Woodland Terrace Family Care Homes 2, 3, 4, 5, 6, 7
Asheville NC 28806 / Alexander NC 28701
Office Tel/ Fax 828 683-2856

WT 2	WT 3	WT 4	WT 5	WT 6	WT 7
32 Smith Graveyard	8 Ella Lane	12 Ella Lan	18 Ella Lane	11 Ella Lane	19 Ella Lane
828 505-3842	828 490-0440	828 683-2856	828 243-0401	828 490-5557	828 458-5424

Attention Construction
Company/Agency
Date 8/23/16
Time 9:30AM
Number of pages 7 including cover page
Fax# 19197336592

Comments/Messages
Construction survey WT #2

Thank You
Denise Duprey
828 719-0792

The enclosed information has been disclosed to you from records whose confidentiality is protected by Federal Law and Federal Regulation (42CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains.
If you have received this information by accident, Please destroy of all information and contact one of the business numbers listed above.

Thank you,
Woodland Terrace Family Care Homes

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED
	FCL011277		03/03/2016

NAME OF PROVIDER OR SUPPLIER: WOODLAND TERRACE FCH # 2

STREET ADDRESS, CITY, STATE, ZIP CODE: 152 SMITH GRAVEYARD RD, ASHEVILLE, NC 28806

(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 Report by Paul Dixon 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. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 161	Building Service Equipment-Maintained Safe 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. 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.	C 161	The kitchen range hood has been replaced.	3/4/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Admin 5/11/16

STATE FORM 8899 AYE821 If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED
	FCL011277		03/03/2016

NAME OF PROVIDER OR SUPPLIER: WOODLAND TERRACE FCH # 2

STREET ADDRESS, CITY, STATE, ZIP CODE: 152 SMITH GRAVEYARD RD, ASHEVILLE, NC 28806

(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 161	Continued From page 1	C 161		
	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.		Current Annual sprinkler system inspection	5/6/14
C 167	Outside Premises-Maintained Safe	C 167		
	T10: 42C .2215 OUTSIDE PREMISES (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.			
	This Rule is not met as evidenced by: 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.		Rear deck area has been cleared out no trash or recyclables remain.	5/2/14
	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.		First bathroom to the right ceiling has been repaired	5/11/14
	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		Furniture was removed during survey. Facility will remove all old furniture from the property in a timely manner.	3/3/14

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

NAME OF PROVIDER OR SUPPLIER: WOODLAND TERRACE FCH # 2

STREET ADDRESS, CITY, STATE, ZIP CODE: 152 SMITH GRAVEYARD RD, ASHEVILLE, NC 28806

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

Diboco Fire Sprinklers, Inc. License #16272
325 Jackson Loop Road
Flat Rock, NC 28731
Phone: (828) 696-3400
Fax: (828) 696-2288
www.diboco.com

24-Hour Emergency Call Service
Job Estimates, Design
Fabrication, Installation

Sprinkler Inspections & Repairs
Backflow Testing & Repairs
Underground & Repairs

"WE TAKE PRIDE IN OUR SERVICE AND EXPERIENCE"
Call Donna at (828) 696-3400 Ext. 113 or Email: donna@diboco.com

Annual Fire Sprinkler System Inspection

Inspector: David Stave - License #32511

Completion Date: 5/6/16

Inspection conducted at location:

32 Smith Graveyard Road #1051-13
32 Smith Graveyard Road
Asheville, NC 28806
Phone: 828-582-4537 Fax: 828-505-2310

For Customer:

Soundview Assisted Living 767209
P.O. Box 272
East Flat Rock, NC 28726
Phone: 828-582-4537 Fax: 828-505-2310

Inspection performed in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 edition.

DEFICIENCIES (IF ANY) WILL BE FOUND AT THE END OF THE INSPECTION REPORT

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Building owner / representative

Is building currently occupied?	Yes
Has building occupancy, hazard, water supply or building arrangement affecting system effectiveness remained the same since last inspection? (4.1.6.1)	Yes
Are all fire protection systems in service? (4.5.4)	Yes
Areas containing water-filled piping used for fire sprinkler systems, maintain a minimum temperature of 40 deg F, and are not exposed to freezing conditions. (4.1.1.1)	Yes

Owner/Representative Signature William Wilson

System Summary — Number of Systems at Site

Items	Total Systems
Wet System	**1**

Other Components

Fire Department Connection

ENTIRE HOUSE 32 EXTERIOR WALL UNITED SWING CHECK

FDC visible and accessible, without damage and signs in place? (13.7.1)	Yes
Couplings and swivels free of damage and rotate smoothly? (13.7.1)	Yes
Caps, plugs and gaskets in place and free from damage? (13.7.1)	Yes
Check valve clapper free from leaks and automatic drain valve in place and operating properly? (13.7.1)	Yes

Wet System

Wet Riser Main Drain/No Check Valve-1gauge

Exterior of connection in good condition and gauge operable? (13.4.1.1)	Yes
Pressure (psi) shown on the pressure gauge.	75
Hydraulic nameplate, if applicable, securely attached to sprinkler system and is legible? (5.2.6)	Yes
Static Pressure before valve opened (13.2.5)	75
Residual Pressure with valve open (13.2.5)	30
Static Pressure after valve closed (13.2.5)	75
Record time for supply water pressure to return to original static pressure. (A.13.2.5)	0
Main Drain Test Pressure less than 10% reduction in flow from original acceptance test or previous test results? (13.2.5.2)	Yes
Is there adequate drainage available? (13.2.4)	Yes

Wet System Inspection

Sprinkler heads appear free of corrosion, foreign material, paint or damage, no signs of leakage and heads/deflectors installed in proper orientation? (5.2.1.1.)	Yes
Minimum clearance maintained below all sprinklers? (5.2.1.2)	Yes
# replacement sprinkler heads per number installed in the head box comply: 6 per 1-300: 12 per 301 to 1,000: 24 per 1,000? (5.4.1.5)	Yes
Sprinkler head wrench for each type head provided in head box? (5.4.1.6)	Yes
System piping and fittings free of mechanical damage, leaks, corrosion, misalignment, or other loads or pipe hung from system? (5.2.2)	Yes
Pipe hangers and seismic braces secure and undamaged? (5.2.3)	Yes
All sprinklers in building appear to be manufactured after 1920? (5.3.1.1.1.1)	Yes
Sprinklers in building are less than 50 years old, or if older has sprinkler sample been tested? (5.3.1.1.1)	Yes
If fast response sprinklers in building are less than 20 years old, or if older has sprinkler sample been tested? (5.3.1.1.1.3)	Yes

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Control Valves

Type	Area/Location	Model	Size	Signs	Condition	Position	Secured	Exercised	Seal
Control Valve - locked/tamper	ENTIRE HOUSE 32 BASEMENT RISER	Butterball	1 1/4"	Yes	Yes	Yes	Yes	Yes	N/A

Supervisory and Alarm

Type	Area/Location	Visual Insp	Operational
Tamper Switch	ENTIRE HOUSE 32 BASEMENT RISER	Yes	Yes
Waterflow Alarm Switch	ENTIRE HOUSE 32 BASEMENT RISER	Yes	Yes 25
Electric bell	ENTIRE HOUSE 32 EXTERIOR WALL	Yes	Yes

Additional Comments

MANUFACTURERS YEAR ON SPRINKLER HEADS WAS DETERMINED BY DATES ON OLD GAUGES AND VISUAL OBSERVATION. DATE 1999 RELIABLE CHROME PENDANTS 155 QUICK RESPONSE RESIDENTIAL HEADS. K-4.2.

IT APPEARS THAT THE 5 YEAR INTERNAL INSPECTION WAS DONE ON 11/15/2012.

Liability Release Statement:
The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

William Wilson 4/27/16

Customer: WILLIAM WILSON

David Stave 4/27/16

Technician: David Stave - License #32511

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