

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2025
NAME OF PROVIDER OR SUPPLIER SOUNDVIEW II # 4		STREET ADDRESS, CITY, STATE, ZIP CODE 30 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 Complaint Follow-up Survey on March 12, 2025 from 9:30 AM to 9:45 AM at the above referenced facility. One of the previously cited deficiencies had not been corrected at the time of the survey, therefore further action is required. The remaining cited deficiency is 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, 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 smoke alarms when activated the device did not sound as intended. This is not compliant with the rule. Take the necessary steps to repair to ensure that when the device sounds it is audible in all bedrooms to ensure that all staff and residents can be alerted in a time of need. * This deficiency had not been corrected at the time of the survey.	{C 174}		

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

TITLE

(X6) DATE