

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUNDVIEW FAMILY CARE HOMES - UNIT G	STREET ADDRESS, CITY, STATE, ZIP CODE 132 CENTER AVENUE BLACK MOUNTAIN, NC 28711
---	--

(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

C 000

Report by Glenn Hoppin

DHSR Construction Section conducted a Biennial Survey on February 17, 2016 from 8:00am until 9:30am at the above referenced facility. DHSR records indicate the home was first licensed on July 27, 1994 as a Family Care Home for six (6) Residents with no more than three (3) being 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 1991 (94 Rev) North Carolina State Building Code - Section 514.2 - Residential Care Facilities.

At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:

C 100 New Construction, Modifications

C 100

SECTION .0300 - THE BUILDING
10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS
The physical plant requirements for each family care home shall be applied as follows:
(1) New construction and existing buildings proposed for use as a Family Care Home shall comply with the requirements of this Section;
(3) New additions, alterations, modifications and repairs shall meet the requirements of this Section;

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

3/16/2016

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUNDVIEW FAMILY CARE HOMES - UNIT G	STREET ADDRESS, CITY, STATE, ZIP CODE 132 CENTER AVENUE BLACK MOUNTAIN, NC 28711
---	--

(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 100 Continued From page 1

This Rule is not met as evidenced by:
Observations revealed that the heating and air conditioning system has been replaced. The system does not have the required radiation dampers and does not meet the one hour fire rating required by a facility licensed for up to three non- ambulatory residents. Therefore, you have two options.

1. Consult with your local building official, and have a qualified technician install radiation dampers on the HVAC system to meet the one hour rating requirement. Provide copies of all permits and approvals to the DHSR Construction Section.
2. Submit an application to have your license amended to six all ambulatory clients to the DHSR Licensure Section. Provide copies to the DHSR Construction Section when this is complete.

C 100

*C100
Radiation dampers installed on HVAC system. 4/2/2016*

all modifications will meet the requirements of section C100. facility maintenance supervisor/designer shall consult with the construction section prior to the modification to ensure compliance.

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. Observations revealed that the gutter and fascia is damaged at the front left side of the facility.

C 174

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUNDVIEW FAMILY CARE HOMES - UNIT G	STREET ADDRESS, CITY, STATE, ZIP CODE 132 CENTER AVENUE BLACK MOUNTAIN, NC 28711
---	--

(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

Have a qualified technician repair or replace the affected areas. Provide photo documentation to the DHSR Construction Section when this is complete.

2. Observations revealed that the range hood is not working. Have a qualified technician repair or replace the range hood. Provide receipts to the DHSR Construction Section when this is complete.

3. Observations revealed that the planter on the front handrails is broken. Have a qualified technician repair the broken planter.

C 174

- C174
1. Gutter + fascia board repaired/replaced. 4/2/16
Semi-annual inspections of the exterior of each home will be conducted in October and April of each year.
 2. Range hood replaced. 4/2/16
Range hood will be inspected monthly as part of our fire safety inspections.
 3. Planter removed. 4/2/16
Semi-annual inspections of the exterior of the home will be conducted in October and April.
All maintenance issued identified will be repaired within 30 days.