PRINTED: 06/17/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011154	A. BUILDING: 01 B. WING	04/29/2015

CONSTRUCTION SECTION
JUL 07 2015
RECEIVED

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL HOUSE 2	60 G 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	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on April 29, 2015 from 12:30pm to 2:00pm at the above referenced facility. DHSR records indicate the home was first licensed on April 06, 1994 as a Family Care Home for six Residents with up to three non-ambulatory residents (unable 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 and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1991 (94rev) North Carolina State Building Code - Section 514.2 - Residential Care Homes. At the time of our visit, we observed deficiencies that require an acceptable plan of correction. They are as follows:	C 000	In response to Rule area The building 10A NCAC 13G.0309 Bathroom in non Compliance, ~~Staff~~ Admin. & Licensee have ordered parts needed for replacing Ventilation Fan. The replaced Fan Will be in place by 7-29-2015. Admin & Licensee Will assure this area is Checked	
C 137	Bathroom-Mechanical Ventilation SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors. This Rule is not met as evidenced by: The mechanical ventilation did not work in the the resident bathrooms. Have a qualified technician	C 137		

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

Brenda Jessom Admin 7-6-15

PRINTED: 08/17/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011154	A. BUILDING: 01 B. WING _____	04/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL HOUSE 2	80 G 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 137	Continued From page 1 repair or replace the ventilation fans. Provide documentation to the DHSR Construction Section when repairs are complete.	C 137	On a monthly basis to remain in Compliance.	