Ashe Family Care
Home #4

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
	FCL005017	A. BUILDING: 01 B. WING _____	04/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE FCH # 4	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 11:25 AM to 12:35 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 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 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building	C 105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Debbie Hart 6/10/23 TITLE Administrator (X6) DATE

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C 105	Continued From page 1 Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars ($380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1. At the time of the survey two live fire drills were performed. At the time five (5) residents were on-site. Four (4) of the residents responded and evacuated when the alarm was sounded. One (1) resident remained seated in the living room. This is not compliant with the rule. Take the necessary steps to train the resident to respond or evacuate at the sound of the smoke alarms and any resident that requires physical or verbal prompting and or assistance needs to be relocated to another facility to better accommodate their needs.	C 105	Fire drills will be done weekly and Train residents to leave building at sound of fire alarm. (Resident that didn't respond had been up all night and was sleepy)	8/1/23
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	C 146		

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C 146	Continued From page 2 for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 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 the rear ramp did not have a smooth transition at the bottom edge of the ramp. This is not compliant with the rule. Take the necessary steps to correct this deficiency. This deficiency is being brought forward from previous survey	C 146	We have placed gravel at bottom edge of ramp to have Smooth transition	5/1/23
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the centrally located egress exit door did not have a single motion lockset. This is not compliant with the rule. Take the necessary steps to correct this deficiency.	C 147	Door knob has been Changed to Single motion lockset	5/1/23

New

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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. At the time of the survey it was observed that there was a scatter rug in front of the rear egress door. This is not compliant with the rule. Take the necessary steps to correct this deficiency. Note; Scatter rug removed by the provider at the time of the survey. Please ensure that it the future scatter rugs are not used at the interior of the facility.	C 152	Rug removed	4/19/23
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: 1. At the time of the survey it was observed that	C 169		

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C 169	Continued From page 4 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 being caried forward from previous durvey.	C 169	Contacted electrician last Survey to check on doing this. He came looked and said it would cost thousands to do all homes we cant aford. Will contact another electrician	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 vent hood surface light cover was missing. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 2. 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 these deficiencies. 3. At the time of the survey it was observed that the plumbing access panel next to the washing machine was loose. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 4. At the time of the survey it was observed that	C 174	Hood will be replaced has been ordered (Has Been replaced) (June 26) pictures included Lint build-up has been cleaned	8/1/23 5/1/23

New Hood
BROAN
OFF
LO
HI
FRONT
REAR
OVEN CYCLE
OVEN TEMP
SUNNER ON

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C 174	Continued From page 5 the attic heat detector was not visible at the time of the inspection. This is not compliant with the rule. Take the necessary steps to provide a picture of the attic heat detector. 5. At the time of the survey it was observed that the egress window in bedroom # 4 was difficult to open. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 6. At the time of the survey it was observed that the hot water tank pressure relief drain line appeared to terminate in to the crawl space. This is not compliant with the rule. Take the necessary steps to continue the hot water tank pressure relief line to the exterior side of the crawl space . This deficiency carried forward from previous survey.	C 174	Will take a picture of heat detector which has been in place since 2009 Sprayed WD40 ON sides The hot water relief drain line does go to outside of house. Was Fixed at previous Survey. (Will attach picture)	8/1/23 5/1/23 Done 2021