

PRINTED: 05/22/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL005017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/16/2018
NAME OF PROVIDER OR SUPPLIER ASHE FCH #4		STREET ADDRESS, CITY, STATE, ZIP CODE 523 MILT HOUCK ROAD TODD, NC 28684		
(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 Greg Williams DHSR Construction Section conducted a Biennial Survey on May 16, 2018 from 3:30 PM to 4:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on August 13, 2009 as a Family Care Home for six (6) ambulatory Residents (who are able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, the applicable portions of the 2006 North Carolina Building Code - Section 421.2 - Residential Care Homes At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was a section of vinyl siding missing from the left side of the facility. The rule requires that the facility be maintained in a clean and safe condition. * For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc.	C 183	Vinyl siding came off due to high winds Talk to owner of Buildings will replace Siding As soon as rain lets up. will send pictures	6/15/18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8899

177H21

If continuation sheet 1 of 2

*Debbie Hart**Administrator***5/23/18**

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C 183	Continued From page 1 All deficiencies listed above were discussed with on-site staff during the exit interview.	C 183			