Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	MHL011-405		01/16/2026

NAME OF PROVIDER OR SUPPLIER
NEW YORK HOMES RESIDENTIAL CARE CENTER #4

STREET ADDRESS, CITY, STATE, ZIP CODE
644 OLIVETTE ROAD
ASHEVILLE, NC 28804

(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
V 000	INITIAL COMMENTS An annual survey was completed on January 16, 2026. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained free from offensive odor. The findings are: Observation on 1/13/26 at approximately 2:25pm revealed: -Strong odor of urine in the rear of the facility near the bedrooms. The smell of urine was stronger and more potent toward Client #1's bedroom and emanated from Client #1's bedroom. Interview on 1/13/26 with the Alternative Family Living Provider revealed: -Client #1's bedroom frequently smelled of urine. -Client #1's bed linens were changed daily. -The carpet was removed from Client #1's bedroom and linoleum flooring was installed this past year in hope of eliminating the smell of urine.	V 736		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Division of Health Service Regulation

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V 736	Continued From page 1 -Staff maintained a toileting schedule and bathing schedule for Client #1 to eliminate the incidents of Client #1 from urinating on himself or in his bedroom. -Was currently working with Client #1's primary care physician to determine the cause of Client #1's toileting incidents. Interview on 1/15/26 with the Licensee revealed: -Remodeled Client #1's bedroom to change the flooring to eliminate the urine smell. -Continued to work with Client #1 and his primary care physician to determine the cause of the urinary incontinence for Client #1.	V 736		