



**North Carolina Department of Health and Human Services
Division of Health Service Regulation**

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

SECOND NOTICE

August 2, 2016

CONSTRUCTION SECTION
SEP 09 2016
RECEIVED

Ann Marie Cassella
P O Box 10215
Raleigh, NC 27605

RE: Lynn's Home At Riverside - FC Complaint Survey
5614 Apalachicola Circle
Raleigh Wake County
FID #120019 Fcl092174

6 pages received
[Signature]

Dear Ms. Cassella:

The Division of Health Service Regulation (DHSR) - Construction Section conducted a Complaint Survey of your facility on January 15, 2016. As a result of this survey, deficiencies were cited which required an acceptable Plan of Correction that was to be returned to our office by April 12, 2016.

On July 1, 2016, Mr. Rick Benton, a DHSR-Construction Surveyor, spoke with you regarding the Plan of Correction that has not been returned to DHSR-Construction Section.

Enclosed is a copy of the Statement of Deficiencies. You will need to type or print clearly your correction action and then SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by August 17, 2016. Failure to return the signed Plan of Correction within this time period could potentially cause a suspension of admissions, provisional license or license revocation. The Provider may copy form(s) to be retained for your files.

Construction Section
www.ncdhhs.gov • www.ncdhhs.gov/dhsr
Tel 919-855-3893 • Fax 919-733-6592
Location: Williams Building, 1800 Umstead Drive • Raleigh, NC 27603
Mailing Address: 2705 Mail Service Center • Raleigh, NC 27699-2705
An Equal Opportunity / Affirmative Action Employer

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Sincerely,

Anthony Brinson

Anthony Brinson
Biennial Residential Team Leader
DHSR - Construction Section

cc: DHSR - Adult Care Licensure Section
City Building Inspection Department
Wake County DSS

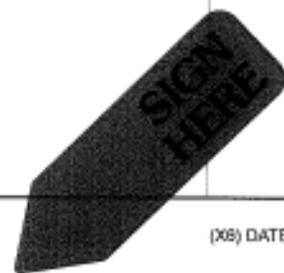
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/15/2016
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NAME OF PROVIDER OR SUPPLIER LYNN'S HOME AT RIVERSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 5614 APALACHICULA CIRCLE RALEIGH, NC 27616
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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	Initial Comments Report by Rick Benton DHSR Construction Section conducted a Complaint Survey on January 15, 2016 from 12:30pm to 2:00pm at the above referenced facility. DHSR records indicate the home was first licensed on 04/26/2012 as a Family Care Home for six (6) ambulatory Clients (able to evacuate and respond 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, and the 2009 Edition of the North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322	C 105		



Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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[Signature] / OWNER 9.8.16

Division of Health Service Regulation

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C 105	<p>Continued From page 1</p> <p>Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00).</p> <p>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by: The complaint was substantiated. During the survey, it was noted that one resident was completely immobile. The resident was in a wheelchair and required total assistance from the staff. According to the provider, this resident requires total assistance with getting in and out of bed and transferring from the bed to her wheelchair. She had to have complete assistance as they were having lunch at the time of this survey. At the time of the survey this was consistent with being a non-ambulatory resident. Through observed documentation at the time of the survey, the provider had made arrangements to discharge this resident based on her consistent immobility.</p> <p>The other resident was mobile on her own accord. Other than being somewhat slow, her movements around the home required no verbal prompting and no physical assistance. At the time of the survey, this was consistent with an ambulatory person. She walked unassisted as she followed me and the provider throughout several rooms as the survey was being conducted. She was observed using no assistance from staff and did not use a cane or a walker to assist her as she moved around. As long as this resident is able to transfer from one place to another without any verbal prompting and any physical assistance, she may remain in the home.</p>	C 105	<p>RESIDENT WAS DISCHARGED ON 1/29/16.</p>	

Division of Health Service Regulation

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C 105	<p>Continued From page 2</p> <p>Since DHSR-Construction Section can only verify the condition of a resident at the time of the survey, her condition must be monitored. If she begins to show any signs of physical or mental deterioration to the point that she will need assistance, she will have to be relocated to a larger facility or it may be possible to bring your home into compliance with Section 425.4 of the current North Carolina State Building Code which requires the building to be sprinklered with a wet pipe system in accordance with NFPA 13D with a 30-minute water supply in all areas including bathrooms, toilets, closets, pantries, storage and utility spaces. This would allow the home to serve a maximum of six non-ambulatory residents (unable to evacuate and respond without physical or verbal assistance).</p> <p>The provider should note that if a sprinkler system is installed, the provider is required to submit engineering plans to the local jurisdiction for approval. Prior to any work beginning the provider must submit those plans to our office which is subject to a written review.</p>	C 105		

Spoke to Steve Lewis regarding pending request for FSES assessment on 9/8/16 which is being processed by Steve and I am awaiting more information.

Ann Marie Cassella/Lynns Care Home at Riverside, LLC

----- Forwarded message -----

From: **Ann Marie Cassella** <lynnscareshomes@gmail.com>

Date: Thu, Jun 16, 2016 at 11:22 AM

Subject: FSES request for Diane Guy

To: steven.lewis@dhhs.nc.gov, rick.benton@dhhs.nc.gov

Hi Steve -

pursuant to everyone's desire to keep long term aging residents in place as long as their advancing needs can be handled by the facility, I am requesting an assessment for approval under the FSES indication for resident Diane Guy. Diane has been under our care for five years and since hip surgery has needed assistance at times ambulating. Due to her additional advancing dementia she also at times needs assistance with her meals but overall is pleasant and comfortable and we have an excellent relationship with her son who is requesting she remain in place with us as well.

In December 2015 our county person Von Brown attempted to force a discharge of this resident as she stated her ambulation was too poor for her to remain in place with us eventhough all of her care needs are being met perfectly as we have two staff from 8am to 8pm who more than exceeded the 1:6 staff to resident ratio in family care homes. Rick was called in through her to assess this resident on 1/15/16 and the resident Diane Guy met him at the door as she was walking independently that day which she often does. She still continues to have up and down days but she is not a non ambulatory resident so she was deemed appropriate for our facility still.

Von Brown however has returned today to the facility Lynns Care Home at Riverside at 5614 Apalachicola Drive in Raleigh and is again questioning Diane's needs. At this point I think it best to request an assessment under FSES although she continues to ambulate sometimes with assistance and sometimes without but our adult care home specialist Von continues to want to make this residents ability an issue.

Please advise next steps as soon as possible as I would like to be able to assure the family that their mother can continue to remain in our care home where she has gotten nothing but love, attention and excellent care and supervision.

Thank You so much -

Ann Marie Cassella

Owner/Administrator

Lynn's Care Village Association/Lynn's Home Riverside/Sandy Forks/Saybrooke

direct line: 919 621 9670

fax line: 919 516 0796

"high quality eldercare in a unique residential setting"