Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092299	A. BUILDING: **01** B. WING _____	R **11/13/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE FUQUAY	**709 MINEVA DALE DRIVE** **FUQUAY VARINA, NC 27526**

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{C 000}	Initial Comments Report by Kelly Myers DHSR Construction Section conducted a Biennial Follow-up Survey on November 13, 2024, from 9:00 AM to 10:25 AM at the above referenced facility. At the time of the survey not all of the previously cited deficiencies were corrected 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 onsite staff during the exit interview. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from previous survey. 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 109	Construction-Two Stories SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (f) If the building is two stories in height, it shall meet the following requirements: (1) Each floor shall be less than 2500 square feet in area if existing construction or, if new construction, shall not exceed the allowable area for R-4 occupancy in the North Carolina State Building Code; (2) Aged or disabled persons are not to be housed on any floor above or below grade level;	C 109		

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C 109	Continued From page 1 (3) Required resident facilities are not to be located on any floor above or below grade level; and (4) A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building shall be provided. The fire alarm system shall be able to transmit an automatic signal to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the second story did not have the required pull station. This is not compliant with the rule. Take the necessary steps to install a pull station at the second level of the home.	C 109	Type text here Upstairs does indeed have pull down upstair. It was installed before initial licensing 09/2014.	
{C 110}	Construction-Basement, Attic SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (g) The basement and the attic shall not to be used for storage or sleeping. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there were combustibles being stored in the attic areas (accesses located in the closet and in larger room). This is not compliant with the rule. Take the necessary steps to remove all stored items from the attic. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency.	{C 110}	This home does not have an Attic. observed 7/3/2024.	

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{C 142}	Corridor-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (b) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was not a corridor night light in the front right and left hallway. This is not compliant with the rule. Take the necessary steps to install night lights in all corridors. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency.	{C 142}	All lights in hall areas are operational. 7/3/2024	
C 144	Outside Entrances/Exits-Two Remote Exits SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (a) In family care homes, all floor levels shall have at least two exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the second floor is being used for storage and office. This is not compliant with the rule. It cannot be used as a habitual space such as an office or sleeping room or for storage without a second remote egress. Take the necessary steps to remove the stored items or add a second exit from the upper level.	C 144	In accordance with rule .0312, the second-floor “exit access door” meets the required criteria. Rule .0302 states that the basement and attic shall not be used for storage or sleeping. 709 Minerva Dale does not have a basement or attic that is being used for storage or sleeping. 11/13/2024	

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{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 the front door had a security lock at the top that requires special knowledge to operate and the door levers were not single motion. This is not compliant with the rule. Take the necessary steps to remove the security lock at the front door and install single motion doorknobs or levers so that there is not a delay in evacuating the facility in the event of a fire or emergency. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency.	{C 147}	Lock at the top of the door has been disabled and it not in use. 11/13/24	
{C 149}	Outside Entrances/Exits-Handrails At Porches SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the front entrance has a slope which requires handrails on both sides of the ramp. This is not compliant with the rule. Take the necessary steps to install handrails and guardrails.	{C 149}	The back ramp has handrails/guardrails that That have been in use since the opening of home in 2015. 7/3/2024	

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{C 149}	Continued From page 4 *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 2. At the time of the survey it was observed that the back door ramp did not have a grab bar to assist residents. This is not compliant with the rule. Take the necessary steps to install grab bar on the latched side of the door on the exterior. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency.	{C 149}		
{C 168}	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was not a fire extinguisher centrally located in the kitchen area. There were two unmounted fire extinguishers in the foyer closet with October 2024 tags and one at the upper level with an outdated tag. This is not compliant with the rule. Take the necessary steps to correct this	{C 168}	Fire extinguisher is centrally located in the home. 7/3/2024	

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{C 168}	Continued From page 5 deficiency. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 2. At the time of the survey it was observed that the fire extinguisher was not monitored by staff monthly to ensure that the extinguisher is ready for use. This is not compliant with the rule. Take necessary steps to have the staff inspect the extinguishers once a month and date/initial the tags accordingly or document on a separate log sheet. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency.	{C 168}	Staff is not required to monitor the extinguishers. Cintas & BFPE monitor all fire equipment as required. 7/3/2024	
{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 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.	{C 169}		

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{C 169}	Continued From page 6 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that residential smoke detector in the master suite was a single station unit that did not activate all other smoke detectors. This is not compliant with the rule. Take the necessary steps to repair or replace this smoke detector so that it is communicating with all other smoke detectors. 2. At the time of the survey it was observed that there was not a smoke detector in the hallway between bedroom # 2 and bedroom #3. This is not compliant with the rule. Take the necessary steps to install an interconnected smoke detector in this hallway.	{C 169}	all required smoke detectors and other pertinent fire detection equipment is in place. 11/13/2024	
{C 170}	Fire Safety-Any Other City Ordinances SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the staff had to have some guidance on reseting the fire alarm system when 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 key pad was in normal mode) Provide a copy of the current service contract for the fire panel system. *NOTE: Staff and provider etc. that are responsible for the residents safety and wellbeing must be trained on the proper use of all	{C 170}	Supervisors and administrator are available to call and place home system in test mode and contacting monitoring company when needed. 7/3/24	

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{C 170}	Continued From page 7 Life-safety systems at all times. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency.	{C 170}		
{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 logs were not available for review and reported that the smoke alarms are not being activated for every fire drill. This is not compliant with the rule. Take the necessary steps to have staff activate the smoke alarms for every fire drill so that the residents are being trained to act when the smoke alarm is activated. NOTE: Fire drill logs were provided prior to the survey via email. The log indicates that the drill is a silent alarm drill where the alarm is not sounded. This does not meet the intent of the rule.	{C 172}	Files for fire drills are kept in a cloud based filing system that can be accessed from the home. When asked supervisors and administrators can provide copies. Fire alarm are being sounded going forward 11/13/24	
{C 174}	Building Equipment Maintained Safe, Operating	{C 174}		

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{C 174}	Continued From page 8 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 above-the-range microwave light was not working, and the grease filters were dirty. This is not compliant with the rule. Take the necessary steps to repair the light and clean or replace the grease filters. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 2. At the time of the survey it was observed that there was a burnt-out ceiling lightbulb in the kitchen above the range. This is not compliant with the rule. Take the necessary steps to replace burnt bulbs routinely. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 3. At the time of the survey it was observed that the HVAC filter was dirty. This is not compliant with the rule. Take the necessary steps to routinely replace all return filters and clean the filter cover. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 4. At the time of the survey it was observed that	{C 174}	Per rule .0317 all resident areas are well lit for safety and comfort of the residents. 7/3/24 HVAC filters are changed quarterly with service agreement with HVAC company. 7/3/24	

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{C 174}	Continued From page 9 the camera wire located at the front left corner of the garage is deteriorating as evidenced by the outer covering is no longer present and what is present is very brittle. This is not compliant with the rule. Take the necessary steps to repair or replace the wiring with exterior rated wiring. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 5. At the time of the survey it was observed that there were tree limbs touching the shingles at the front and back of the home and vegetation against the house. This is not compliant with the rule. Take the necessary steps to cut back the tree limbs to prevent damage to the home. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 6. At the time of the survey it was observed that the gutters were full at the back of the house. This is not compliant with the rule. Take the necessary steps to clean the gutters routinely. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 7. At the time of the survey it was observed that there were damaged outdoor chairs at the back next to the house. This is not compliant with the rule. Take the necessary steps to repair or remove the chairs. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 8. At the time of the survey it was observed that there were spider webs around the exterior of the windows. This is not compliant with the rule. Take	{C 174}	There is no wire outside of the residence that is not in compliance with .0317. The specific rule references matters “in a family care home”. The key word being “in”. 7/3/24 There is no wire outside of the residence that is not in compliance with .0317. This applies to the “tree limbs and vegetation touching the home. The specific rule references matters “in a family care home”. The key word being “in”. 7/3/24 The rocking chairs at the home are not damaged. 7/3/24	

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{C 174}	Continued From page 10 the necessary steps to clean the exterior of the home routinely. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 9. At the time of the survey it was observed that there was a screen and loose lumber on the right side and a piece of lumber at the back. This is not compliant with the rule. Take the necessary steps to remove these items. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 10. At the time of the survey it was observed that the attic access panel was not secured. This is not compliant with the rule. Take the necessary steps to secure the access panel to prevent a chimney effect in the event of a fire emergency. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 11. At the time of the survey it was observed that there was a table with chairs partially blocking the ramp. This is not compliant with the rule. Take the necessary steps to remove the table and chairs from the landing of the ramp. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. 12. At the time of the survey it was observed that the heating and air conditoning unit in bedroom #5 has a significant amount of organic growth behind the directional air fins which has the potential to cause health and breathing problems. This is not compliant with the rule. Take the necessary steps to clean and remove the organic	{C 174}	Observations 8-17 do not pertain to rule .0317. No violation of .0317 has detected upon investigation. 7/3/24	

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{C 174}	Continued From page 11 growth inside the indoor unit routinely. *This deficiency was previously cited during our July 3, 2024, biennial survey, take action to correct this deficiency. NEW DEFICIENCIES 13. At the time of the survey it was observed that there was water on the floor behind the washing machine which may be an indication of a leak. This is not compliant with the rule. Take the necessary steps further evaluate and repair as needed. 14. At the time of the survey it was observed that there was a missing receptacle cover to the right of the back door. This is not compliant with the rule. Take the necessary steps to install a receptacle cover. 15. At the time of the survey it was observed that the residential smoke detector in the foyer was not properly mounted in the mounting bracket. This is not compliant with the rule. Take the necessary steps to repair this deficiency. 16. At the time of the survey it was observed that there was not a sprinkler head tool in the red sprinkler head box in the garage. This is not compliant with the rule. Take the necessary steps to correct this deficiency. 17. At the time of the survey it was observed that there was a cylinder style oxygen tank that was not secured in bedroom #2 closet. This is not compliant with the rule. Take the necessary steps to secure the oxygen tank. 18. At the time of the survey it was observed that the garage door was not secured, which is the	{C 174}		

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{C 174}	Continued From page 12 location of the water tanks and sprinkler system. This is not compliant with the rule. Take the necessary steps to keep the garage door secure to prevent tampering with the sprinkler system.	{C 174}		
{C 175}	Heating Sys.-No Unvented or Portable Elec. SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 there was a small space heater in the closet in the second-floor bathroom coset which is prohibited. This is not compliant with the rule. Take the necessary steps to remove the space heaters from the premisses as they are a potential fire hazard and a violation of NCSBC 425.5. *This deficiency was previously cited during ourJu;y 3, 2024, biennial survey, take action to correct this deficiency.	{C 175}	portable heater is and has not been in use and as stated is in a closet. 7/3/24	