STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011382	A. BUILDING: **01** B. WING _____	**08/31/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUNDVIEW II # 2	**34 SMITH GRAVEYARD ROAD 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 David Hickman DHSR Construction Section conducted a Biennial Survey on August 31, 2023 from 11:30 AM to 12:10 PM at the above referenced facility. DHSR records indicate the home was first licensed on September 23, 1996 as a Family Care Home for six (6) Residents with up to three (3) of whom may be non Ambulatory, (Who are 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 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the applicable portions of the 1996 North Carolina State Building Code - Section 419.3-Small Residential Care Facilities. NOTES: 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 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	C 149		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011382	A. BUILDING: **01** B. WING _____	**08/31/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUNDVIEW II # 2	**34 SMITH GRAVEYARD ROAD 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 provided with handrails and guardrails. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was no handrail on the house side of the ramps to the house. This is not compliant with the rule. Take the necessary steps to add a handrail on the house side of both ramp slopes.	C 149		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that some of the residents did not respond and evacuate, without staff prompting, at the time the alarms were sounded. Per your licensed capacity of 3 ambulatory and up to 3 non ambulatory, the residents need to be trained so that at least three are able to respond and evacuate without prompting or assistance.	C 172		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011382	A. BUILDING: **01** B. WING _____	**08/31/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUNDVIEW II # 2	**34 SMITH GRAVEYARD ROAD 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 2 (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 exhaust fans in the hallway bathrooms were not working preventing the air in the bathroom from being exhausted efficiently. This is not compliant with the rule. Take the necessary steps to replace the fans so the fans can exhaust air properly. 2. At the time of the survey it was observed that the night lights in the hallway were not working. This is not compliant with the rule. Take the necessary steps to repair or replace the night lights. 3. At the time of the survey it was observed that the the dryer exhaust hose was crimped and possibly not venting properly. This is not compliant with the rule. Take the necessary steps to repair or replace the vent hose. 4. At the time of the survey it was observed that there were loose oxygen tanks being stored in the closet at the end of the hallway. This is not compliant with the rule. Take the necessary steps to store the oxygen tanks in an approved rack. 5. At the time of the survey it was observed that the window lock in the front middle bedroom was loose. This is not compliant with the rule. Take the necessary steps to secure the lock. 6. At the time of the survey it was observed that	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011382	A. BUILDING: **01** B. WING _____	**08/31/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUNDVIEW II # 2	**34 SMITH GRAVEYARD ROAD 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 3 the fire alarm panel was showing a fault due to a low battery. This is not compliant with the rule. Take the necessary steps to replace the battery. 7. At the time of the survey it was observed that the some of the windows in the rear of the house were blocked by a tent on the exterior. This is not compliant with the rule. Take the necessary steps to move the tent. 8. At the time of the survey it was observed that the exterior siding was dirty, mildewed and had an abundance of cobwebs. This is not compliant with the rule. Take the necessary steps to power wash the siding. 9. At the time of the survey it was observed that there was a wasp nest under the left gable. This is not compliant with the rule. Take the necessary steps to remove the wasp nest. 10. At the time of the survey it was observed that the FDC sign was missing at the FDC hook up. This is not compliant with the rule. Take the necessary steps to replace the FDC sign. 11. At the time of the survey it was observed that the exterior exhaust vent for the dryer was clogged with lint causing the dryer not to work properly and also creating a possible fire ignition hazard. This is not compliant with the rule. Take the necessary steps to clean out the dryer exhaust so the dryer will work properly and the ignition hazard is reduced. 12. At the time of the survey it was observed that the gutter at the left rear was damaged. This is not compliant with the rule. Take the necessary steps to repair the gutter.	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011382	A. BUILDING: **01** B. WING _____	**08/31/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUNDVIEW II # 2	**34 SMITH GRAVEYARD ROAD 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 101	Continued From page 4	C 101		
C 101	Construction-Meet Building Code at Initial T10: 42C .2102 CONSTRUCTION (a) The home must meet applicable requirements of Volume I and I-B of the North Carolina State Building Code in force at the time of initial licensure. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the building was not in compliance with Section 419.3.1 of the North Carolina State Building Code. The building does not have the proper radiation dampers for the air ducts which is compromising the one-hour construction rating. The building is sprinklered but does not have the proper coverage due to most of the closets in the resident rooms and the staff bathroom do not have sprinkler heads installed. This is not compliant with the rule. Take the necessary steps to add the proper radiation dampers in the air duct penetrations to maintain the one hour construction rating or add the additional sprinkler heads needed in the unprotected areas. Note: NCSBC Section 419.3.1: The building shall be of one-hour construction or sprinklered in accordance with NFPA 13R. Sprinklers, if provided, shall be installed in all areas except attics, crawl spaces, and floor/ceiling spaces, but including staff toilets and clothes and linen closets . The extinguishing system shall be electrically connected directly to an approved central station facility.	C 101		