capabil<br>from the evacuatio<br>homes license or o<br>non-resident that w<br>This information sh<br>county department<br>forwarded to the C<br>Division of Facility | prints or floor plans. One plang building with the current usecond plan indicating the ag or change in use of space feach room. If new a shall show how the addition existing building and all in the structure. If homes increase their by the addition to or existing physical plant, the neet all current fire safety or the licensee's designee shof Facility Services if the over ity of the residents changes in capability listed on the of the addition of any will be residing within the hor hall be submitted through the of social services and onstruction Section of the Services for review of any that may be required to the submitted through the submitted to the submitted to the submitted to the submitted to the submitted through the submitted to the submitted through the submitted to | es<br>all<br>erall  |  |                                   |                               |  |  |
|   | 1.) The rule require<br>131D-2(a)(5), famil   | et as evidenced by:<br>es that Pursuant to G.S.<br>ly care homes can have a<br>six residents; the total numb  | er                  |  |                                   |                               |  |  |
|   | of residents shall n<br>on the license and<br>designee shall noti<br>Services if the over   | ot exceed the number show<br>the licensee or the licensee<br>fy the Division of Facility<br>rall evacuation capability of   | rn<br>'s<br>the     |  |                                   |                               |  |  |
|   |   | from the evacuation capabi<br>s license or of the addition of   |                     |  |                                   |                               |  |  |

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|                          |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   |                             |  | (X3) DATE SURVEY<br>COMPLETED   |                         |
|--------------------------|---|---|-----------------------------|--|---------------------------------|-------------------------|
|                          |   | FCL011357   | B. WING                     |  | 08/                             | 14/2019                 |
| AME OF I                 | PROVIDER OR SUPPLIER  |   | DDRESS, CITY, S             | TATE. ZIP CODE   | 00/                             | 14/2013                 |
| IVERSI                   | DE VILLAGE HOME (   | UNIT H 134 CEN  | ITER AVENUE<br>MOUNTAIN, NO |  |                                 |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>.SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG         | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>HE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| C 007                    | Continued From page 3   |   | C 007                       |  |                                 |                         |
|                          | any non-resident that will be residing within the home. :   |   |                             |  |                                 |                         |
|                          | are two children re-<br>discussed in our le<br>six is considered no<br>must be considered<br>licensed census, ar-<br>in addition to the ca-<br>the home will also<br>for six with up to the<br>non-ambulatory bu-<br>in the home as well<br>licensed residents<br>your maximum lice<br>make arrangement<br>the licensed reside<br>other child off site. | visit it was observed that there<br>siding in the home. As<br>tter any child under the age of<br>on-ambulatory and as such<br>d as part of the home's<br>s the child will require attention<br>are the licensed residents of<br>require. The facility is licensed<br>ree residents which can be<br>t with the two children residing<br>as a full census of six<br>you are currently exceeding<br>ensed capacity of six (6). Either<br>ts to discharge/relocate two of<br>ents or relocate the infant and<br>ts to have the deficiency<br>documentation to reflect any |                             |  |                                 |                         |

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