

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL090040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2018
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NAME OF PROVIDER OR SUPPLIER AVENDELLE AT WINGATE	STREET ADDRESS, CITY, STATE, ZIP CODE 111 MAYE STREET WINGATE, NC 28174
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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 Paul Dixon</p> <p>DHSR Construction Section conducted a Biennial Survey on April 13, 2018 from 9:30 AM to 10:45 AM at the above referenced facility. DHSR records indicate the home was first licensed on May 27, 2015 as a Family Care Home for six (6) non- ambulatory Residents (Who are un-able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, the 2012 North Carolina State Building Code - Section 425.5 - Small non-Ambulatory Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They 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 review.</p> <p>This Rule is not met as evidenced by: At the time of the survey it was observed that the facility did not have a current fire inspection report available for review. The rule requires the facility to maintain documented evidence of compliance with applicable fire and building codes including an annual fire inspection.</p>	C 117		

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

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C 183	Continued From page 1	C 183		
C 183	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.</p> <p>This Rule is not met as evidenced by: At the time of the survey it was observed that the front entrance ramp had a decking board which was loose. The rule requires that the facility be maintained in a clean and safe condition.</p> <p>For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc.</p> <p>All deficiencies listed above were discussed with on-site staff during the exit interview.</p>	C 183		