STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092315	A. BUILDING: **01** B. WING _____	**02/21/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE AT WYCKFORD	**4520 DILFORD DRIVE RALEIGH, NC 27604**

(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 February 21, 2024 from 10:00 AM to 11:15 AM at the above referenced facility. DHSR records indicate the home was first licensed on June 05, 2008 as a Family Care Home for six ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency.) On January 01, 2014 the facility was licensed 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 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND	C 117		

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C 117	Continued From page 1 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 review. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire inspection and sanitation inspection reports were not available for review. This is not compliant with the rule. Take the necessary steps to provide these reports for review. A copy of these reports need to be kept on-site. 2. At the time of the survey it was observed that the fire drill logs were not available for review. This is not compliant with the rule. Take the necessary steps to provide the logs for review. A copy of these logs need to be kept on-site.	C 117		
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was a deadbolt lock on the front storm door. This is not compliant with the rule. Take the necessary steps to disable the deadbolt lock.	C 147		

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C 174	Continued From page 2	C 174		
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 fire extinguishers were not being monitored on a monthly basis. This is not compliant with the rule. Take the necessary steps to check the extinguishers monthly and date and initial the tags. 2. At the time of the survey it was observed that the smoke detector in the front foyer had been removed. This is not compliant with the rule. Take the necessary steps to replace the smoke detector. 3. At the time of the survey it was observed that the light for the range hood was not working. This is not compliant with the rule. Take the necessary steps to replace the light. 4. At the time of the survey it was observed that both receptacles in the left rear bathroom were showing the hot and neutral wires were reversed. This is not compliant with the rule. Take the necessary steps to repair the receptacles. 5. At the time of the survey it was observed that there were burned out bulbs in the left rear bathroom were burned out. This is not compliant	C 174		

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C 174	Continued From page 3 with the rule. Take the necessary steps to replace the bulbs. 6. At the time of the survey it was observed that the door to the water heater closet was locked, and the staff did not have the key. This is not compliant with the rule. Take the necessary steps to provide the necessary keys to the staff. 7. At the time of the survey it was observed that the light switch in the front right bathroom was loose and there were burned out bulbs in the light fixture. This is not compliant with the rule. Take the necessary steps to repair the switch and replace the bulbs. 8. At the time of the survey it was observed that there was an open junction box in the attic to the right side of the attic stairs. This is not compliant with the rule. Take the necessary steps to cap the junction box properly. 9. At the time of the survey it was observed that the gutters were clogged with leaves. This is not compliant with the rule. Take the necessary steps to clean out gutters. 10. At the time of the survey it was observed that the egress path walkway from the back had a drop off for the entire length of the walkway causing a possible fall hazard. This is not compliant with the rule. Take the necessary steps to build up the grade next to the walkway so there is no drop off or add a guardrail next to the walkway. 11. At the time of the survey it was observed that the staff did not know how to put the fire alarm in test mode and did not know how to silence and reset the alarm. The fire alarm could not be	C 174		

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C 174	Continued From page 4 tested. This is not compliant with the rule. Take the necessary steps to train the staff on the operating procedures for the fire alarm and ensure they can operate the alarm properly.	C 174		