STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092174	A. BUILDING: **01** B. WING _____	R **04/26/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN'S HOME AT RIVERSIDE	**5614 APALACHICULA CIRCLE RALEIGH, NC 27616**

(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 Brad Morris DHSR Construction Section conducted a Biennial Follow-up Survey on April 26, 2018 from 8:00 AM to 9:30 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected and new deficiencies were cited. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
{C 105}	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (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 Carolina 27603 at a cost of three hundred eighty dollars ($380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: At the time of the survey it was stated by staff that	{C 105}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092174	A. BUILDING: **01** B. WING _____	R **04/26/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN'S HOME AT RIVERSIDE	**5614 APALACHICULA CIRCLE RALEIGH, NC 27616**

(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 105}	Continued From page 1 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. 4/26/2018-BM- At the time of the follow-up survey it was observed that five (5) residents were unable to evacuate the home during a fire drill without physical or verbal assistance.	{C 105}		
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 4/26/2018-BM- New Deficiency At the time of the survey, it was observed that the front and rear screen doors had locks which prevent the doors from being single hand motion. It was also observed that the sun room doors could be locked in the egress direction. This rule requires all exit doors to be easily operable by a single hand motion at all times without keys.	C 147		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092174	A. BUILDING: **01** B. WING _____	R **04/26/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNN'S HOME AT RIVERSIDE	**5614 APALACHICULA CIRCLE RALEIGH, NC 27616**

(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 147	Continued From page 2 For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc. All deficiencies listed above were discussed with on-site staff during the exit interview.	C 147		