

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/24/2024
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE IV		STREET ADDRESS, CITY, STATE, ZIP CODE 60-B 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 Kelly Myers DHSR Construction Section conducted a Biennial Follow-up Survey on January 24, 2024 from 2:40 PM to 2:55 PM at the above referenced facility. At the time of the survey not all deficiencies were corrected therefore further action is required. 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. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from previous survey. 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}	SEE Attached	
{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	{C 169}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

64U922

If continuation sheet 1 of 2

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{C 169}	Continued From page 1 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 the egress hallway smoke detectors were not interconnected. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to interconnect the egress hallway smoke detectors. *This deficiency was previously cited during our August 8, 2023 biennial survey, take action to correct this deficiency.	{C 169}	SEE Attached	



Angel House Family Care Homes

In response to rule, SECTION .0300 - THE BUILDING
10A NCAC 13G .0316 FIRE SAFETY AND
DISASTER PLAN

Administrator prompted maintenance to collaborate with electricians (WNC/Emory Electric) to repair smoke detectors to be in compliance. This was done 02/22/2024.

To prevent future noncompliance, Administrator will ensure that maintenance and electrician will conduct annual servicing. Administrator will keep this on going to maintain compliance.