PRINTED: 07/21/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL041043	A. BUILDING: 01 B. WING	06/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENBOW MANOR	1403 BENBOW ROAD GREENSBORO, NC 27406

(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 June 18, 2015. This facility was first licensed as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on January 30, 2002. Based on this we are requiring the home to be in compliance with the 2000 and the applicable portions of the 2005 Rules (10A NCAC 13G for the Licensing of Family Care Homes, and, the 1996 (1999 Revision) North Carolina State Building Code - Section 419.2 - Residential Care Homes. Deficiencies were noted which will require a new plan of correction	C 000	CONSTRUCTION SECTION JUL 29 2015 RECEIVED	
C 135	Bathroom-Hand Grips SECTION .0300 - THE BUILDING 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 bathroom was not maintained in a safe manner. Findings include: The back left bathroom has the following issues: a) The grab bar at the toilet is loose, b) The grab bar at the shower is loose.	C 135	The grab bars at the toilet and shower have been tightened to maintain safety when using. The other bars in the remaining restrooms were all checked and tightened when needed. These will be checked on a regular basis to make sure they stay tight.	7/28/15
C 136	Bathroom-Nonskid In Tub/Showers SECTION .0300 - THE BUILDING	C 136		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Administrator (X6) DATE 7/30/15

PRINTED: 07/21/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL041043	A. BUILDING: 01 B. WING	06/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENBOW MANOR	1403 BENBOW ROAD GREENSBORO, NC 27405

(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 136	Continued From page 1 10A NCAC 13G .0306 BATHROOM (f) Nonskid surfacing or strips must be installed in showers and bath areas. This Rule is not met as evidenced by: 1. Based on observation, the showers were not maintained safe. Findings include: a) The floors in the two showers do not have any no skid strips or a textured floor.	C 136	Both showers now have skid strips placed on the floor. We will make sure these strips are replaced when necessary to maintain safety.	7/29/15
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: 1. Based on observation, the facility was not maintained in a safe manner by having corridors obstructed. Findings include: a) The door from the right resident corridor to the kitchen, in the path of egress, has locking hardware.	C 143	The locking hardware on this door was removed and replaced with a non locking door. We will make sure that all doors continue to have non-locking hardware.	7/29/15
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by:	C 152		

PRINTED: 07/21/2015
FORM APPROVED
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL041043	A. BUILDING: 01 B. WING	06/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENBOW MANOR	1403 BENBOW ROAD GREENSBORO, NC 27406

(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 152	Continued From page 2 Based on observation, the floor coverings were not maintained safe. Findings include: a) The left front bedroom has a broken floor tile that presents a tripping hazard	C 152	The floor tile was replaced with a new tile. We will continue to check the floors regularly and replace any necessary tiles when needed.	7/29/15
C 153	Housekeeping 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 resident furnishings were not maintained in good repair. Findings include: Damaged and worn furniture was observed in the following locations: a) Right middle bedroom has a chair with a split seat cushion, b) Right front bedroom has a broken handle on the chest of drawers, c) Left back bedroom has a broken handle on the chest of drawers, d) Left back bedroom has a broken headboard on the bed, e) Left back bedroom has a large hole in the bedspread, f) Left front bedroom has a chest of drawers with the finish worn off,	C 153	The bedroom chair was replaced. The drawer handle has been repaired in all bedrooms. The head board on the bed has been repaired. The bedspread has been replaced with a new one. The drawer finish has been re-stained. We will continue to check these areas and make necessary repairs when needed	7/28/15

PRINTED: 07/21/2015
FORM APPROVED
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL041043	A. BUILDING: 01 B. WING	06/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENBOW MANOR	1403 BENBOW ROAD GREENSBORO, NC 27406

(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 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would affect all residents by not having fire protection equipment operable for use in an emergency. Findings include: The inspection tags on the fire extinguishers indicate that required monthly checks are not being performed per NFPA 10	C 168	Our fire extinguishers were professionally serviced in April 2015. We will make sure that the extinguishers are being checked monthly by our maintenance workers to ensure safety.	7/31/15
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:	C 174		

PRINTED: 07/21/2015
Division of Health Service Regulation
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL041043	A. BUILDING: 01 B. WING	06/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENBOW MANOR	1403 BENBOW ROAD GREENSBORO, NC 27408

(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 1. Based on observation, the exterior building components were not maintained safe. Findings include: On the back exterior stairs off the deck, two steps are split in half. 2. Based on observation, egress from all areas was not maintained in a safe manner by having bedroom windows that are stuck shut or difficult to open. This would affect the residents by not allowing free egress in an emergency. Findings include: All the bedroom windows are stuck shut or are difficult to open 3. Based on observation, the building electrical system was not maintained in a safe manner. Findings include: The left front bedroom has a duplex outlet that is missing the cover plate.	C 174	The two steps that were split in half have both been repaired. We will monitor all stairs regularly. The windows all open and shut in the bedrooms. They are no longer stuck. We will continue to check all windows on a regular basis. The outlet cover plate has been placed back on. All outlets were checked to make sure this problem did not exist any where else.	7/28/15 7/29/15
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.	C 175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL041045	A. BUILDING: 01 B. WING	06/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENBOW MANOR	1403 BENBOW ROAD GREENSBORO, NC 27406

(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 175	Continued From page 5 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: A portable electric heater was found in the basement.	C 175	The electric heater in the basement has been removed. We will make sure portable heaters are not on the premises.	7/28/15