

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL008029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2015
NAME OF PROVIDER OR SUPPLIER VIRGINIA'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1517 GOVERNOR'S ROAD WINDSOR, NC 27983		
(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	Initial Comments This report is of a Biennial Construction Survey done by Bob Getchell on May 8, 2015. This home was first licensed as a FCH serving six (6) ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on January 23, 2012. Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, and, the 2006 North Carolina State Building Code - Section 421.2 - Residential Care Homes. Deficiencies were noted which will require a new plan of correction.	C 000		
C 117	Have Current San. And Fire Safety Approvals 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. This Rule is not met as evidenced by: 1. Based on observation, all reports were not available at the time of the survey. Findings include: The following reports were not available at the time of the survey: a) Fire Marshalls Report	C 117		
C 135	Bathroom-Hand Grips SECTION .0300 - THE BUILDING	C 135		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL008029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2015
NAME OF PROVIDER OR SUPPLIER VIRGINIA'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1517 GOVERNOR'S ROAD WINDSOR, NC 27983		
(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 135	Continued From page 1 10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all commodes, tubs and showers used by the residents. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having loose grab bars. Findings include: In the front bathroom the hand grip at the toilet is loose.	C 135		
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: Based on observation, egress from all areas was not maintained in a safe manner by having doors that could be locked in the direction of egress. This would effect all residents by not allowing free egress in an emergency. Findings include: a. The door from the kitchen to the Living Room door marked with an Exit sign, has locking hardware. (Removed on site).	C 143		
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	C 149		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL008029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2015
NAME OF PROVIDER OR SUPPLIER VIRGINIA'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1517 GOVERNOR'S ROAD WINDSOR, NC 27983		
(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 149	Continued From page 2 provided with handrails and guardrails. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having loose handrail on the back porch. Findings include: The handrail by the ramp off the back porch is loose.	C 149		
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. Based on observation, the facility furniture was not maintained in good repair. Findings include: The middle bedroom has a chest of drawers that is showing signs of excessive wear on the top.	C 153		
C 155	Housekeeping-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (5) be maintained in an uncluttered, clean and	C 155		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL008029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2015
NAME OF PROVIDER OR SUPPLIER VIRGINIA'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1517 GOVERNOR'S ROAD WINDSOR, NC 27983		
(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 155	Continued From page 3 orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having tripping hazards. Findings include: Tripping hazards were observed in the following locations: a) Bunching carpet in bedrooms, b) bunching carpet in corridors, c) damaged tile on kitchen floor. 2. Based on observation, the facility was not maintained in a safe manner by having building components in disrepair. Findings include the following: a) Two panes of glass are broken in the Living Room. b) Some of the window casing in the Living room is rotten, c) There is vinyl damage on the front of the house, d) The bare fascia boards on the front need paint or siding to prevent deterioration. e) The kitchen countertop has broken tile.	C 155		
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.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL008029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2015
NAME OF PROVIDER OR SUPPLIER VIRGINIA'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1517 GOVERNOR'S ROAD WINDSOR, NC 27983		
(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 174	Continued From page 4 This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having doors inoperable. This would effect all residents by not allowing free egress in an emergency. Findings include: a) The back exit door has a latch coming loose, b) Left end bedroom door will not close and latch, c) Front center bedroom door is scrubbing the frame,	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. Based on observation, the facility was not maintained in a safe manner by having portable electric heaters in use. Findings include: The staff office has a portable electric heater.	C 175		