

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011295	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2023
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE VII		STREET ADDRESS, CITY, STATE, ZIP CODE 60-C 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 Scott Greenwood DHSR Construction Section conducted a Biennial Survey on August 24, 2023 from 10:05 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on April 6, 1994 as a Family Care Home for six Residents where no more than three are 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 1992 "Rules for Family Care Homes Minimum Standards and Regulations" and the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 Edition of the 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. The cited deficiencies are as follows;	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,	C 174		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011295	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2023
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE VII		STREET ADDRESS, CITY, STATE, ZIP CODE 60-C 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 174	Continued From page 1 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 rear corner resident bedroom egress window would not remain in the fully open position. This is not compliant with the rule for routine interior maintenance and could potentially make egress through the window difficult during a fire emergency. Take the necessary steps to correct this deficiency. 2. . At the time of the survey it was observed that the hot water tank electrical connection line clamps were missing. This is not compliant with the rule for routine interior maintenance and could potentially cause a shock hazard. Take the necessary steps to correct this deficiency. 3. At the time of the survey it was observed that there was cob web buildup at the exterior siding and trim boards. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. 4. At the time of the survey it was observed that the exterior clothes dryer vent was damaged . This is not compliant with the rule for routine exterior maintenance. Take the necessary steps to correct this deficiency.	C 174		