STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092313	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE AT WATERFORD LANDING	1008 FLOWER ROUND COURT 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 The Adult Care Licensure Section conducted an annual survey on September 10, 2024.	C 000		
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure the hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (°F) to a maximum of 116°F for 3 of 3 water fixtures at two sinks in the residents' bathrooms and the kitchen sink of the facility which residents could access. The findings are: Review of the North Carolina Division of Health Service Regulation Construction Section Hot Water Safety Guide revealed a water temperature of 131 Fahrenheit (°F) could result in a first-degree burn in 17 seconds and a second-degree burn in 30 seconds. Review of the facility's census on 09/10/24 revealed the census was four residents.	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092313	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE AT WATERFORD LANDING	1008 FLOWER ROUND COURT 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 105	Continued From page 1 Observation of the kitchen which was accessible to residents on 09/10/24 at 8:09am revealed the hot water temperature at the sink was 131.9°F with visible steam. Observation of the residents' bathroom to the right of the home on 09/10/24 at 8:15am revealed the hot water temperature at the sink was 133.8°F with visible steam. Observation of the residents' bathroom to the left side of the home on 09/10/24 at 8:18am revealed the hot water temperature at the sink was 130.8°F with visible steam. Interview with the Supervisor in Charge on 09/10/24 at 9:30am revealed: -She was not aware of the water temperatures being too hot. -She did not know the acceptable water temperature range was 100°F - 116°F. -She was not sure if the water temperatures were being checked or monitored unless the Administrator did that. -She was not sure if there was a thermometer to use to check the water temperatures at the facility. -The maintenance director was the Administrator, and he was unable to come to the facility until later that evening. -She had contacted the Administrator/maintenance director for further instructions on reducing the temperature on the water heater. -She would post signs at all the sinks to use caution since the water was outside the 100°F - 116°F range. Observation of the facility on 09/10/24 at 10:45am revealed the SIC adjusted the water heater dial	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092313	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE AT WATERFORD LANDING	1008 FLOWER ROUND COURT 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 105	Continued From page 2	C 105		

temperature from "hot" to "low" per the instructions she had been given by the Administrator during their phone conversation.

Second observation of the residents' bathroom to the left side of the home on 09/10/24 at 11:50am revealed the hot water temperature at the sink was 125.7°F.

Second observation of the kitchen on 09/10/24 at 11:53am revealed the hot water temperature at the sink was 127.1°F.

Third observation of the kitchen on 09/10/24 at 12:20pm revealed the hot water temperature at the sink was 120.8°.

Third observation of the residents' bathroom to the right of the home on 09/10/24 at 11:53am revealed the hot water temperature at the sink was 127.1°F.

Observation on 09/10/24 between 3:15pm - 3:20pm revealed signs were in place at each of the sinks to exercise caution, water temperature warning: hot, please use caution using the water.

Facility water temperature logs requested on 09/10/24 were not provided.

Interview with a resident on 09/10/24 at 1:15pm revealed the water in the shower would be too hot when the staff were assisting him to shower, and he would let them know to make it cooler.

Interview with a medication aide (MA) on 09/10/24 at 8:10am revealed:
-There was only one resident who was ambulatory and he had dementia.
-He was able to dress himself, toilet himself,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092313	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE AT WATERFORD LANDING	1008 FLOWER ROUND COURT 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 105	Continued From page 3	C 105		

transfer and ambulate independently and could access the kitchen sink.
-Another resident complained of the water being too hot when assisting him with his showers and the staff would adjust the water temperature accordingly.
-The four residents at the facility required assistance with toileting and showering.
-She had not noticed the water being too hot or too cold.
-She was not aware of the acceptable temperature range for hot water.
-She was not aware of water temperatures being checked or recorded anywhere.

Based on observations, record reviews, and interviews, it was determined that the only resident who was ambulatory was not interviewable.

Attempted telephone interview with the facility's contracted primary care provider on 09/10/24 at 3:15pm was unsuccessful.

Attempted telephone interviews with the Administrator/Maintenance Director on 09/10/24 at 9:30am, 11:10am, 2:30pm, and 5:15pm were unsuccessful.

_____

The facility failed to ensure hot water temperatures were maintained between 100°F and 116°F at 3 of 3 fixtures resulting in hot water temperatures between 130.8°F and 133.8°F resulting in a risk for first-degree burn in 17 seconds and a second-degree burn in 30 seconds. This failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation.

_____

The facility provided a Plan of Protection in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092313	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE AT WATERFORD LANDING	1008 FLOWER ROUND COURT 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 105	Continued From page 4 accordance to G.S. 131D-24 on SEPTEMBER 10, 2024. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 25, 2024	C 105		
C 207	10A NCAC 13G .0702 (f) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination and Immunizations (f) If the information on the Adult Care Home FL-2 is not clear or is insufficient, or information provided to the facility related to the resident's condition or medications after the completion of the medical examination conflicts with the information provided on the Adult Care Home FL-2, the facility shall contact the physician or physician extender for clarification in order to determine if the facility can meet the individual's needs. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 3 sampled residents (#2, #3) had a diet order listed on the FL-2. The findings are: Observation of the lunch meal on 09/10/24 at 11:00am revealed that all residents in the facility received the same meal of rigatoni pasta with meat sauce, steamed vegetables, soft roll, with tea, and water and milk was offered.	C 207		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092313	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE AT WATERFORD LANDING	1008 FLOWER ROUND COURT 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 207	Continued From page 5 1. Review of Resident #2's current FL-2 dated 05/07/24 revealed: -Diagnoses included hemiplegia, hemiparesis, post cerebral infarction, polyneuropathy, glaucoma, pneumonitis due to inhalation of food/vomit, cerebral infarction due to thrombosis of right posterior cerebral artery. -There was no documentation of Resident #2's orientation status. -The resident was documented as requiring total assistance by staff with all activities of daily living (ADLs) with the exception of eating which required set up. -The diet section was checked but did not include a diet type. Review of Resident #2's Resident Register revealed the date of admission was 05/13/24. Interview with the MA on 09/10/24 at 10:30am revealed: -She prepared meals for the residents at the facility. -She thought all the residents were on a regular diet and that was what she served to them. Interview with the Supervisor In Charge (SIC) on 09/10/24 at 1:00pm revealed: -She was responsible for ensuring the diet orders were on the residents' FL-2. -She thought all the residents were on a regular diet. -She was not aware the diet type had not been listed on their FL-2's. Attempted telephone interview with the Administrator on 09/10/24 at 2:00pm was unsuccessful. Attempted telephone interview with the facility's	C 207		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092313	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE AT WATERFORD LANDING	1008 FLOWER ROUND COURT 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 207	Continued From page 6 contracted PCP on 09/10/24 at 2:30pm was unsuccessful. 2. Review of Resident #3's current FL-2 dated 08/09/24 revealed: -Diagnoses included coronary artery disease and Lewy body dementia. -There was no documentation of Resident #3's orientation status. -The resident was documented as requiring extensive assistance by staff for toileting, bathing, dressing, grooming, and transferring with set up for eating. -The resident required limited assistance with ambulation. -The diet section was checked but did not include a diet type. Review of Resident #2's Resident Register revealed the date of admission was 08/03/24. Interview with the MA on 09/10/24 at 10:30am revealed: -She prepared meals for the residents at the facility. -She thought all the residents were on a regular diet and that was what she served to them. Interview with the Supervisor In Charge (SIC) on 09/10/24 at 1:00pm revealed: -She was responsible for ensuring the diet orders were on the residents' FL-2. -She thought all the residents were on a regular diet. -She was not aware the diet type had not been listed on their FL-2's. Attempted telephone interview with the Administrator on 09/10/24 at 2:00pm was unsuccessful.	C 207		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092313	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE AT WATERFORD LANDING	1008 FLOWER ROUND COURT 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 207	Continued From page 7 Attempted telephone interview with the facility's contracted PCP on 09/10/24 at 2:30pm was unsuccessful.	C 207		
C 240	10A NCAC 13G .0802(e) Resident Care Plan 10A NCAC 13G .0802 Resident Care Plan (e) The facility shall assure that the resident's physician authorizes personal care services and certifies the following by signing and dating the care plan within 15 calendar days of completion of the assessment: (1) the resident is under the physician's care; and (2) the resident has a medical diagnosis with associated physical or mental limitations that justify the personal care services specified in the care plan. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the residents' physicians signed and dated care plans within 15 days of the assessment for 1 of 3 sampled residents (#1). Review of Resident #1's current FL-2 dated 07/19/24 revealed: -Diagnoses included non-Hodgkin's lymphoma, history of irradiation, seizures, osteonecrosis, hypomyelination, hypogonadotropic, and hypodontia. -The resident was documented as intermittently disoriented. -The resident was documented as semi-ambulatory and incontinent of bowel and bladder. -The resident was documented as requiring total care by staff with activities of daily living (ADLs)	C 240		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092313	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE AT WATERFORD LANDING	1008 FLOWER ROUND COURT 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 240	Continued From page 8 with the exception of eating where he required set up. Review of Resident #1's Resident Register revealed the resident was admitted to the facility on 07/22/24. Review of Resident #1's current assessment and care plan dated 08/15/24 revealed: -The assessor dated the assessment and care plan on 08/15/24. -The resident was documented as being totally dependent on staff for all ADLs with the exception of eating where he required set up. -The assessment and care plan were not signed or dated by the resident's primary care provider (PCP) nor by the assessor. Attempted telephone interview with the Administrator on 09/10/24 at 2:00pm was unsuccessful. Attempted telephone interview with the facility's contracted PCP on 09/10/24 at 2:30pm was unsuccessful.	C 240		