

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL011382</b>                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>03/12/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOUNDVIEW II # 2</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>34 SMITH GRAVEYARD ROAD</b><br><b>ASHEVILLE, NC 28806</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                     | Initial Comments<br><br>Report by David Hickman<br><br>DHSR Construction Section conducted a Biennial Follow-up Survey on March 12, 2025 from 9:00 AM to 9:30 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 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 the exhaust fans in the hallway bathrooms were not working preventing the air in the bathroom from being exhausted efficiently. This is not                                                                                                                                                 | {C 174}                                                                                               |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOUNDVIEW II # 2</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>34 SMITH GRAVEYARD ROAD</b><br><b>ASHEVILLE, NC 28806</b> |                                                                                                                          |                                                                    |
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| {C 174}                                                     | Continued From page 1<br><br>compliant with the rule. Take the necessary steps<br>to replace the fans so the fans can exhaust air<br>properly.<br>* This deficiency had not been corrected.<br><br>2. At the time of the survey it was observed that<br>some of the sprinkler heads were hanging out of<br>the ceiling. This is not compliant with the rule.<br>Take the necessary steps to repair the sprinkler<br>heads.<br>* The sprinkler head in the kitchen was still<br>hanging down.<br><br>3. At the time of the survey it was observed that<br>there was an open junction box next to the riser.<br>This is not compliant with the rule. Take the<br>necessary steps to provide a proper cover plate.<br>* This deficiency had not been corrected.<br><br>4. At the time of the survey it was observed that<br>there was water infiltrating the lower level through<br>the wall in two locations. This is not compliant<br>with the rule. Take the necessary steps to repair<br>the leaks through the wall.<br>* This deficiency had not been corrected. | {C 174}                                                                                               |                                                                                                                          |                                                                    |