STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA   AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 0			(X3) DATE SURVEY COMPLETED R 12/04/2024		
			A. BUILDING: 01				
	HAL011377		B. WING				
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE			
WILHAM	RIDGE	30 DALE/ ASHEVIL	A DRIVE LE, NC 28805	5			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE DSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
{C 000}	Initial Comments		{C 000}				
	Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on December 4, 2024.						
	There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.						
{C 164}	Housekeeping and Furnishings-Clean, Repaired		{C 164}				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of	06 HOUSEKEEPING AND					
		et as evidenced by: vation, the walls were not kept epair.					
	Findings on Decem e. 213 Bedroom - 1 wall has not been in	the wall base at the window					
{C 189}	Building Equipment	t Maintained Safe, Operating	{C 189}				
	mechanical, and pl	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and					

Division of Health Service Regulation       STATEMENT OF DEFICIENCIES       AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA       IDENTIFICATION NUMBER:		. ,			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: <b>01</b>			
		HAL011377	B. WING			R 04/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
VILHAM	RIDGE	30 DALE ASHEVIL	A DRIVE .LE, NC 28805	5		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	· ·	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
{C 189}	Continued From page 1		{C 189}			
	(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.					
	maintain the fire sa condition. Holes or fire resistant rated v	et as evidenced by: vation, there is a failure to fety systems in a safe gaps at penetrations through walls could allow fire and eyond the area of origin.				
	corner, there were a with orange foam.	ber 4, 2024: above the water heater in the pipe penetrations sealed Drange foam is not approved ough fire-resistance-rated				
		vation, the buildings plumbing tained in a safe manner.				
	missing and the con floor.	estroom - the toilet tank lid was mmode is not secure to the				
	sink has separated presenting an open and five inches long	estroom - the top mounted from the countertop, ing as wide as a quarter inch g around the sink. There is the sink and the countertop at sink.				

FT8L23