

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2014
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NAME OF PROVIDER OR SUPPLIER WESTSIDE ASSISTED LIVING - B	STREET ADDRESS, CITY, STATE, ZIP CODE 121 RICHLAND STREET ASHEVILLE, NC 28806
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(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	<p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>DHSR Construction Section conducted a Complaint Survey on December 04, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on August 13, 1999 as a Family Care Home for six Residents who are ambulatory (able to evacuate and respond 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, and the 1996 (99 Rev) North Carolina State Building Code - Section 419.2 - Residential Care Homes.</p> <p>At the time of our visit, the complaint was substantiated and deficiencies were cited. An acceptable plan of correction is required. They are as follows:</p>	C 000		
C 153	<p>Houskeeping And Furnishings-Clean, Repaired</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Each family care home shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by:</p>	C 153		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 153	Continued From page 1 Dead Bedbugs were observed in Resident Bedroom Number three. Have a licensed pest control contractor inspect the entire facility and treat for bedbugs as required. Provide a written inspection report from the pest control contractor and include any future preventive measures that will be taken to control the spread of bedbugs in the facility.	C 153		