

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011348	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2016
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NAME OF PROVIDER OR SUPPLIER SOUNDVIEW ASSISTED LIVING # 4	STREET ADDRESS, CITY, STATE, ZIP CODE 30 SMITH GRAVEYARD ROAD 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 Biennial Survey on February 18, 2016 from 11:00am until 12:30pm 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) non-ambulatory residents (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 standard 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 - Small 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 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed open penetrations in the wall behind the hot water heater. Have a</p>	C 174		

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

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C 174	Continued From page 1 qualified technician seal the open penetrations. Provide photo documentation to the DHSR Construction Section. 2. Observations revealed that the ventilation fans in the bathrooms were not working at the time of the survey. Have a qualified technician repair or replace the ventilation fan. Provide receipts to the DHSR Construction Section when this is complete.	C 174		