# DEPARTMENT OF HEALTH AND HUMAN SERVICES
## DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

February 3, 2017

Vanderbill Cherry, Jr.
P O Box 789
Aulander, NC 27805

MAR 08 2017

RE: Pathways - FC Biennial Survey
743 Charles Taylor Road
Aulander Bertie County
FID #920203 Fcl008030

Dear Mr. Cherry, Jr.:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on January 26, 2017. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

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

- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by February 18, 2017. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

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

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by February 18, 2017. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by February 18, 2017. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

*Suzanna Fay*

Suzanna Fay
Architectural/Engineering Technician
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment
Bertie County DSS - with attachment

Pathways Adult Care Home
P.O. Box 789
Aulander, N.C. 27805

252-325-2977/ 252-395-2016
252-345-3732

## Fax Transmittal Form

To Dept. of Health and Human Services
Name: Suzanna Faye
Re:
CC: Plan of Correction
Phone: 919-855-3893
Fax: 919-733-6592

From: Vanderbill Chey
Pathways
Date Sent: 2/28/17

Number of Pages: 10 pages including cover page

**Message:** I received your message on today. Here is a copy of my plan of correction I was waiting on finishing 1 or 2 more items before I sent it back to you with the dates and documentation and all. And, in filling the paperwork out, I sort of got the pages mixed up. But, the information is there. I will put the whole packet in the mail to you with the documentation needed for all deficiencies at the end of the week. Thank you for your cooperation.

Thank you,
Vanderbill Chey (Admn.)
Vanderbill Chey (Admn.)

TRANSMISSION VERIFICATION REPOR

TIME : 02/28/2017 23:18

| | |
|---|---|
| DATE,TIME | 02/28 23:12 |
| FAX NO./NAME | 19197336592 |
| DURATION | 00:05:48 |
| PAGE(S) | 16 |
| RESULT | OK |
| MODE | STANDARD ECM |

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 |
|---|---|---|---|
| | FCL008030 | A. BUILDING: 01<br>B. WING _____ | 01/26/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PATHWAYS | 743 CHARLES TAYLOR ROAD<br>AULANDER, NC 27805 |

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| C 000 | Initial Comments<br><br>Report by Suzanna Fay<br><br>DHSR Construction Section conducted a Biennial Survey on January 26, 2017 from 10:35 AM to 11:32 AM at the above referenced facility. DHSR records indicate the home was first licensed on April 13, 2012 as a Family Care Home for six ambulatory Residents (able to evacuate and respond 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 and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes.<br><br>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: | C 000 | ~~Staff~~ reported that the window needed to be repaired after construction ~~repa~~survey. Window was fixed on 1/30/17. by maintenance. Administration will monitor windows mthly. And address issues with windows when need be. | 1/30/17 |
| C 114 | Construction-Windows<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0302 DESIGN AND CONSTRUCTION<br>(k) All windows shall be maintained operable.<br><br>This Rule is not met as evidenced by:<br>1. At the time of this survey, the Surveyor unlocked the window (adjacent to the closet) on the back wall of Bedroom # 4. When the locks were released, the top panel of the window fell down rapidly and jammed. The upper panel could not be lifted back into place. Have a qualified technician repair the window so that it can be operated safely and correctly. Provide documentation of the repairs in the form of receipts or work orders. | C 114 | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2/28/17

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| C 116 | Continued From page 1 | C 116 | Administrator got in contact with Arrow exterminators in Rocky Mt. They came and did a service agreement They are to come and service facility quarterly. Staff will monitor for pests and etc. and address when needed. Documentation is included in packet. | 2/17/17 |
| C 116 | Construction-Meet Sanitary Requirements<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0302 DESIGN AND CONSTRUCTION<br>(m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed a roach crawling on the wall in Bedroom 4. this is a violation of Environmental Health Services 15A NCAC 18 A .1615 Vermin Control which states " Effective measures shall be taken to keep insects, rodents and other vermin out of the Residential Care Facility" Have an exterminator treat for pests and provide a copy of the receipt for services to DHSR/Construction. | C 116 | | |
| C 132 | Bathroom-For Each 5 or Fewer<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0309 BATHROOM<br>(a) Adult care homes licensed on or after April 1, 1984, shall have one full bathroom for each five or fewer persons including live-in staff and family.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility had two full baths and one half bath. Interview with Staff revealed that there were six Residents and one Staff member living at the facility. She stated that the bathroom at the end of the hall (Room 12) was for Staff use only which does not provide enough full baths for the Residents and meet the rule. Allow use of the Staff bath for one or more Residents, and provide written verification to our | C 132 | The sign was removed 1/26/17. Residents was made aware that restroom in the back of facility was available for use | 1/26/17 |

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| C 132 | Continued From page 2<br>office. | C 132 | - Bathroom exhaust fans have been vented to the outside as of 2/21/17 Documentation is in the packet. | 2/21/17 |
| C 137 | Bathroom-Mechanical Ventilation<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0309 BATHROOM<br>(g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the bathroom exhaust fans were venting into the attic. Have a qualified technician install ductwork to vent the fans directly to the outside and provide a hood assembly. Provide documentation of the repairs in the form of receipts or work orders to our office. | C 137 | - Floors between the Kitchen and hall baths have been repaired as of 2/10/17 Documentation is in packet. Floors will be assessed quarterly and repaired accordingly. | 2/10/17 |
| C 152 | Floors<br><br>10A NCAC 13G .0314 FLOORS<br>(a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable.<br>(b) Scatter or throw rugs shall not be used.<br>(c) All floors shall be kept in good repair.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the floors were not maintained in good condition. The floor was soft and giving in the corridor between the kitchen and hall bath 5. Have a qualified technician repair/replace the damaged floor as needed. Provide documentation of the repairs in the form of receipts or work orders. | C 152 | | |

Division of Health Service Regulation

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| C 169 | Fire Safety-Smoke Detectors<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN<br>(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.<br>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.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed Room # 9 is being utilized as a Staff Bedroom. There was not a smoke detector in this room. All sleeping areas are required to have smoke detectors. Have a qualified technician install a smoke detector in the Staff Bedroom that is wired to the house current, interconnected to the other smoke detectors in the facility and has battery backup. Provide documentation of the repairs in the form of receipts or work orders.<br><br>2. At the time of this survey, the smoke detector outside of Bedroom 4 did not sound when tested. Have a qualified technician repair/replace this smoke detector. Provide documentation of the repairs in the form of receipts or work orders.<br><br>3. At the time of this survey, the smoke detector in Bedroom 4 was chirping indicating a low or dead battery. Replace the battery and insure that | C 169 | -Smoke ~~det~~ detector have been placed or installed in room #9 as of 2/07/17. Documentation is in packet. 2/07/17<br><br>-Administrator and staff resident re-assessed smoked detector in bedroom #4. And it alarmed. Smoke detector in bedroom #4 was not found chirping after being assessed by administrator, SIC, and maintenance. Batteries checked and smoke detectors alarmed when tested. Administrator and staff will continue to monitor smoke detectors weekly. And change batteries when needed. | |

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| C 169 | Continued From page 4<br>the detector is working properly. Provide documentation of the repairs in the form of receipts.<br><br>4. Observations revealed that the smoke detector outside of Bedroom # 1 did not sound when tested and began making a beeping sound. Have a qualified technician repair/replace the smoke detector. Provide documentation of the repairs in the form of receipts or work orders. | C 169 | | |
| C 174 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(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.<br>(j) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the kitchen outlet to the left of the sink did not trip when tested. Have a qualified technician repair or replace the outlet. All counter top Kitchen outlets are required to be GFCI protected. Provide documentation of the repairs in the form of receipts or work orders.<br><br>2. Observations revealed that the grease filter was missing from the kitchen exhaust hood. Interview with Staff revealed that she had attempted to replace the filter but had not been able to find the correct size. Replace the grease filter. Provide documentation of the repairs in the form of photos or receipts. | C 174 | The GFCI outlet have been replaced as of January 27, 2017. Documentation is provided in packet. The outlets will be checked on a weekly basis. And Changed as needed. 1/27/17<br>The grease filter over the stove inside the hood have been replaced as of 1/30/17. Documentation is enclosed in the packet. Administration will monitor filter for hood weekly. And replace when needed. 1/30/17 | |

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| C 169 | Continued From page 4<br>the detector is working properly. Provide documentation of the repairs in the form of receipts.<br><br>4. Observations revealed that the smoke detector outside of Bedroom # 1 did not sound when tested and began making a beeping sound. Have a qualified technician repair/replace the smoke detector. Provide documentation of the repairs in the form of receipts or work orders. | C 169 | -The wall below the panel box have been fixed as of 2/21/17. The electrical panel box have been labeled completely, as of 2/20/17. Documentation is included in packet.<br>-The electrical outlets in the hall bath and in the half bath have been replaced as of 2/20/17. Documentation is included in packet. | 2/20/17<br>2/20/17 |
| C 174 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(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.<br>(j) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the kitchen outlet to the left of the sink did not trip when tested. Have a qualified technician repair or replace the outlet. All counter top Kitchen outlets are required to be GFCI protected. Provide documentation of the repairs in the form of receipts or work orders.<br><br>2. Observations revealed that the grease filter was missing from the kitchen exhaust hood. Interview with Staff revealed that she had attempted to replace the filter but had not been able to find the correct size. Replace the grease filter. Provide documentation of the repairs in the form of photos or receipts. | C 174 | -The bulbs in the back bathroom have been replaced as of 1/26/17. Administration will monitor the light bulbs in the facility daily, And replace accordingly. Documentation is in packet.<br>-The faucet have been replaced as of 2/24/17 that is located in the half bathroom. Both sides are working.<br>-The vanity cabinet in half bathroom have been replaced as of 2/24/17. Documentation is enclosed in packet. | 1-26-17<br>2/24/17<br>2/24/17 |

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| C 174 | Continued From page 5<br>3. Observations revealed that the wall below the electrical panel was damaged in the laundry room. Have a qualified technician repair the wall. Provide documentation of the repairs in the form of photos, receipts or work orders.<br><br>4. Observations revealed that the electrical panel was partially labeled. Have a qualified technician label the remaining breakers. Provide documentation of the repairs in the form of photos or receipts.<br><br>5. Observations revealed that neither of the electrical outlets in the hall bath nor in the half bath had power at the time of this survey. Have a qualified technician repair the outlets.<br><br>6. Observations revealed that the light in the Staff bathroom was out. Replace the bulb(s). Provide documentation of the repairs in the form of photos or receipts.<br><br>7. Observations revealed that the hot water did not work in the half bath sink. Have a qualified technician repair the sink to allow for hot water. Provide documentation of the repairs in the form of receipts or work orders.<br><br>8. Observations revealed that the vanity cabinet in the half bath was in poor condition. The cabinet was leaning, the floor of the cabinet was busted up, the vanity top was not secure and the door was hanging crooked. Have a qualified technician replace the vanity cabinet. Provide documentation of the repairs in the form of receipts or work orders.<br><br>9. Observations revealed a hole in the wall at the electrical outlet in the half bath. Have a qualified technician patch the wall. Provide documentation | C 174 | - The hole in the wall by the receptacle have been fixed by maintence asof 2/24/17. 2/24/17. Documentation is enclosed in packet. Administration will monitor receptacles wkly. And replace when needed.<br>- As of 1/28/17, the stain or hole have been fixed by maintenance. Documentation is enclosed in packet. Administration will Monitor Ceilgs weekly.. 1/28/17<br>- The ramp will be painted by 3/06/17. Documentation of that will be enclosed in packet as well. 3/06/17<br>- As of 1/28/17, the soffit area have been fixed. Documentation is enclosed in packet. Administration will monitor outside soffit weekly. and replace when needed. 1/28/17<br>- As of 1/28/17, the opening around the dryer vent have been filled and closed up. Documentation is enclosed in packet. 1/28/17 | |

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| C 174 | Continued From page 6<br>of the repairs in the form of photos, receipts or work orders.<br><br>10. Observations revealed a small hole or stain in the ceiling at the smoke detector in Bedroom 1. Have a qualified technician patch the ceiling. Provide documentation of the repairs in the form of photos, receipts or work orders.<br><br>11. Observations revealed that the flange at the shower head in the hall bath was loose leaving a hole in the wall for water to penetrate. Secure and seal the flange. Provide documentation of the repairs in the form of photos.<br><br>12. Observations revealed that the paint on the front rails and ramp was flaking and peeling. Have a qualified technician paint the ramp and rails. Provide documentation of the repairs in the form of photos, receipts or work orders.<br><br>13. Observations revealed that a section of the exterior aluminum soffit had fallen off at the corner outside of the exterior storage room. Have a qualified technician replace the missing panel. Provide documentation of the repairs in the form of photos, receipts or work orders.<br><br>14. Observations revealed an opening in the crawl space where the dryer vent and A/C conduit were run. Caulk and seal around the opening to prevent pests from entering the crawl space. Provide documentation of the repairs in the form of photos, receipts or work orders.<br><br>15. Observations revealed an exterior outlet outside of the Staff Office. The outlet was rusty and the left port was clogged. The outlet had power but did not trip when tested. Exterior outlets should be GFCI outlets. Have a qualified | C 174 | | |

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|---|---|---|---|---|
| C 174 | Continued From page 7<br>technician replace the outlet. Provide documentation of the repairs in the form of receipts or work orders.<br><br>16. Observations revealed green moss growing on the roof at the back of the facility. Have the roof cleaned to remove the moss and prevent damage to the roof. Provide documentation of the repairs in the form of photos, receipts or work orders. | C 174 | -the outlet outside the house have been replaced as of 2/24/17. Documentation is enclosed in packet.<br>-The moss that was located on the roof of the carport have been removed. Documentation is provided in packet. Administrator will monitor roof of facility for moss and remove it when needed. | 2/24/17<br>1/31/17 |
| C 180 | Building Service Equipment-Call System<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed.<br>(j) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility had live-in Staff. The Staff bedroom was located away from the Resident bedrooms. A call system was not identified at the time of this survey. Provide documentaion of the call system being used or have a qualified technician install a call system. | C 180 | -A call system have been implemented in the staff Bedroom as of 1/27/17. Documentation is provided in packet. Administrator will monitor call systems weekly. | 1/27/17 |

LOWE'S

LOWE'S HOME CENTERS, LLC
1605 WEST ERRINGHAUS STREE
ELIZABETH CITY, NC 27909 (252) 331-6160

- SALE -

SALES#: S1713BT2 2175358 TRANS#: [redacted]

| | |
|---|---|
| 771890 HBL 15A SELF-TEST GFI LA | 13.97 |
| 771870 HBL 15A COMM RECEPTACLE L | 1.99 |
| 772192 HBL 1G STD PLASTIC DECO P | 0.65 |

| | |
|---|---|
| SUBTOTAL: | 16.61 |
| TAX: | 1.12 |
| INVOICE 09973 TOTAL: | 17.73 |
| DEBIT: | 17.73 |

[redacted]
SWIPED REFID:171309181589 01/25/17 16:48:38
TRACE:00860337

| PURCHASE | CASH BACK | TOTAL DEBIT |
|---|---|---|
| 17.73 | 0.00 | 17.73 |

STORE: 1713 TERMINAL: 09 01/25/17 16:49:07

# OF ITEMS PURCHASED: 3

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: JAMES D.HINKER

WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL BEAT IT By 10¢.
SEE STORE FOR DETAILS.

**********
YOUR OPINIONS COUNT!
**REGISTER FOR A CHANCE TO BE**
**ONE OF FIVE $300 WINNERS DRAWN MONTHLY!**
¡REGISTRESE EN EL SORTEO MENSUAL
PARA SER UNO DE LOS CINCO GANADORES DE $300!

REGISTER BY COMPLETING A GUEST SATISFACTION SURVEY
WITHIN ONE WEEK AT: www.lowes.com/survey
Y O U R I D # 09973 1713 025

NO PURCHASE NECESSARY TO ENTER OR WIN.
VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER.
OFFICIAL RULES & WINNERS AT: www.lowes.com/survey
**********

STORE: 1713 TERMINAL: 09 01/25/17 16:

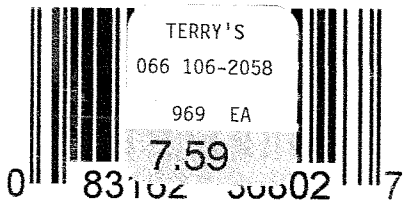
Air King
Ventilation Products

**MODEL/MODÈLE**
**GF-06S**

# RANGE HOOD GREASE FILTER

# FILTRE À GRAISSES POUR HOTTE DE CUISINIÈRE

Assembled in the United States
Assemblé aux États-Unis




*Use with Air King Series*
*Utiliser avec serie Air King*

6007 **QZ2**

www.airkinglimited.com

U.S.: West Chester, PA / Canada: Brampton, ON

Bought this on 1/30/2017

W H BASNIGHT CO INC
117 EAST CHURCH ST
AHOSKIE, NC 27910

02/10/2017 09:54:46

CREDIT CARD

VISA SALE

| | |
|---|---|
| Card = | XXXXXXXXXXX8045 |
| SEQ #: | 1 |
| Batch #: | 413 |
| INVOICE | 1 |
| Approval Code: | 000627 |
| Entry Method: | Swiped |
| Mode: | Online |
| Tax Amount: | $5.38 |

SALE AMOUNT $82.25

CUSTOMER COPY

Plywood for flooring.
Soft AREAS that
She said was there.

# INVOICE


*BUILDING SUPPLIES AND HARDWARE*
*SINCE 1927*

REMIT TO:

**W.H. Basnight & Co., Inc.**
P.O. BOX 1365
AHOSKIE, NC 27910
PHONE: (252) 332-3131

119 DELAWARE ROAD
FRANKLIN, VA 23851
PHONE: (757) 569-8821

205 US 13 BY PASS
WINDSOR, NC 27983
PHONE: (252) 794-4187

SOLD TO

SHIP TO

A 1 ½% per month FINANCE CHARGE will be added on all accounts the 20th of the month.

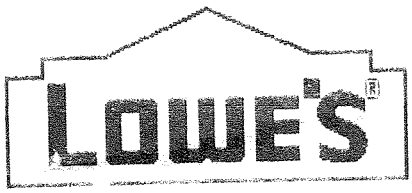
| ACCOUNT # | CUSTOMER P.O. # | TERMS | ORDER # | ORDER DATE | SLSMN | INVOICE # | INVOICE DATE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| ORDERED | BACK ORDERED | SHIPPED | U M | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|---|---|---|
| | | | | | | |

| FILLED BY | CHK'D BY | DRIVER |
|---|---|---|
| | | |

SHIP VIA

| | |
|---|---|
| MERCHANDISE | |
| OTHER | |
| TAX | |
| FREIGHT | |



LOWE S HOME CENTERS, LLC
111 RIVER OAKS DRIVE
TARBORO, NC 27886 (252) 824-2200

Smoke Alarm for Bedroom

**- SALE -**

SALES#: S3022VJ1 1662628 TRANS#: 6420775 02-06-17

| | |
|---|---|
| ~~749980 UL 2L4F RESIDENTIAL URAP~~ | ~~22.98~~ |
| ~~404190 BRK AC/DC ION SMOKE ALARM~~ | ~~14.97~~ |
| 19453 3/4-IN X 60-FT UTILITY EL | 1.48 |
| 2 @ 0.74 | |
| 220671 11-IN BLACK CABLE TIES 20 | 2.98 |
| 122251 PS 3-LT WHITE RACETRACK | 9.98 |
| 775958 124-FL OZ SGN S/G UV/BS A | 34.98 |
| 775959 124-FL OZ SGN S/G UV/BS A | 34.98 |

| | |
|---|---|
| SUBTOTAL: | 122.35 |
| TAX: | 8.56 |
| INVOICE 06324 TOTAL: | 130.91 |
| DEBIT: | 130.91 |

[redacted]

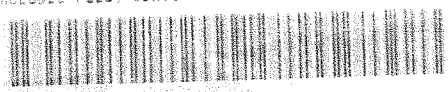
SWIPED RFID:302205049686 02/06/17 17:39:02
TRACE:00253274

| PURCHASE | CASH BACK | TOTAL DEBIT |
|---|---|---|
| 130.91 | 0.00 | 130.91 |

STORE: 3022 TERMINAL: 06 02/06/17 17:39:59

**# OF ITEMS PURCHASED: 8**

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: JAMES HART

WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%.
SEE STORE FOR DETAILS.

YOUR OPINIONS COUNT!
**REGISTER FOR A CHANCE TO BE**
**ONE OF FIVE $300 WINNERS DRAWN MONTHLY!**
¡REGÍSTRESE EN EL SORTEO MENSUAL
PARA SER UNO DE LOS CINCO GANADORES DE $300!

REGISTER BY COMPLETING A GUEST SATISFACTION SURVEY
WITHIN ONE WEEK AT: www.lowes.com/survey
Y O U R I D # 06324 3022 037

NO PURCHASE NECESSARY TO ENTER OR WIN.
VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER.

LOWE'S HOME CENTERS, LLC
1701 CAROLINA AVENUE
WASHINGTON, NC 27889 (252) 975-1006

- SALE -

SALES#: S0786SPZ 2033244 TRANS#: 26710744 02-21-17

| | |
|---|---|
| 355242 KNG REESES PEANUT BTTR CU | 1.98 |
| 26522 BROAN ROOF VENT KIT | 24.98 |
| SUBTOTAL: | 26.96 |
| TAX: | 1.82 |
| INVOICE 08083 TOTAL: | 28.78 |
| DEBIT: | 28.78 |

[redacted] AMOUNT:28.78 AUTHCD:000000
SWIPED REFID:078608156122 02/21/17 15:59:01
TRACE:00336578

| PURCHASE | CASH BACK | TOTAL DEBIT |
|---|---|---|
| 28.78 | 0.00 | 28.78 |

STORE: 0786 TERMINAL: 08 02/21/17 15:59:19
# OF ITEMS PURCHASED: 2
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: SCOTT

WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%.
SEE STORE FOR DETAILS.

**********
* YOUR OPINIONS COUNT! *
* REGISTER FOR A CHANCE TO BE *

LOWE'S HOME CENTERS, LLC
3840 EAST 10TH STREET
GREENVILLE, NC 27858 (252) 754-6640

- SALE -

SALES#: S2037JD5 634824 TRANS#: 10713876 02-21-17

| | |
|---|---|
| 26522 BROAN ROOF VENT KIT | 24.98 |
| SUBTOTAL: | 24.98 |
| TAX: | 1.75 |
| INVOICE 10353 TOTAL: | 26.73 |
| DEBIT: | 26.73 |

[redacted] AMOUNT:26.73 AUTHCD:000000
SWIPED REFID:263710157448 02/21/17 16:51:11
TRACE:00185461

| PURCHASE | CASH BACK | TOTAL DEBIT |
|---|---|---|
| 26.73 | 0.00 | 26.73 |

STORE: 2037 TERMINAL: 10 02/21/17 16:51:45
# OF ITEMS PURCHASED: 1
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER: BRIAN EDWARDS

WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%.
SEE STORE FOR DETAILS.

**********
* YOUR OPINIONS COUNT! *
* REGISTER FOR A CHANCE TO BE *
* ONE OF FIVE $500 WINNERS DRAWN MONTHLY! *

(2) roof vent for bathroom

**BDC Williamston**
**1803 West Main St**
**Williamston, NC 27892**

**PHONE: (252) 792-0400**

BUILDER'S DISCOUNT CENTER

SOLD TO: **** CASH ****

SHIP TO: Debit card

CUST NO: *11
TERMS: CASH/CHECK/BANKCARD

REFERENCE:
JOB NO: 000

DATE: 2/24/17 TIME: 11:59
CLERK: EF TERMINAL: 587
SALES REP: KEL
TAX: 011 WILLIAMSTON TAX CODE

# *INVOICE: B61384/B*

| LINE | QTY | UM | SKU | DESCRIPTION | UNITS | SUGG | PRICE/ PER | EXTENSION |
|---|---|---|---|---|---|---|---|---|
| 1 | 1 | EA | CBVWWT18 | 18" WHITE VANITY & TOP | 1 | | 89.99 /EA | 89.99 |
| 2 | 1 | EA | 9621764 | NONMETAL LAV FAUCET 2HDL NO PU | 1 | | 13.99 /EA | 13.99 |
| 3 | 1 | EA | 9223272 | 3X EXPANDING FOAM 12OZ | 1 | | 4.59 /EA | 4.59 |
| 4 | 1 | QT | 6437511 | QT PREMIX JOINT COMPOUND | 1 | | 5.69 /QT | 5.69 |
| 5 | 1 | EA | 3215308 | 8" X 8" HOMAX WALL PATCH | 1 | | 4.99 /EA | 4.99 |
| | | | | DebitNetId:28 | | | | |
| | | | | HostRef# Ref#:333398 AUTH#:780077 | | | | |

DEBIT CARD 127.60 ** PAID IN FULL ** 127.60

| | |
|---|---|
| TAXABLE | 119.25 |
| NON-TAXABLE | 0.00 |
| SUBTOTAL | 119.25 |
| TAX AMOUNT | 8.35 |
| **TOTAL** | **127.60** |

DEBITCARD PAYMENT 127.60
DEBIT# XXXXXXXXX8045

TOT WT: 0.00

X _____ Received By

**CUSTOMER RESPONSIBLE FOR MEETING THEIR AREA'S BUILDING CODE**

# I N V O I C E


*BUILDING SUPPLIES AND HARDWARE*
*SINCE 1927*

REMIT TO:

## W.H. Basnight & Co., Inc.

P.O. BOX 1365
AHOSKIE, NC 27910
PHONE: (252) 332-3131

119 DELAWARE ROAD
FRANKLIN, VA 23851
PHONE: (757) 569-8821

205 US 13 BY PASS
WINDSOR, NC 27983
PHONE: (252) 794-4187

SOLD TO

CASH SALE WINDSOR

SHIP TO

CASH SALE WINDSOR

A 1 ½% per month FINANCE CHARGE will be added on all accounts the 20th of the month.

| ACCOUNT # | CUSTOMER P.O. # | TERMS | ORDER # | ORDER DATE | SLSMN | INVOICE # | INVOICE DATE |
|---|---|---|---|---|---|---|---|
| CASH | | CASH SALE | 10870 | 02/24/17 | | [illegible] | 02/24/17 |

| ORDERED | BACK ORDERED | SHIPPED | U M | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|---|---|---|
| 3 | 0 | 3 | EA | 139 TAMPER RESISTANT RECPT. TR2781V | 1.906 | 5.72 |

THE ORDER TOTAL OF 4.84 HAS BEEN REDUCED BY THE FOLLOWING PAYMENTS:

| DESCRIPTION | REFERENCE | EXPIR | AUTH CODE | DATE | PAYMENT AMOUNT |
|---|---|---|---|---|---|
| CASH | | | | 02/24/17 | -4.84 |

| FILLED BY | CHK'D BY | DRIVER |
|---|---|---|
| [illegible] | | |

SHIP VIA

| | |
|---|---|
| MERCHANDISE | 5.72 |
| OTHER | 0.00 |
| TAX 6.75% | 0.12 |
| FREIGHT | |

INVOICE

PAGE 1 OF 1

ARROW EXTERMINATORS
Beyond The Call.
STEPS TOTAL PROTECTION SYSTEM

Service Date: ____ / ____ / ____ Map Code: _____ Route # _____

This property is under termite coverage with: _____

# SERVICE AGREEMENT FOR INTEGRATED PEST MANAGEMENT, FIRE ANT CONTROL AND MOSQUITO MANAGEMENT

Van Cherry
Account Name - First Middle Initial Last

145 Charles Taylor Rd.
Service Address

Hartsville NC 29550
City State Zip Code

225-325-2977
Best Contact Number Other

P.O. Box 789
Billing Address

Auburn N.C. 27805
City State Zip Code

252-325-2977
Billing Phone ☐ Office

Email Address

☑ **IPM PEST CONTROL:** Services to be rendered for the control of roaches, ants (excluding fire ants, carpenter ants and white-footed ants), silverfish, earwig house crickets, scorpions, pill bugs, millipedes, centipedes, mice and other crawling pests (excluding brown recluse, black widow spiders and bed bugs).

Special Instructions: Roaches

Service Frequency: ☑ Quarterly ☐ Other: _____

☐ **MOSQUITO CONTROL:** Services to be rendered to greatly reduce the population of mosquitoes on your property. Arrow Exterminators, Inc. (the COMPANY will treat your property per the schedule below by applying products to mosquito nesting and harborage areas on your property.

Special Instructions: _____ Treatment Area: _____

Service Frequency: ☐ Monthly ☐ Other: _____

☐ **FIRE ANT (Pest Control Service Required):** Services to be rendered to greatly reduce the population of fire ants on your property. The COMPANY will treat your property per the schedule below by applying products to fire ant nesting and harborage areas on your property.

Special Instructions: _____ Treatment Area: _____

Service Frequency: ☐ Quarterly ☐ Other: _____

☐ Graph Attached ☐ Other Instructions: _____

| | Jan | Feb | March | April | May | June | July | August | Sept | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IPM PEST | | | ✓ | | | ✓ | | | ✓ | | | ✓ |
| MOSQ | | | | | | | | | | | | |
| FIRE ANT | | | | | | | | | | | | |

**SERVICE SCHEDULE:** Customer agrees to allow scheduled appointments for service. In the event a scheduled appointment can't be met due to unexpected circumstances, the customer acknowledges that exterior treatments may be rendered to prevent a lapse in ongoing pest protection. **Initials** _____

**SERVICE FEES:**

One-time Start Up Fee ..... $ 125. waived 4/28
IPM Pest Control Service Fee $ 30 x 4 services . $ 120.00
Mosquito Control Service Fees $ ____ x ____ services $ _____
Fire Ant Service Fees $ ____ x ____ services $ _____
Other ..... $ _____
Sub Total For Services ..... $ _____
5% Discount For Year In Advance Payment ..... $ _____
Sub Total Of This Service Agreement ..... $ _____
Sales Tax (If applicable) _____% ..... $ _____
**TOTAL AMOUNT** ..... $ 480.00
Amount Due with Agreement ..... $ _____

**COMPANY SERVICE GUARANTEE**

**ACCEPTED IN ALL ITS TERMS AND CONDITIONS** without limitations, i being specifically understood that the COMPANY and the undersigned will be bound only by the terms set forth in this agreement and not by any other representations, oral or otherwise. This agreement is not binding until approved by the Service Center Manager.

**Company Info:** 4693 E. **Date:** 3 / 1 / 2017
Address: Arrow Exterminators
City: Rocky Mount
State: NC. Zip: 27804
Phone: 252-446-3038

**Accepted By:** **Date:** 3 / 1 / 17
☐ Buyer / ☐ Authorized Agent

Tony Barnhill
COMPANY Representative

ARROW EXTERMINATORS
Beyond The Call.

STEPS TOTAL PROTECTION SYSTEM

Service Date: ____ / ____ / ____ M Code: _____ Route # _____

This property is under termite coverage with: _____

# SERVICE AGREEMENT FOR INTEGRATED PEST MANAGEMENT, FIRE ANT CONTROL AND MOSQUITO MANAGEMENT

Van Cherry
Account Name - First Middle Initial Last

743 Charles Taylor Rd.
Service Address

Asheboro N.C. 27805
City State Zip Code

252-325-2977
Best Contact Number Other

P.O. Box 789
Billing Address

Asheboro N.C. 27805
City State Zip Code

252-325-2977
Billing Phone ☐ Office

Email Address

☒ **IPM PEST CONTROL:** Services to be rendered for the control of roaches, ants (excluding fire ants, carpenter ants and white-footed ants), silverfish, earwigs house crickets, scorpions, pill bugs, millipedes, centipedes, mice and other crawling pests (excluding brown recluse, black widow spiders and bed bugs).

Special Instructions: _____

Service Frequency: ☒ Quarterly ☐ Other: _____

☐ **MOSQUITO CONTROL:** Services to be rendered to greatly reduce the population of mosquitoes on your property. Arrow Exterminators, Inc. (the COMPANY) will treat your property per the schedule below by applying products to mosquito nesting and harborage areas on your property.

Special Instructions: _____ Treatment Area: _____

Service Frequency: ☐ Monthly ☐ Other: _____

☐ **FIRE ANT (Pest Control Service Required):** Services to be rendered to greatly reduce the population of fire ants on your property. The COMPANY will treat your property per the schedule below by applying products to fire ant nesting and harborage areas on your property.

Special Instructions: _____ Treatment Area: _____

Service Frequency: ☐ Quarterly ☐ Other: _____

☐ Graph Attached ☐ Other Instructions: _____

| | Jan | Feb | March | April | May | June | July | August | Sept | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IPM PEST | | ✓ | | | ✓ | | | ✓ | | | ✓ | |
| MOSQ | | | | | | | | | | | | |
| FIRE ANT | | | | | | | | | | | | |

**SERVICE SCHEDULE:** Customer agrees to allow scheduled appointments for service. In the event a scheduled appointment can't be met due to unexpected circumstances, the customer acknowledges that exterior treatments may be rendered to prevent a lapse in ongoing pest protection. **Initials** _____

**SERVICE FEES:**

| | |
|---|---|
| One-time Start Up Fee | $ 175.00 |
| IPM Pest Control Service Fee $3 x 90.00 services | $ 270.00 |
| Mosquito Control Service Fees $____ x____ services | $ |
| Fire Ant Service Fees $____ x____ services | $ |
| Other | $ |
| Sub Total For Services | $ |
| 5% Discount For Year In Advance Payment | $ |
| Sub Total Of This Service Agreement | $ |
| Sales Tax (If applicable) _____% | $ |
| **TOTAL AMOUNT** | $ 445.00 |
| Amount Due with Agreement | $ |

**METHOD OF PAYMENT:** ☐ Cash ☐ Check ☐ Credit Card

**COMPANY SERVICE GUARANTEE**

**ACCEPTED IN ALL ITS TERMS AND CONDITIONS** without limitations, it being specifically understood that the COMPANY and the undersigned will be bound only by the terms set forth in this agreement and not by any other representations, oral or otherwise. This agreement is not binding until approved by the Service Center Manager.

**Company Info:** **Date:** 2 / 17 / 2017

Address: 1693 East NC Hwy 90

City: Ruby Mount

State: N.C. Zip: 27870

Phone: 252-446-3038

**Accepted By:** **Date:** ____ / ____ / ____

☐ Buyer / ☐ Authorized Agent

Tammy Bolton
COMPANY Representative

COMPANY Service Center Manager