

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2023
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NAME OF PROVIDER OR SUPPLIER MOUNT MORIAH ASSISTED LIVING # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 26 MELODY ROSE LANE ASHEVILLE, NC 28804
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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 Jonathan Gamsey</p> <p>DHSR Construction Section conducted a Biennial Survey on August 30 2023 from 9:20 AM to 10:10 AM at the above referenced facility. DHSR records indicate the home was licensed on March 1, 1988 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate 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 1984 (1987 Revision) Family Care Home Minimum Standards and Regulations, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1978 (1984 Revisions) North Carolina Building Code - Section 409.1 (g) Residential Care Facilities.</p> <p>NOTES:</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 onsite staff during the exit interview. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from previous survey.</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> <p>The cited deficiencies are as follows:</p>	C 000		
C 147	<p>Outside Entrances/Exits-Single Hand Motion</p> <p>SECTION .0300 - THE BUILDING</p>	C 147		

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

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C 147	Continued From page 1 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the front entrance storm door locking mechanism is not a single-hand motion. This is not compliant with the rule. Take the necessary steps to deactivate and or replace the lock to follow the rule.	C 147		
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 there were burned-out bulbs throughout the home in the living room, bedrooms, bathrooms and exterior flood lights. This is not compliant with the rule. Take the necessary steps to replace the bulbs as needed 2.) At the time of the survey, it was observed that there were no bulbs in light fixtures in bedroom	C 174		

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C 174	<p>Continued From page 2</p> <p>#4 that could lead to electrical shock. This is not compliant with the rule. Take the necessary steps to ensure all light fixtures are working as intended.</p> <p>3.) At the time of the survey, it was observed that the staff bathroom had a live wire connected to a damaged light fixture. This is not compliant with the rule. Take the necessary steps to disable and properly cap off and plate off the fixture and or replace the light fixture.</p> <p>4.) At the time of the survey it was observed that the dining room smoke detector for the live-in staff bedroom is missing. This is not compliant with the rule. Take the necessary steps to replace and ensure it is interconnected with the rest of the smoke detectors in the hallways.</p> <p>5.) At the time of the survey it was observed that the oxygen tank was unsecured in the staff bedroom. This is not compliant with the rule. Take the necessary steps to ensure all oxygen tanks are properly secured when stored.</p> <p>6.) At the time of the survey it was observed that the vanity was not properly secured in the bathroom next to Bedroom #1. This is not compliant with the rule. Take the necessary steps to ensure the vanity is properly secured for the safety of the residents and staff and to prevent any damage to the building.</p> <p>7.) At the time of the survey it was observed that the toilet was loose in the bathroom. This is not compliant with the rule. Take the necessary steps to secure to toilet.</p> <p>8.) At the time of the survey it was observed that the smoke alarm in bedroom #4 is less than 18</p>	C 174		

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C 174	<p>Continued From page 3</p> <p>inches from the fan. This is not compliant with the rule. Take the necessary steps to ensure the smoke detector is at least 3 feet away from a fan to properly work during an emergency event. * The administrator stated they will be removing the smoke detector since this is going above and beyond the rule of a home licensed in 1988</p> <p>9.) At the time of the survey it was observed that at the end of the hallway, a cobweb was located near the exit door. This is not compliant with the rule. Take the necessary steps to ensure the home is kept clean of cobwebs.</p> <p>10.) At the time of the survey the back exit door in the kitchen door knob is loose. This is not compliant with the rule. Take the necessary steps to fasten the doorknob</p> <p>11.) At the time of the survey the back exit storm door in the kitchen screen door is torn. This is not compliant with the rule. Take the necessary steps to replace the screen and or the door.</p>	C 174		
C 180	<p>Building Service Equipment-Call System</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on</p>	C 180		

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C 180	Continued From page 4 his bed. (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 call system is not working as intended being able to be deactivated by a receiver. This is not compliant with the rule. Take the necessary steps to change the programming of the digital call system and or replace the system so that it can only be deactivated by the original call button that was pressed by the staff. *This is not corrected on the pervious biennial	C 180		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the back deck needed to be power washed. This is not compliant with the rule. Take the necessary steps to power wash the back deck. 2.) At the time of the survey it was observed that the back deck railing had a protruding nail. This is not compliant with the rule. Take the necessary steps to drive the nails back down and or remove them. 3.) At the time of the survey it was observed that the dryer vent is no longer attached to the house. This is not compliant with the rule. Take the necessary steps to fasten the dryer vent back to	C 183		

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C 183	Continued From page 5 the home. 4.) At the time of the survey, it was observed that the exterior of the house was dirty and had mildew. This is not compliant with the rule. Take the necessary steps to power wash the house.	C 183		