

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2016
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NAME OF PROVIDER OR SUPPLIER WOODLAND TERRACE FCH # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 152 SMITH GRAVEYARD RD 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 Paul Dixon</p> <p>DHSR Construction Section conducted a Biennial Survey on March 3, 2016 from 10:00 AM to 11:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 23, 1996 as a Family Care Home for six (6) Residents with up to three (3) of whom can be non-ambulatory (un-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, the 1996 North Carolina State Building Code - Section 419.3 - Residential Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000		
C 161	<p>Building Service Equipment-Maintained Safe</p> <p>T10: 42C .2214 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment must be maintained in a safe and operating condition.</p> <p>This Rule is not met as evidenced by: 1. Observations during the survey showed that the Kitchen range hood grease filter is dirty. Clean or replace the grease filter. Provide the DHSR Construction section with copies of all receipts, photographs and any other supporting documentation concerning this repair.</p>	C 161		

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

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C 161	Continued From page 1 2. The Building is equipped with a fire sprinkler system. Provide DHSR with a copy of the most recent inspection/certification of the system by the fire sprinkler company.	C 161		
C 167	<p>Outside Premises-Maintained Safe</p> <p>T10: 42C .2215 OUTSIDE PREMISES</p> <p>(a) The outside grounds must be maintained in a clean and safe condition, in accordance with the rules governing the sanitation of residential care facilities of the North Carolina Department of Environment, Health an Natural Resources; Division of Environmental Health Services.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations during the survey showed that under the rear deck, there is a large amount of recyclables and trash. Have the area cleaned out of all items. Provide the DHSR Construction section with copies of all photographs and any other supporting documentation concerning this repair.</p> <p>2. Observations during the survey showed that in the first bathroom to the right in the hallway, the textured ceiling above the shower is peeling off. Have all the loose material removed and repair the ceiling. Provide the DHSR Construction section with copies of all work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>3. Observations during the survey showed that on the deck on the right side of the facility there is an old upholstered chair. NOTE: The chair was</p>	C 167		

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C 167	Continued From page 2 removed to a dumpster during the survey. Insure that old furniture is removed from the property promptly.	C 167		