

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2019
NAME OF PROVIDER OR SUPPLIER AVENDELLE ASSISTED LIVING AT SHEPHERD		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 WELLSTONE CIRCLE APEX, NC 27502		
(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 David Hickman DHSR Construction Section conducted a Biennial Survey on August 30, 2019 from 9:30 AM to 10:50 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 21, 2016 as a Family Care Home for six non-ambulatory Residents (unable to evacuate and respond 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 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		

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

TITLE

(X6) DATE

Douglas Cromwell



Managing Member

09/16/2019

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C 174	Continued From page 1 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 fire drill logs were unavailable for review. This is not compliant with the rule. Take the necessary steps to have the logs on site for review. 2. At the time of the survey it was observed that the fire alarm control panel could not be located to silence the alarm, therefore the alarm could not be sounded. This is not compliant with the rule. Take the necessary steps to locate the control panel and have it accesible at the follow up survey. 3. At the time of the survey it was observed that the fire extinguishers were not being checked on a monthly basis by the staff. This is not compliant with the rule. Take the necessary steps to have the staff check these monthly and initial the tags. 4. At the time of the survey it was observed that the door off of the kitchen and the door to the exterior in bedroom 5 had working deadbolt locks on them and the lockset on the bedroom 5 door was not a single motion lockset. This is not compliant with the rule. Take the necessary steps to disable the deadbolt locks and provide a single motion lockset on bedroom 5 door. 5. At the time of the survey it was observed that the range hood filter was dirty. This is not compliant with the rule. Take the necessary steps to replace the filter. 6. At the time of the survey it was observed that the air return filters were dirty. This is not	C 174	Fire drill logs have been located and are on site. The fire alarm panel is the white panel that was located in the hallway on the day of the inspection. Staff have been instructed to check the fire extinguishers and initial the tag on a monthly basis. Deadbolts have been disabled and a single motion lockset was installed. Range hood filter replaced.	08/31/19 08/30/19 08/30/19 08/30/19 08/30/19

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STATE FORM

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C 911	Continued From page 3 the rule. Take the necessary steps to remove the camers from the bedrroms.	C 911	The cameras that were observed in the resident's bedrooms are being used with the resident's or POA's permission. In fact, they were provided by them. They are being used to monitor the resident for their safety.	08/30/19