

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 11/13/2024
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NAME OF PROVIDER OR SUPPLIER AVENDELLE AT WYCKFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 4520 DILFORD DRIVE RALEIGH, NC 27604
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(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
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{C 000}	<p>Initial Comments</p> <p>Report by Kelly Myers</p> <p>DHSR Construction Section conducted a Biennial Follow-up Survey on November 13, 2024, from 12:15 PM to 1:30 PM 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.</p> <p>NOTES:</p> <p>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.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p>	{C 000}		
{C 147}	<p>Outside Entrances/Exits-Single Hand Motion</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. At the time of the survey it was observed that</p>	{C 147}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 147}	Continued From page 1 the front and back doorknobs were not single motion knobs. This is not compliant with the rule. Take the necessary steps to install single motion knobs that do not require special knowledge.	{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 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 operate the fire panel system. The fire alarm could not be tested at this time. 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) . * This deficiency was previously cited during our February 21 ,2024 biennial survey and hasn't been corrected. Take action to correct this deficiency.	{C 169}		

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{C 169}	Continued From page 2 20241114: * The fire panel was not able to be put in test mode therefore, Deputy Fire Marshall John Boyette was contacted and he agreed to test the system on November 14, 2024. The system took approximately 8 minutes to signal the fire department for dispatch. The provider spoke with Mr. Boyette via phone conversation and was informed that there is a problem and he has someone scheduled to make the repair. Provide documentation that the repair was completed.	{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	{C 172}		

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{C 172}	Continued From page 3 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: 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 and hasn't been corrected, 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 and hasn't been corrected, take action to correct this deficiency.	{C 174}		

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{C 174}	<p>Continued From page 4</p> <p>4. At the time of the survey it was observed that there were burnt out bulbs in the left rear bathroom. 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 and hasn't been corrected, take action to correct this deficiency.</p> <p>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 and hasn't been corrected, take action to correct this deficiency.</p> <p>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 and hasn't been corrected, take action to correct this deficiency.</p> <p>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 and hasn't been corrected, take action to correct this</p>	{C 174}		

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{C 174}	<p>Continued From page 5 deficiency.</p> <p>10. 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. *This deficiency was previously cited during our November 13, 2024 biennial follow-up, take action to correct this deficiency.</p> <p>11. At the time of the survey it was observed that the right-side window screen had a hole 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 screen. *This deficiency was previously cited during our November 13, 2024, biennial follow-up, take action to correct this deficiency.</p> <p>NEW DEFICIENCIES: 20241113</p> <p>12. At the time of the survey it was observed that the right path of egress was blocked by trash cans and a broken mirror. This is not compliant with the rule. Take the necessary steps to keep this path clear of obstacles.</p> <p>13. At the time of the survey it was observed that the back right closet light was working intermittently. This is not compliant with the rule. Take the necessary steps to repair or replace.</p>	{C 174}		