

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2019
NAME OF PROVIDER OR SUPPLIER AVENDELLE ON LAZY RIVER		STREET ADDRESS, CITY, STATE, ZIP CODE 2268 LAZY RIVER DRIVE 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 Luis Padilla DHSR Construction Section conducted a Biennial Survey on May 22, 2017 from 10:20 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 19, 2011 as a Family Care Home for six (6) Non-ambulatory Residents (Unable to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes the applicable portions of the 2012 North Carolina 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 171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be	C 171		

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

TITLE

(X6) DATE

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C 171	Continued From page 1 prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the Fire Evacuation plans for the home were not oriented properly. This is not compliant with the rule.	C 171		
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 toilet in the Hallway Bathroom at the front of the facility was loose at its base. This is not compliant with the rule. 2. At the time of the survey it was observed that there was a build up of lint and debris behind the dryer of the home. This is not compliant with the rule. 3. At the time of the survey it as observed that there was a missing escutcheon in the riser room of the home. This is not compliant with the rule.	C 174		