STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092192	A. BUILDING: **01** B. WING _____	**03/22/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE ASSISTED LIVING AT ROLESVILL	**129 NORTWICK ROAD ROLESVILLE, NC 27571**

(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 22, 2019 from 11:00 AM to 1:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on March 05, 2014 as a Family Care Home for six non-ambulatory Residents (unable 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 and 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. The cited 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	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092192	A. BUILDING: **01** B. WING _____	**03/22/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE ASSISTED LIVING AT ROLESVILL	**129 NORTWICK ROAD ROLESVILLE, NC 27571**

(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 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 observed that the facility was utilizing the upper level of the home. The facility did not have a second means of egress from the second floor. This is not compliant with the rule. NOTE: In February of 2014 you requested an equivalency for Licensure Rules 10A NCAC 13G .0302(f)(4), which requires fire alarm pull stations on each floor, and 10A NCAC 13G .0312(a), which requires at least two exits from all floors. This equivalency was granted on February 19, 2014, as allowed by rule 10A NCAC 13G .0301(5) and authority granted to our Section Chief by Division Directive No. 42, that the consideration of the bonus room as an unoccupied attic instead of a second floor or level will both equivalently and operationally be effective to exact the requirement of the rule and fulfill the needs of the residents.	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092192	A. BUILDING: **01** B. WING _____	**03/22/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE ASSISTED LIVING AT ROLESVILL	**129 NORTWICK ROAD ROLESVILLE, NC 27571**

(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 2 The granting of this equivalency is also subject to the conditions of Division Directive No. 42 and any or all equivalencies may be revoked if conditions and operating features are found not to be as described. Therefore based on the conditions cited above from our recent biennial survey your previous approved equivalency is revoked and you must now become compliant with the above referenced licensure rule.	C 105		
C 109	Construction-Two Stories SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (f) If the building is two stories in height, it shall meet the following requirements: (1) Each floor shall be less than 2500 square feet in area if existing construction or, if new construction, shall not exceed the allowable area for R-4 occupancy in the North Carolina State Building Code; (2) Aged or disabled persons are not to be housed on any floor above or below grade level; (3) Required resident facilities are not to be located on any floor above or below grade level; and (4) A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building shall be provided. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection. This Rule is not met as evidenced by:	C 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092192	A. BUILDING: **01** B. WING _____	**03/22/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE ASSISTED LIVING AT ROLESVILL	**129 NORTWICK ROAD ROLESVILLE, NC 27571**

(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 109	Continued From page 3 At the time of the survey it was observed that the facility does not have a pull station or sounding device on the second floor. This is not compliant with the rule. NOTE: In February of 2014 you requested an equivalency for Licensure Rules 10A NCAC 13G .0302(f)(4), which requires fire alarm pull stations on each floor, and 10A NCAC 13G .0312(a), which requires at least two exits from all floors. This equivalency was granted on February 19, 2014, as allowed by rule 10A NCAC 13G .0301(5) and authority granted to our Section Chief by Division Directive No. 42, that the consideration of the bonus room as an unoccupied attic instead of a second floor or level will both equivalently and operationally be effective to exact the requirement of the rule and fulfill the needs of the residents. The granting of this equivalency is also subject to the conditions of Division Directive No. 42 and any or all equivalencies may be revoked if conditions and operating features are found not to be as described. Therefore based on the conditions cited above from our recent biennial survey your previous approved equivalency is revoked and you must now become compliant with the above referenced licensure rule.	C 109		
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	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092192	A. BUILDING: **01** B. WING _____	**03/22/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE ASSISTED LIVING AT ROLESVILL	**129 NORTWICK ROAD ROLESVILLE, NC 27571**

(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 174	Continued From page 4 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 refrigerator in the garage is being powered by a drop cord which runs across the floor in front of the entrance to the garage. 2. At the time of the survey it was observed that the electrical panel is blocked by storage items in the garage. This is not compliant with the rule. 3. At the time of the survey it was observed that the sprinkler riser is being blocked by storage items in the garage. This is not compliant with the rule.	C 174		