

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>FCL092127</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/16/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AVENDELLE ASSISTED LIVING AT WATERFOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1008 FLOWER ROUND COURT<br/>RALEIGH, NC 27610</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 January 16, 2019 from 9:00 AM to 10:15 AM at the above referenced facility. DHSR records indicate the home was first licensed on January 12, 2007 as a Family Care Home for six (6) ambulatory Residents. The home was re-classified on October 28, 2013 to serve six (6) non-Ambulatory residents (Who are un-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 2012 North Carolina State Building Code - Section 425.4 - Small non-Ambulatory Care Facilities.<br><br>NOTES:<br><br>1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview.<br><br>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. | C 000                                                                                         |                                                                                                                          |                                                        |
| C 117                                                                            | Have Current San. And Fire Safety Approvals<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0302 DESIGN AND CONSTRUCTION<br>(n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C 117                                                                                         |                                                                                                                          |                                                        |

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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| C 117                                                                            | Continued From page 1<br><br>review.<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that<br>the most recent fire inspection was not available<br>for review. This is not compliant with the rule.                                                                                                                                                                                                                                                                                                                                                               | C 117                                                                                         |                                                                                                                          |                                                        |
| C 174                                                                            | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE<br>EQUIPMENT<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in a family<br>care home shall be maintained in a safe and<br>operating condition.<br>(j) This Rule shall apply to new and existing<br>family care homes.<br><br>This Rule is not met as evidenced by:<br>1. At the time of the survey it was observed that<br>the bathroom exhaust fan in the left side hallway<br>was not working. This is not compliant with the<br>rule. | C 174                                                                                         |                                                                                                                          |                                                        |