Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE
	FCL011268	A. BUILDING: 01 B. WING	R 12/03/20 5

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL HOUSE V	60 E 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)	CO (X5) PLETE ATE
C 000	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on December 03, 2015 from 11:30am until 1:00pm at the above referenced facility. DHSR records indicate the home was first licensed on November 25, 1992 as Family Care Home for six Residents where no more than three are non-ambulatory (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 At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	RECEIVED JAN 25 2016 CONSTRUCTION SECTION See Attached	
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. Observations revealed that the dining room floor is torn. Have a qualified technician repair or	C 174		

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
	FCL011268	A. BUILDING: 01 B. WING	R 12/03/201

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL HOUSE V	60 E HORNOT CIRCLE ASHEVILLE, NC 28806

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C 174	Continued From page 1 replace the floor. Provide photo documentation and receipts to the DHSR Construction Section. 2. Observations revealed that the range hood was not working at the time of the survey. Have a qualified technician repair or replace the range hood. Provide documentation to the DHSR Construction section when the repair is complete.	C 174		

Angel House V-E

In response to Rule 10A NCAC 13G.0317 (Building Service Equipment) in non-compliance,

Administrator has replaced tile that was torn in the dining room on 1/3/~~2106~~ 2016.

On 1/27/2016 administrator will have the range hood replaced by a qualified electrician.

Facility administration will do weekly maintenance checks completed with documentation of all repairs needed to ensure facility remains in compliance.