

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 08/24/2023
--	--	---	---

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 Scott Greenwood</p> <p>DHSR Construction Section conducted a Biennial Survey on August 24, 2023 from 9:00 AM to 10:05 AM 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> <p>The cited deficiencies are as follows;</p>	C 000		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical,</p>	C 174		

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 08/24/2023
--	--	---	---

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 174	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. At the time of the survey it was observed that there was an extension cord on the floor in front of the inner bed of bedroom # 1. This is not compliant with the rule and could potentially cause a tripping hazard to the residents and staff. Take the necessary steps to correct this deficiency. 2. At the time of the survey it was observed that the toilet in the front hallway resident bathroom was loose at the base. This is not compliant with the rule for routine interior maintenance and could potentially cause floor damage do to the toilet leaking at the base. Take the necessary steps to correct this deficiency. 3. At the time of the survey it was observed that the hot water tank electrical connection line clamps were missing. This is not compliant with the rule for routine interior maintenance and could potentially cause a shock hazard. Take the necessary steps to correct this deficiency. 4. At the time of the survey it was observed that there was lint buildup at the exterior clothes dryer vent. This is not compliant with the rule for routine exterior maintenance and could potentially cause a fire do to lint buildup in the dryer exhaust duct. Take the necessary steps to correct this deficiency. 5. At the time of the survey it was observed that there was cob web buildup at the exterior siding 	C 174		

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 08/24/2023
--	--	---	---

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 174	Continued From page 2 and trim boards. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.	C 174		