

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2017
NAME OF PROVIDER OR SUPPLIER AVENDELLE ASSISTED LIVING AT WYCKFORI		STREET ADDRESS, CITY, STATE, ZIP CODE 4520 DILFORD DRIVE RALEIGH, NC 27604		
(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 Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on March 30, 2017 from 12:30 PM to 2:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on June 05, 2008 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) On January 01, 2014 the facility was licensed for six non-ambulatory residents (unable 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 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 425.4 - Small Non-ambulatory 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 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: Observations revealed that the building is not	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 being maintained in a safe and operating condition. Findings: There is furniture blocking the window in the front right bedroom. One window in every bedroom must be accessible for emergency egress in the event of a fire or emergency. Move the furniture so that the window is accessible for emergency egress. Provide photo documentation to the DHSR Construction Section when this item is completed.	C 174		