

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2018
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE # 3		STREET ADDRESS, CITY, STATE, ZIP CODE 60-A 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 Greg Williams DHSR Construction Section conducted a Biennial Survey on December 19, 2018 from 11:30 AM to 12:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on May 7, 1992 as a Family Care Home for for six (6) Residents with no more than three (3) that can be non-ambulatory (Who are 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 1991 "Rules for Family Care Homes Minimum Standards and Regulations," applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 North Carolina State Building Code - Section 514.2 Residential Care Facilities. 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.	C 000		
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.	C 174		

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

TITLE

(X6) DATE

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C 174	Continued From page 1 (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that central exhaust fans for the bathrooms and Laundry room were not working. This is not compliant with the rule. 2.) At the time of the survey it was observed that ceiling above the shower unit in Client Bathroom #1 (Front) was water stained and needed to be painted. This is not compliant with the rule. 3.) At the time of the survey it was observed that the toilet was being repaired in Client Bathroom #2 (back). This is not compliant with the rule.	C 174		
C 128	Bathroom-Hand Grips IV. The Building C. Physical Environment (10 NCAC 42C .2201) 5. Bathroom (10 NCAC 42C .2206) f. Hand grips must be installed at all commodes, tubs and showers on the floor level used for the residents. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that the toilets in the residents bathrooms did not have hand grips at the toilets. This is not compliant with the rule.	C 128		