| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL011383 | A. BUILDING: **01**<br>B. WING _____ | R<br>**03/26/2024** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SOUNDVIEW II # I** | **36 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<br><br>Report by David Hickman<br><br>DHSR Construction Section conducted a Biennial Follow-up Survey on March 26, 2024 from 8:00am AM to 8:25 AM at the above referenced facility. Not all of the previously cited deficiencies had been corrected at the time of the survey, therefore further action is required. The remaining cited deficiencies are as follows:<br><br>NOTES:<br><br>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.<br><br>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 172} | Fire Safety-Four Rehearsals<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN<br>(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.<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that | {C 172} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL011383 | A. BUILDING: **01**<br>B. WING _____ | R<br>**03/26/2024** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SOUNDVIEW II # I** | **36 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 172} | Continued From page 1<br>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.<br>* At the time of the follow up survey, some of the residents still required prompting and assistance to evacuate the house. This is not compliant with the rule. Take the necessary steps to continue to train the residents so they can evacuate without prompting or assistance. | {C 172} | | |
| {C 174} | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(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.<br>(j) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that there were multiple egress windows in the home were blocked with furniture or fans and air conditioning units. This is not compliant with the rule. Take the necessary steps to remove these items and keep the egress windows in the bedrooms clear.<br>* The window in bedroom 4 was still blocked by furniture. Take the necessary steps to relocate the furniture and keep the window clear.<br><br>2. 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 |
|---|---|---|---|
| | FCL011383 | A. BUILDING: **01**<br>B. WING _____ | R<br>**03/26/2024** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SOUNDVIEW II # I** | **36 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<br>the waterproof covers for the exterior GFCI receptacles were missing. This is not compliant with the rule. Take the necessary steps to replace the covers.<br>* The waterproof covers were still missing. Take the necessary steps to replace the covers.<br><br>3. At the time of the survey it was observed that the gutters were clogged with leaves. This is not compliant with the rule. Take the necessary steps to clean out the gutters.<br>* The gutters were still clogged. Take the necessary steps to clean out the gutters. | {C 174} | | |
| {C 101} | Construction-Meet Building Code at Initial<br><br>T10: 42C<br>.2102 CONSTRUCTION<br>(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.<br><br>This Rule is not met as evidenced by:<br>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. | {C 101} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL011383 | A. BUILDING: **01**<br>B. WING _____ | R<br>**03/26/2024** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SOUNDVIEW II # I** | **36 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 3<br><br>Note:<br>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.<br>* This deficiency had not been corrected. | {C 101} | | |