Ashe Family Care
Home #3

523 Mill Houck Rd

Todd NC
28684

Scott.

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
	FCL005019	A. BUILDING: 01 B. WING _____	04/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE FAMILY CARE HOME # 3	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 Scott Greenwood DHSR Construction Section conducted a Biennial Survey on April 19, 2023 from 10:15 AM to 11:25 AM at the above referenced facility. DHSR records indicate the home was first licensed on March 28, 2006 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 2002 North Carolina Building Code - Section 421.2 - Residential Care Homes NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite 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. The cited deficiencies are as follows:	C 000		
C 146	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each	C 146		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL005019	A. BUILDING: 01 B. WING _____	04/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE FAMILY CARE HOME # 3	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 146	Continued From page 1 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was not a smooth transition at the bottom edge of the rear ramp. This is not compliant with the rule. Take the necessary steps to correct this deficiency. This deficiency is being carried forward from previous survey.	C 146	Gravel was placed at end of ramp For smooth Transition Gravel was placed At the previous survey but with winters snow and scraping and Shoveling it settles	5/1/23 5/1/23
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by:	C 169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL005019	A. BUILDING: 01 B. WING _____	04/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE FAMILY CARE HOME # 3	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 169	Continued From page 2 1. At the time of the survey it was observed that the heat detectors were not wired on a dedicated circuit and were not connected to a separate sounding device. This is not compliant with the rule. Take the necessary steps to correct the heat detectors. This deficiency brought forward from previous survey.	C 169	Previous Servey electrican was contacted and he called construction to find out what needed to be done. It was quoted it will cost thousands to do work I will contact Another electrician to get quote	9/1/23
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. At the time of the survey it was observed that the stove hood surface light cover was missing. This is not compliant with the rule. Take the necessary steps to correct this deficiency.	C 174	light cover is ordered	6/~~1~~/23
	2. At the time of the survey it was observed that the bed was partially blocking the egress window in bedroom #2. This is not compliant with the rule. Take the necessary steps to ensure that the area in front of the egress window is kept clear at all times.		Those beds have been like that since opened 2006. No way to move them we will buy new bed Frames that dont block window	9/1/23
	3. At the time of the survey it was observed that the entry door to bedroom #2 would not latch properly. This is not compliant with the rule. Take the necessary steps to correct this deficiency.		Door has been fixed to latch properly	5/1/23

Order #16196 confirmed

Star Supply USA <starsupplyusa2@gmail.com>
To: debbie21859@gmail.com

Thu, Jun 22, 2023 at 2:41 PM

Star Supply USA

ORDER #16196

Thank you for your purchase!

Hi Debbie, we're getting your order ready to be shipped. We will notify you when it has been sent.

View your order or Visit our store

Order summary

Ventline Range Hood Light Lens × 2 **$19.90**

Subtotal	**$19.90**
Shipping	**$6.70**
Taxes	**$0.00**
Total	**$26.60 USD**

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
	FCL005019	A. BUILDING: 01 B. WING _____	04/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE FAMILY CARE HOME # 3	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 174	Continued From page 3 4. At the time of the survey it was observed that the egress window in bedroom #3 was difficult to open. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 5. At the time of the survey it was observed that the hot water tank pressure relief line appeared to drain in to the crawl space . This is not compliant with the rule. Take the necessary steps to extend the hot water tank pressure relief line to the exterior side of the crawl space. 6. At the time of the survey it was observed that there was lint buildup and debris behind the clothes dryer. This is not compliant with the rule. take the necessary steps to correct this deficiency. 7. At the time of the survey it was observed that the clothes dryer vent duct tape was loose at the seams. This is not compliant with the rule. Take the necessary steps to replace the loose tape at the clothes dryer duct seam with a metallic type tape. 8. At the time of the survey it was observed that the siding and trim had dirt buildup. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 9. At the time of the survey it was observed that there was a hole in the rear left hand corner siding. This is not compliant with the rule.	C 174	Will Spray W24D ON Side of Window to Open easily Will Contact Plumber to Fix to drain outside not in crawl space (Contacted Plumber 6-22-23) lint has been removed and debris Vent will be Fixed w/ metallic type tape Siding will be washed Siding will be fixed with Caulking	8/1/23 9/1/23 5/1/23 8/1/23 8/1/23 8/1/23