NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

January 22, 2019

Esther Cromwell (Via e-mail only)
1537 Green Mountain Drive
Wake Forest, NC 27587

RE: Avendelle Assisted Living At Waterford Landing - FC Biennial Survey
1008 Flower Round Court
Raleigh Wake County
FID #061199 Fcl092127

Dear Ms. Cromwell:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on January 16, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by February 6, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by February 6, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by February 6, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Paul Dixon

Paul Dixon
Architectural/ Engineering Technician
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Wake County DSS - with attachment-(via e-mail only)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092127	A. BUILDING: **01** B. WING _____	**01/16/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE ASSISTED LIVING AT WATERFOR	**1008 FLOWER ROUND COURT RALEIGH, NC 27610**

(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 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. NOTES: 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. 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 SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (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		

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C 117	Continued From page 1 review. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the most recent fire inspection was not available for review. This is not compliant with the rule.	C 117	The fire safety inspection was completed on 07/09/2018 and is attached to this document for your review. All fire and sanitation inspections are stored online; however, the Internet was down at the time of your visiit.	07/09/2018
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: 1. At the time of the survey it was observed that the bathroom exhaust fan in the left side hallway was not working. This is not compliant with the rule.	C 174	The left side hallway bathroom was inspected on 01/18/19 by the HVAC company that installed it during our recent renovation and was indeed found to not be working properly. Parts have been ordered and will be installed to restore the exhaust fan to working order when received.	01/31/2019

FIRE SAFETY INSPECTION REPORT

City of Raleigh Fire Department

Office of the Fire Marshal P.O. Box 590 Raleigh, NC 27622 (919) 996-6392 Fax (919) 831-6180

Property Address *1008 FLOWER ROUND CT* *RALEIGH, NC 27610*	**Inspection Date:** *07/09/2018* **Completed By:** *Furr, Michael T.*
Business Name *THE HAVEN AT WATERFORD LANDING*	**Type:** *Inspection - Yearly*
Building Class *R3 -Residential primarily permanent in nature...* / **Stories** *1*	**Phone** *HOME 919-255-6890*
Construction Type *8 Unprotected* / **Max Occupancy** *7* / **Square Foot** *2000*	
Property Use *459 -Residential board and care*	

Violations Are Indicated Below By Code Reference

0002 No Violation Noted On This Date Repaired: 06/29/2018
Remarks: [2018-06-29 No violations found this date.]

FEES Inspection Fees
Remarks: EXISTING SQUARE FOOTAGE FIRE INSPECTION FEES 2 3

1. Up to 999sf $29
2. 1,000 - 2,499sf $57 ------- 2000 sqft -------
3. 2,500 - 9,999sf $114
4. 10,000 - 49,999sf $206
5. 50,000 - 149,999sf $343
6. 150,000 - 399,999sf $571
7. 400,000 - and Greater $800
8. Re-Inspection Fee $73

1. For a multi-tenant buildings and high-rise buildings the inspection fees are applied to the entire structure.
2. For multiple building owned by the same owner(s), inspection fees are per building as defined by the NC Building Code, Volume 1.
3. Inspection fees are applicable for each State mandated fire inspection.

Failure to correct any and all violations identified in this fire inspection report within 30 days will result in a re-inspection fee.
This includes faxing all required documentation within 30 days of the original inspection date.