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**Angel House FCH**

# Fax

<b>To:</b> Glenn Hoppin	<b>From:</b> Bianka Faison
<b>Fax:</b> 919-733-6592	<b>Pages:</b> 4 Including cover
<b>Phone:</b> 919-855-3893	<b>Date:</b> March 31, 2016
<b>Re:</b> Original POC for Angel VII	<b>cc:</b> [Name]

Urgent     For Review     Please Comment    Please Reply     Please Recycle

Comments:

Sorry for the mishap.

Thank you,

Bianka Faison

PRINTED: 01/08/2016  
FORM APPROVED

Division of Health Service Regulation

STATE AND F. IDENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL011295</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/03/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANGEL HOUSE VII</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>60-C HORNOT CIRCLE ASHEVILLE, NC 28806</b>
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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
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**C 000** Initial Comments

Report by Glenn Hoppin

DHSR Construction Section conducted a Biennial Survey on December 03, 2015 from 3:00pm until 4:30pm at the above referenced facility. DHSR records indicate the home was first licensed on April 06, 1994 as Family Care Home for six Residents where no more than three are 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 Standards and Regulations " and the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1991 Edition of the 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 000**

SEE  
Attached

**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 receptacle in the 2nd bathroom is broken. Have a qualified

**C 174**

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

*Marky Sney* Administrator

(X8) DATE  
**1-25-16**

STATE FC M

9899 3TOU21

If continuation sheet 1 of 2

PRINTED: 01/08/2016  
FORM APPROVED

Division of Health Service Regulation

STATE AND PRESENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL011295</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/03/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANGEL HOUSE VII</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>60-C HORNOT CIRCLE ASHEVILLE, NC 28806</b>
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C 1	Continued From page 1 technician repair or replace the receptacle. Provide documentation to the DHSR Construction section when this is complete.  2. Observations revealed that the linoleum floor tiles in the dining room and hallway are warping and separating from the other tiles creating a potential trip hazard. Have a qualified technician repair or replace the floor. Provide receipts and photo documentation to the DHSR Construction section.	C 174	SEE  Attached	
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# Angel House Family Care Homes

REF: PLAN OF CORRECTION DATE 1/25/2016

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**In response to rule area 10A NCAC 13G .0317 (building service equipment), in non-compliance, Administrator has replaced the broken receptacle in 2<sup>nd</sup> bathroom on right. This was done by an electrician and completed on February 15<sup>th</sup>, 2016. To ensure rule area remains in compliance, admin. will have maintenance checks on a weekly basis with documentation to follow.**

**Administrator will have flooring replaced by February 22<sup>nd</sup>, 2016. Admin will have flooring checked on a monthly basis to maintain needed repairs and or replacing to keep in compliance with rule area.**

**Markey Gray**

**Administrator**