

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011154	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE 2		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Wendy Chester DHSR Construction Section conducted a Biennial Survey on August 9, 2018 from 10:35 AM to 12:35 PM at the above referenced facility. DHSR records indicate the home was first licensed on April 06, 1994 as a Family Care Home for six (6) Residents with up to three (3) non-ambulatory residents (unable to respond and evacuate 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 (94 Rev) North Carolina State Building Code - Section 514.2 - Residential Care Facilities. At the time of our visit we observed deficiencies that require an acceptable plan of correction. All deficiencies listed below were discussed with on-site staff during the exit interview. The listed deficiencies are as follows:	C 000	See Attached RECEIVED OCT 16 2018 CONSTRUCTION SECTION	
C 159	Housekeeping-Curtains, Blinds, Res. Privacy SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by:	C 159		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

QGGT21

If continuation sheet 1 of 8

Buanka Day Administrator

10-8-18

Division of Health Service Regulation

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C 159	Continued From page 1 1) The Rule requires that each family care home shall have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy. During the survey the blind on the front Staff Bedroom window is broken. Take appropriate measures to ensure this deficiency is corrected to comply with the Rule. Provide photos as documentation of the work performed.	C 159	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) The Rule requires that the building shall be maintained in a safe and operating condition. At the time of the survey there are multiple concerns with the building not being maintained. a. The Staff Bathroom door knob is missing. b. The Kitchen exit door is difficult to operate. c. The Living Room front door does not properly latch. d. The front left Resident Bedroom window screen is damaged and allows insect access. e. The rear Bathroom ceiling is peeling spackle	C 174		

Division of Health Service Regulation

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C 174	Continued From page 2 above the shower. Take appropriate measures to ensure these deficiencies are corrected to comply with the Rule. Provide photos as documentation of the work performed. 2) The Rule requires that all fire safety equipment in a family care home shall be maintained in a safe and operating condition. During the survey there are multiple concerns with fire safety equipment not being maintained and they are as described below: a. The smoke detector in the front left Bedroom sounds weak when tested. b. Many of the smoke detectors are mounted too close to the ceiling fans which can disperse smoke and hinder alarm activation in the event of an emergency. c. There is a small fire extinguisher on the floor in the Staff Office. Take appropriate measures to ensure these deficiencies are corrected to comply with the Rule. Provide receipts and photos as documentation of the work performed. 3) The Rule requires that all electrical equipment in a family care home shall be maintained in a safe and operating condition. At the time of the survey there are multiple concerns with electrical equipment not being maintained and they are as described below: a. There is an open junction box in the Attic near the access door. b. The Kitchen refrigerator is plugged into a GFCI	C 174	SEE Attached	

Division of Health Service Regulation

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C 174	Continued From page 3 outlet which puts food at risk for spoilage during a tripped power outage. c. The rear night light in the middle of the Corridor is not functioning. d. There are multiple light fixtures which are not functioning and they are as described below: d-1. The overhead lights in the front left, front middle, and rear right Resident Bedrooms are not functioning. d-2. There is no globe in the overhead light in the rear left Resident Bedroom. d-3. The exterior left exit light does not function. e. The Staff call system alarm sounder is not properly installed exposing the wiring. f. Both the front and rear Bathrooms exhaust fans run on the same single switch which does not properly maintain exhaust function in both rooms when it is required. Take appropriate measures to ensure these deficiencies are corrected to comply with the Rule. Provide photos as documentation of the work performed. 4) The Rule requires that all mechanical equipment in a family care home shall be maintained in a safe and operating condition. During the survey there are multiple concerns with mechanical equipment not being maintained and they are as described below: a. The Kitchen range hood exhaust fan has no filter and the fan housing is greasy. b. The Laundry room exhaust fan is loud and clogged with dust inside the motor housing. c. The Laundry room dryer exhaust ducting is too long and has a sharp curves that can trap flammable lint.	C 174	SEE Attached	

Division of Health Service Regulation

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C 174	Continued From page 4 d. The rear Bathroom exhaust fan is loud and clogged with dust inside the motor housing. Take appropriate measures to ensure these deficiencies are corrected to comply with the Rule. Provide photos as documentation of the work performed. 5) The Rule requires that all mechanical equipment in a family care home shall be maintained in a safe and operating condition. During the survey it was observed that many of the ceiling penetrations created by HVAC supply registers, as well as, the facilities exhaust systems registers have disabled or absent volume control turnstiles. Additionally, it was not confirmed whether these register assemblies contained fire/radiation dampers, or alternatively for the HVAC, that the ductwork was metal. Take appropriate measures to ensure these deficiencies are corrected to comply with the Rule. Provide photos as documentation of the work performed. 6) The Rule requires that all plumbing equipment in a family care home shall be maintained in a safe and operating condition. At the time of the survey there are multiple concerns with plumbing equipment not being maintained and they are as described below: a. The Staff Bathroom shower surround built-in hand grab is broken. b. The Staff Bathroom and front Bathroom toilet seats are loose. c. The front Bathroom sink is not receiving hot water.	C 174	SEE Attached	

Division of Health Service Regulation

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C 174	Continued From page 5 d. The rear tub faucet is leaking. e. The rear toilet seat, tank, and hand grips are loose. f. There are signs in the Kitchen and both Residents Bathroom stating that the water temperature is above 116 degrees. The water temperatures when tested were 110 degrees. If there is something wrong with fluctuation of temperatures in the water heater, it must be checked. The signs are not an acceptable practice and must be removed. Take appropriate measures to ensure these deficiencies are corrected to comply with the Rule. Provide photos as documentation of the work performed.	C 174	SEE Attached		
C 138	Outside Entrances/Exits-Single Hand Motion T10: 42C .2209 OUTSIDE ENTRANCES AND EXITS (d) All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. This Rule is not met as evidenced by: 1) The Rule requires that all exit doors locks must be easily operable, by a single hand motion, from the inside at all times. At the time of the survey the left Corridor exit storm door is not single hand control due to having a finger lock on the handle.	C 138			

Division of Health Service Regulation

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C 138	Continued From page 6 Take appropriate measures to ensure this deficiency is corrected to comply with the Rule. Provide photos as documentation of the work performed.	C 138	SEE Attached		
C 143	Floors T10: 42C .2211 FLOORS (a) All floors must be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs are not to be used. (c) All floors must be kept in good repair. This Rule is not met as evidenced by: 1) The Rule requires scatter or throw rugs are not to be used. During the survey there were multiple scatter or throw rugs and they are found in the locations described below: a. The rear Kitchen exit door. b. The left exit door. Take appropriate measures to ensure these deficiencies are corrected to comply with the Rule. Provide photos as documentation of the work performed.	C 143			
C 157	Fire Safety-Any Other City Ordinances T10: 42C .2213 FIRE SAFETY EQUIPMENT (c) Any other fire safety requirements required by the city ordinances or county building inspectors must be met.	C 157			

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C 157	Continued From page 7 This Rule is not met as evidenced by: 1) The Rule requires any other fire safety requirements required by the city ordinances or county building inspectors must be met. At the time of the survey the required annual fire inspection has not taken place. Take appropriate measures to ensure this deficiency is corrected to comply with the Rule. Provide a copy of the most recent fire inspection as documentation of the work performed.	C 157	SEE Attached		



Angel House Family Care Homes

October 12, 2018

In response to Section .0300 (Building) 10A NCAC 13G.0315 (Housekeeping & Furnishings) In non-compliance,

Administrator has gone over with maintenance staff a plan to correct violations:
Blinds to be replaced on 10/15/18

10A NCAC 13G.0317 (Building Service Equipment)

Staff door knob replaced on 8/10/18

Kitchen door fixed on 8/10/18

Living room front door to be fixed on 10/15/18

Screen in front left resident bedroom to be replaced on 10/15/18.

Rear bathroom ceiling spackle to be completed on 10/15/18

All smoke detectors were repaired on 8/13/18

Small fire extinguisher was picked up from the floor and removed on 8/10/18

Debris in attic was removed on 8/10/18

Refrigerator in wrong plug outlet was plugged into correct outlet on 10/9/18

All light fixtures requiring bulbs were fixed on 8/10/18. Any ceiling fan light fixtures to be replaced or repaired by 10/15/18. All exhaust fan motors to be fixed or repaired by 10/20/18. Dust clogging was removed 8/10/18. The kitchen hood range to be replaced by 10/20/18. Laundry room dryer exhaust duct will be replaced by 10/15/18.

There is no HVAC system at this facility. Staff bathroom grab bar in tub, bathroom toilet seat, and hot water to sink repaired 9/1/18. New water temp thermometer bought to take accurate temp on 8/10/18.

.2209 Outside Entrances: Single hand motion door knob to be replaced by 10/20/18

.2211 Floors: All scatter/throw rugs were removed

.2213 Fire Safety Equipment: Fire drill was done on 8/10/18

Maintenance staff will check on building on a weekly basis to ensure compliance and will be ongoing to ensure compliance is met.

Sincerely,

Bianka Faison
Owner/Administrator
Angel House Family Care Homes