

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092295	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2024
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NAME OF PROVIDER OR SUPPLIER AVENDELLE ASSISTED LIVING ON LAZY RIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 2268 LAZY RIVER DRIVE RALEIGH, NC 27610
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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
C 000	<p>Initial Comments</p> <p>Report by Kelly Myers</p> <p>DHSR Construction Section conducted a Biennial Survey on December 19, 2024, from 9:00 AM to 10:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 19, 2016 as a Family Care Home for six (6) Non-ambulatory Residents (Unable to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes the applicable portions of the 2012 North Carolina Building Code - Section 425.4 - Small non-ambulatory Care Facilities.</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 117	<p>Have Current San. And Fire Safety Approvals</p> <p>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</p>	C 117		

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

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C 117	Continued From page 1 review. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the most recent fire inspection and sanitation reports were not on site and available for review. This is not compliant with the rule. Take the necessary steps to have the inspections completed annually. These reports should be kept on site for periodic review and provide a copy of the current reports to DHSR construction section with the plan of correction.	C 117		
C 125	Kitchen-Range Hood SECTION .0300 - THE BUILDING 10A NCAC 13G .0307 KITCHEN (b) The cooking unit shall be mechanically ventilated to the outside or be an unvented, recirculating fan provided with any special filter per manufacturers' instructions for ventless use. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the over-the-range microwave was not working and was currently in the process of having a warranty repair completed per the documentation posted on the microwave. This is not compliant with the rule. Take the necessary steps to have the microwave repaired or replaced.	C 125		
C 143	Corridor-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by:	C 143		

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C 143	Continued From page 2 1. At the time of the survey it was observed that there was an obstruction (trash cans) in the front left hallway decreasing the width of the hallway to less than 36 inches. A resident in bedroom #1 requires the use of a wheelchair and had challenges trying to navigate through the hallway. This is not compliant with the rule. Take the necessary steps to ensure that all pathways are free of obstruction and always maintain a 36-inch clearance. NOTE: This deficiency was corrected at the time of the survey.	C 143		
C 148	Outside Entrances/Exits-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that a designated exit door to the storage room was locked due to the storage room being used for storing cleaning chemicals. The shelving unit in which the supplies are stored partially blocks the remote exit. There was not a 36-inch path to the exterior door. This in not compliant with the rule. Take the necessary steps to install a passage knob at the hallway door, remove the shelving unit that partially blocks the path of egress and keep the floor free of obstacles to the exterior door.	C 148		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING	C 169		

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C 169	<p>Continued From page 3</p> <p>10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN</p> <p>(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.</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that the smoke detectors and pull stations could not be tested due to security central having computer issues at the time the provider called to put the system in test mode. This surveyor will return to the facility to test the system.</p> <p>Note: This surveyor returned to the facility on January 17, 2025, between 9:15 am and 10:30 am to test the smoke alarms and pull stations. The system was operating as intended and the keypad panel returned to normal status after the testing was completed.</p>	C 169		
C 171	<p>Fire Safety- Evacuation Plan</p> <p>SECTION .0300 - THE BUILDING</p> <p>10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN</p> <p>(d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central</p>	C 171		

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C 171	Continued From page 4 location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the exit route map has an arrow pointing at the great room fire place as an exit. This is not compliant with the rule. Take the necessary steps to update the exit route map and provide a copy to DHSR Construction with the plan of correction.	C 171		
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 bath exhaust fan covers were dusty in the right and back left bathrooms. This is not compliant with the rule. Take the necessary steps to clean the exhaust fans routinely to allow for proper operation. 2. At the time of the survey it was observed the pantry door latch was installed backwards which prevents the door from latching. This is not compliant with the rule. Take the necessary steps to repair the door latch. 3. At the time of the survey it was observed that	C 174		

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C 174	Continued From page 5 the back patio gate drags onto the ground which could delay egress if a resident was in the patio area when a fire or other emergency occurs. This is not compliant with the rule. Take the necessary steps to repair the door so that it opens and closes without requiring effort to do so. 4. At the time of the survey it was observed that there was a layer of pine straw on the patio and the gutters were full of pine straw. This is not compliant with the rule. Take the necessary steps to routinely remove the pine straw from the patio area and gutters. 5. At the time of the survey it was observed that there was a bath exhaust on the left side that was missing the damper flap that has the potential to be a nesting location. This is not compliant with the rule. Take the necessary steps to repair or replace the exhaust cap. 6. At the time of the survey it was observed that the laundry room ceiling light globe was missing, and it had interior flood bulbs installed. This is not compliant with the rule. Take the necessary steps to repair or replace. 7. At the time of the survey it was observed that bedroom #3 door had a loose top hinge that prevented the door from closing properly. This is not compliant with the rule. Take the necessary steps to secure the door hinge.	C 174		
C 179	Building Service Equipment-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (e) All resident areas shall be well lighted for the	C 179		

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C 179	<p>Continued From page 6</p> <p>safety and comfort of the residents. The minimum lighting required is:</p> <p>(3) 1 foot-candle power at the floor for corridors at night.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that there was not a night light in the front left hallway. This is not compliant with the rule. Take the necessary steps to install night light equal to 1-foot candle. If a ceiling light is being used, it must be permanently disengaged so that it cannot be turned off.</p>	C 179		