



BAPTIST CHILDREN'S HOMES OF NORTH CAROLINA, INC.

helping hurting children...healing broken families

Developmental Disabilities Ministry

PO Box 338 • Thomasville, NC 27361

336-474-1245

www.bchfamily.org • www.hereismyhome.org

November 19, 2018

To Whom It May Concern:

Here is the packet to include the plan of correction with corrections noted as completed and photos are placed in conjunction with the repairs that were noted in the plan. Please note that the handrail leading from the carport to the side entrance of the home is not installed yet. We had to have the rail made with the brackets and it is in the final stages. The rails should be ready this week and a picture will be sent to show that it is completed when the installation is finished.

Should you have further questions please let me know.

Thank you,

Stefanie Effler, MS, QP

Stefanie Effler, MS, QP
Administrator
Alverta Bolick Home
80 Baker Avenue
Asheville, NC 28806
(828) 350-1254

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/18/2018
NAME OF PROVIDER OR SUPPLIER ALVERTA BOLICK HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 BAKER AVENUE 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 Gabriel Villacres DHSR Construction Section conducted a Biennial Survey on July 18, 2018 from 11:45 AM to 1:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on September 21, 2006 as a Family Care Home for six (6) residents with up to three (3) being non-ambulatory (Un-able 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 2005 Licensure Rules 10A NCAC 13G for Family Care Homes, the applicable portions of the 2006 NC State Building Code-Section 421.3-Small 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		
C 149	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: The rule requires that all steps, porches, stoops and ramps shall be provided with handrails and guardrails: At the time of the survey it was observed that the ramp leading from the carport to the kitchen entrance needed a second handrail to comply with the rule.	C 149	New handrail to be installed to meet this requirement. * Rail and brackets being made. Should be ready for pick-up this week. Will send photo when installation is completed.	11/19/18 delay

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

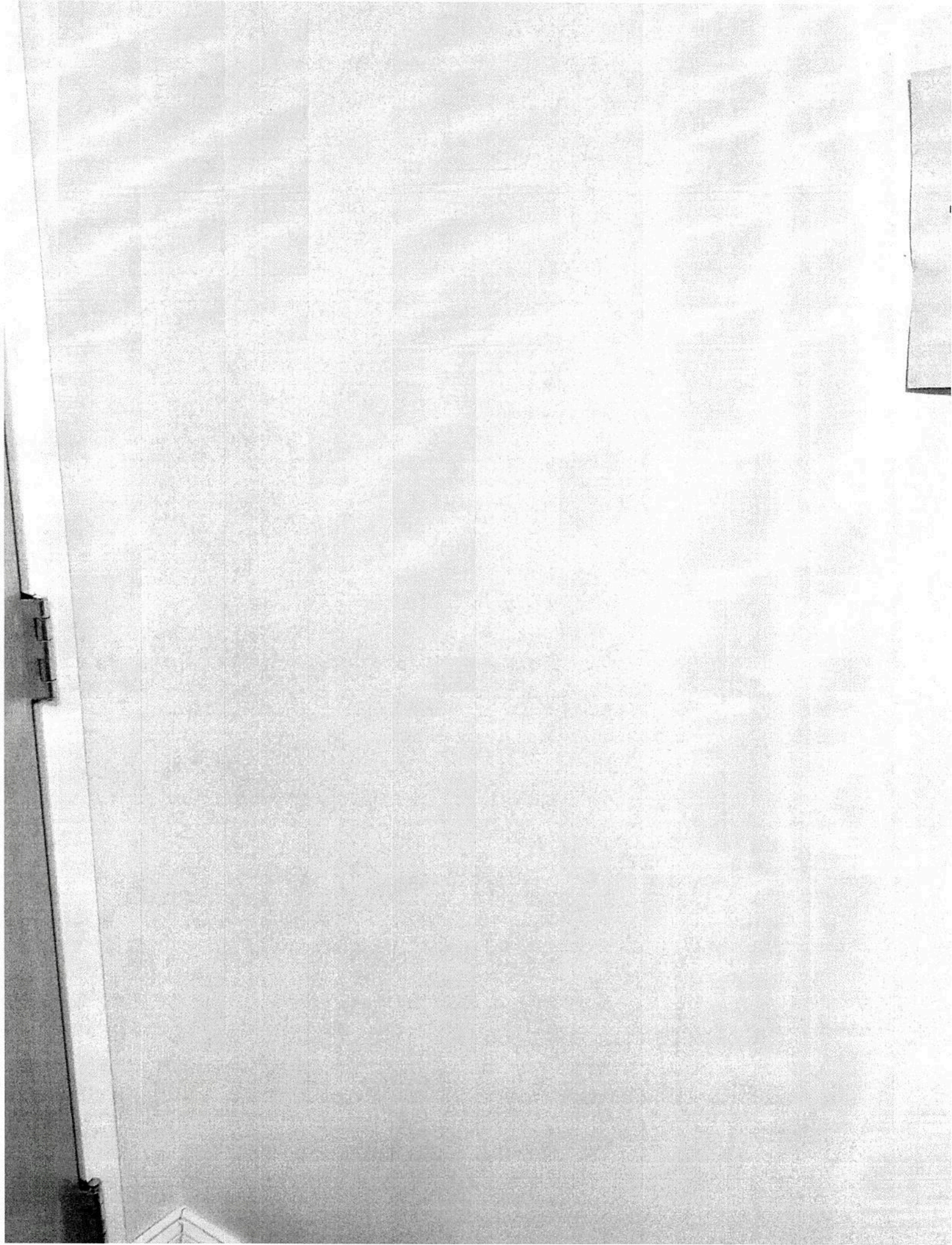
photo when installation is completed. (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/18/2018
NAME OF PROVIDER OR SUPPLIER ALVERTA BOLICK HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 BAKER AVENUE 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 149	Continued From page 1	C 149		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1.) The rule states that scatter or throw rugs shall not be used: At the time of the survey it was observed that the home contained scatter/throw rugs in several of the of the residents bedrooms and the living room. Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed.	C 152	QP located 1 throw rug in a resident bedroom and it has been removed. The living room contains a very large area rug that covers a large part of the floor. The residents prefer the soft setting when stepping or sitting. They like to use this area to play video games, board games, socialize and to watch movies.	9/29/18 done
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes.	C 153		

If continuation sheet 3 of 9







Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/18/2018
NAME OF PROVIDER OR SUPPLIER ALVERTA BOLICK HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 80 BAKER AVENUE 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 153	Continued From page 3 At the time of the survey it was observed that there was a hole in the wall next to the hot water heater that needed to be caulked to maintain the rating of the fire rated wall. Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed.	C 153	Hole will be filled. * Hole filled. See photo.	11/19/18 <u>done</u>	
C 161	Housekeeping-Land Line Phone SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (12) have at least one telephone that does not depend on electricity or cellular service to operate. (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) The rule requires that each family care home shall have at least one telephone that does not depend on electricity or cellular service to operate: At the time of the survey it was observed that there was no dedicated phone line in the home. Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed.	C 161	QP showed the surveyor the land line telephone that is used solely for this purpose at the time of the survey. Why was this cited when the phone was shown to him?	7/18/18 <u>done</u>	
C 171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND	C 171			

AND OF
LIGHT CO
METALL
CH 1-
AT CUL
-CONCH
DIR F
OIL
SOC OF
TYPE L

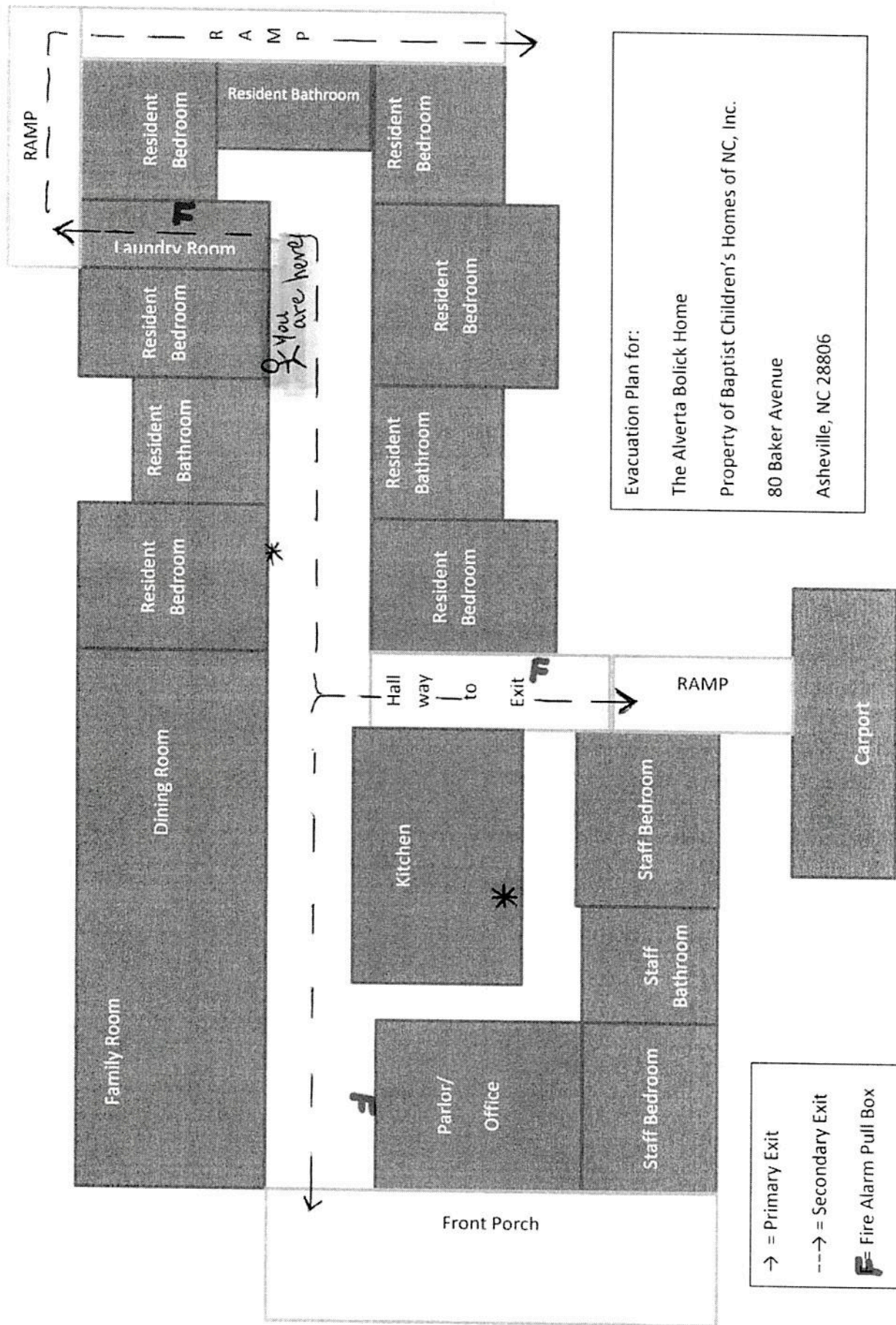
WARNING

If the temperature of the
oil surface is observed to be
excessive, it is recommended that the
oil be changed immediately.
Do not pour oil into the
oil pan. It is recommended that the
oil be changed immediately.



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/18/2018
NAME OF PROVIDER OR SUPPLIER ALVERTA BOLICK HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 80 BAKER AVENUE 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 171	Continued From page 4 DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1.) The rule requires that written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor: At the time of the survey it was observed that the evacuation plan in the home was not oriented correctly. The plan should reflect the observers orientation and position in the home in relation to the homes exits. Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed.	C 171	The evacuation route will be redrawn to show correct orientation. * Orientation of evacuation routes corrected and posted. See photos. <i>done</i>	11/19/18	
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:	C 174			



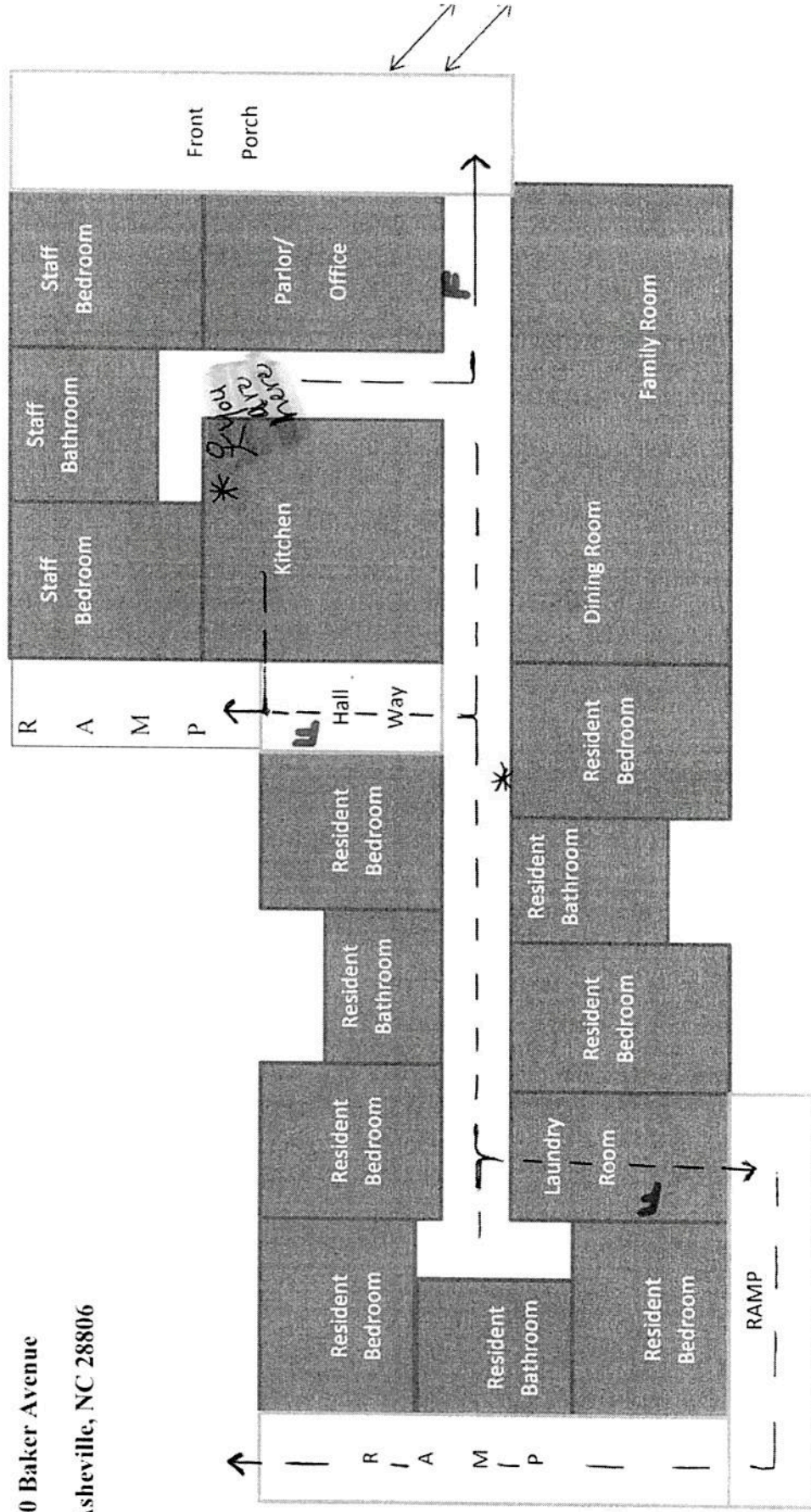
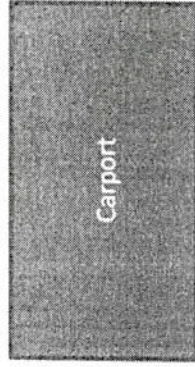
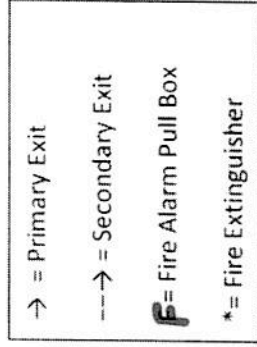
Evacuation Plan for:

The Alverta Bolick Home

Property of Baptist Children's Homes of NC, Inc.

80 Baker Avenue

Asheville, NC 28806



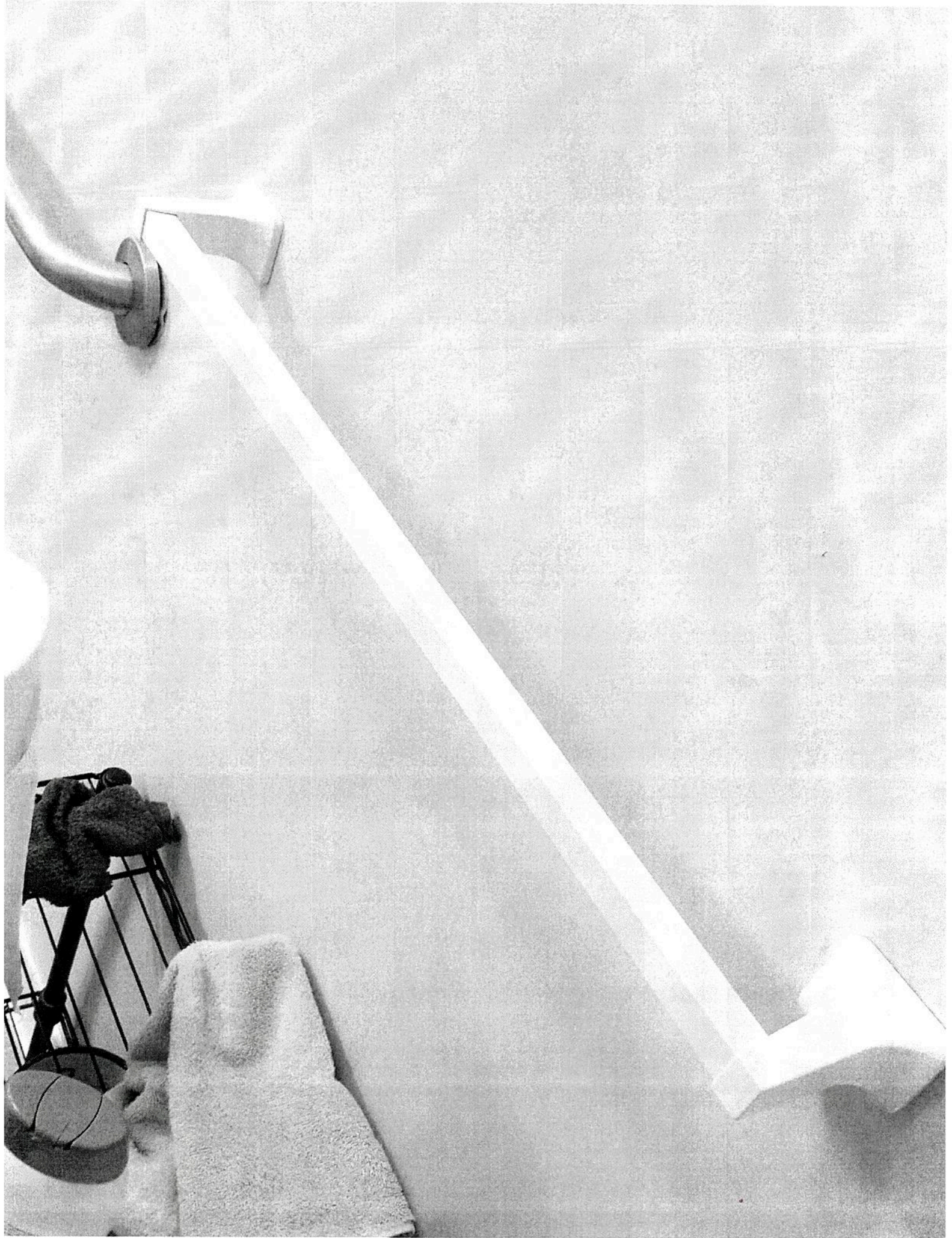
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/18/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER ALVERTA BOLICK HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 80 BAKER AVENUE 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 174	Continued From page 5 (1) The rule requires that 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: At the time of the survey it was observed that the clothe dryer's flex duct was too long and caused it to kink up which may restrict air flow. Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed. (2) The rule requires that 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: At the time of the survey it was observed that th bathroom at the end of the hall needed new light bulbs. Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed. (3) The rule requires that 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: At the time of the survey it was observed that the bathroom at the end of the room was missing the towel bar hardware Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed. (4) The rule requires that the building and all fire	C 174	<i>Dryer duct will be shortened. * Shortened. See photo.</i> <i>QP replaced light bulb and showed surveyor at the time of the survey that it was completed.</i> <i>Towel bar hardware will be repaired or replaced. * Replaced. See photo</i>	<i>11/19/18 done</i> <i>7/18/18 done</i> <i>11/19/18 done</i>





Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/18/2018
NAME OF PROVIDER OR SUPPLIER ALVERTA BOLICK HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 80 BAKER AVENUE 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 174	Continued From page 6 safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition: At the time of the survey it was observed that there was a broken light switch in bedroom #2 Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed. (5) The rule requires that 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: At the time of the survey it was observed that the staff bathroom was using an un-approved multi-outlet adapter. Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed. (6) The rule requires that 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: At the time of the survey it was observed that the rangehood light in the kitchen was not functional. Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed.	C 174	<i>Light switch will be repaired.</i> <i>*Light switch repaired. See photo.</i> <i>At the time of the survey, this adapter was pointed out by the surveyor in the staff bedroom. This report states bathroom which is not accurate. The staff member is no longer employed by us and the plug is no longer on our property.</i> <i>Rangehood light was replaced and works properly.</i>	<i>11/19/18</i> <i>done</i> <i>9/10/18</i> <i>done</i> <i>7/20/18</i> <i>done</i>	
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING	C 183			

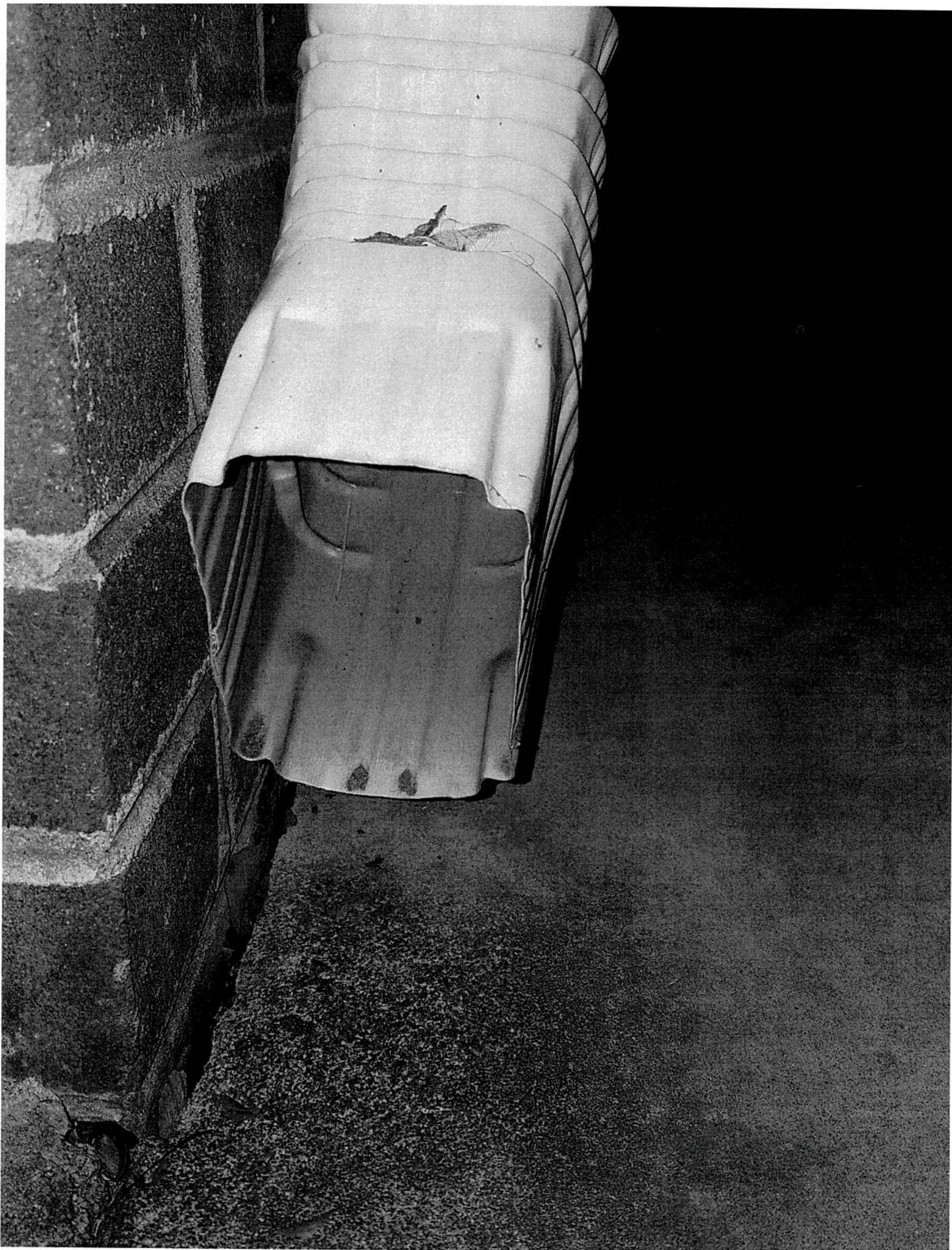


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/18/2018
NAME OF PROVIDER OR SUPPLIER ALVERTA BOLICK HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 80 BAKER AVENUE 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 183	Continued From page 7 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) The rule requires that the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: At the time of the survey it was observed that the front porch rails were dirty and needed to be pressure washed. Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed. (2) The rule requires that the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: At the time of the survey it was observed that the gutters around the home needed to be cleaned-out. Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed. (3) The rule requires that the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: At the time of the survey it was observed that the dryer exhaust vent discharge needed to be cleaned out. Make arrangements to have the deficiency corrected. Provide documentation in the form of	C 183	Front porch rails will be cleaned by pressure washing. * Pressure washing completed. See photo. Gutters will be cleaned. * Gutters cleaned. See photo. Dryer exhaust vent has been cleaned out. Will recheck and clean again if needed. Will send pic with POC.	11/19/18 done 11/19/18 done 11/19/18 done	









Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/18/2018
NAME OF PROVIDER OR SUPPLIER ALVERTA BOLICK HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 80 BAKER AVENUE 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 183	Continued From page 8 photos for all work completed. (4) The rule requires that the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: At the time of the survey it was observed that there was a damaged rocking chair next to the carport. Make arrangements to have the deficiency corrected. Provide documentation in the form of photos for all work completed.	C 183	Staff threw the rocking chair in the dumpster at the time of the survey. This was corrected at time of survey and is completed.	7/18/18 done	