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 _____	R **06/18/2024**

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 Kelly Myers DHSR Construction Section conducted a Biennial Follow-up Survey on June 18, 2024, from 9:10 AM to 10:05 AM at the above referenced facility. At the time of the survey none of the previously cited deficiencies were corrected and new deficiencies were noted, therefore further action is required. 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 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	{C 117}		

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 _____	R **06/18/2024**

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 117}	Continued From page 1 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. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency.	{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. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency.	{C 147}		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be	C 169		

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 _____	R **06/18/2024**

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 169	Continued From page 2 provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. 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 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.(The fire panel was in normal mode and the annual sprinkler system test was current) Provide a copy of the the current service contract for the fire panel system. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency. *NOTE: This surveyor scheduled an 11:00 am meeting at the facility with the provider on June 21, 2024 to test the pull stations and smoke alarms. The provider was approximately 55 minutes late for the meeting. The provider did not appear to be fully knowledgeable on how to reset the fire system in a timely manner. It is recommended that written instructions along with pass codes be kept at the fire panel and all staff as well as the provider are fully trained on how to use the system. *NOTE: Staff and provider etc. that are responsible for the residents safety and wellbeing must be trained on the proper use of all Life-safety systems at all times.	C 169		

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 _____	R **06/18/2024**

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 169	Continued From page 3 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. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency.	C 169		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire drill log was not available for review. This is not compliant with the rule. Take the necessary steps to provide DHSR- Construction copies of the fire drill log that indicate the fire drills are being conducted on 1st, 2nd and 3rd shifts and a description of how the drill was performed and the total time for evacuation from the home. The smoke alarms must be activated when fire drills are being conducted. The staff are not trained on how to put the fire system in test mode to activate the smoke alarms which is an indication that the smoke alarms are not being utilized for fire drills. *NC Fire Code: Section 405.7 Initiation:	C 172		

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 _____	R **06/18/2024**

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 172	Continued From page 4 Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system.	C 172		
{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. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency. 2. 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. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency. 3. 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	{C 174}		

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 _____	R **06/18/2024**

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 174}	Continued From page 5 necessary steps to repair the receptacles. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency. 4. 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 with the rule. Take the necessary steps to replace the bulbs. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency. 5. 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 key for staff to open the water heater closet door. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency. * This surveyor schedule a meeting for 6/21/2024 to meet with the provider at the facility to look at the water heater. The provider stated that the key was onsite. Once at the facility, the provider did not have key to open the water heater closet. 6. 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. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency.	{C 174}		

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 _____	R **06/18/2024**

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 174}	Continued From page 6 7. 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. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency. 8. 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. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency. 9. 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. *This deficiency was previously cited during our February 21, 2024, biennial survey, take action to correct this deficiency. NEW DEFICIENCIES: 1A. At the time of the survey it was observed that there were tree limbs hanging on the front left and back right roof, vegetation against the front left and low hanging limbs at the front entrance. This is not compliant with the rule. Take the necessary steps to remove the tree limbs that are on the roof and low hanging as well as remove any vegetation growing against the home.	{C 174}		

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 _____	R **06/18/2024**

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 174}	Continued From page 7 2B. At the time of the survey it was observed that that the two right side window screens had holes in them which may allow pests to enter the home when the windows are open for fresh air. This is not compliant with the rule. Take the necessary steps to repair or replace the window screens. 3C. At the time of the survey it was observed that the back door jamb was showing signs of deterioration. This is not compliant with the rule. Take the necessary steps to repair the deteriorating door jamb.	{C 174}		