

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL092174</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/09/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LYNN'S HOME AT RIVERSIDE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5614 APALACHICULA CIRCLE<br/>RALEIGH, NC 27616</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                               | Initial Comments<br><br>Report by Paul Dixon<br><br>DHSR Construction Section conducted a Biennial Survey on March 9, 2018 from 1:15 PM to 2:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on April 26, 2012 as a Family Care Home for six (6) ambulatory Residents (Who are able to respond and evacuate 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, the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes.<br><br>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: | C 000                                                                                          |                                                                                                                          |                                                        |
| C 105                                                               | Initial Licensure-Meet NCSBC<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0302 DESIGN AND CONSTRUCTION<br>(a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North                         | C 105                                                                                          |                                                                                                                          |                                                        |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LYNN'S HOME AT RIVERSIDE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5614 APALACHICULA CIRCLE<br/>RALEIGH, NC 27616</b> |                                                                                                                          |                                                        |
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| C 105                                                               | <p>Continued From page 1</p> <p>Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).<br/>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by:<br/>At the time of the survey it was stated by staff that two (2) of the residents were non-Ambulatory. The facility is licensed for all ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) The building does not meet the North Carolina State Building Code requirements for non-ambulatory residents. The rule requires any family care home to meet the applicable requirements of the North Carolina State Building Code.</p> <p>For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc.</p> <p>All deficiencies listed above were discussed with on-site staff during the exit interview.</p> | C 105                                                                                          |                                                                                                                          |                                                        |