

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 Report by Gabriel Villacres DHSR Construction Section conducted a Biennial Survey on May 31, 2018 from 9:15 AM to 11:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on January 23, 2012 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate 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 the applicable portions of the 2009 North Carolina 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	The administrator will create a monitoring list from the deficiencies and other areas of the facility. The administrator and staff will monitor/inspect the building every three months to ensure all areas and meet the state requirements.	
C 121	Ample Living Arrangements SECTION .C300 - THE BUILDING 10A NCAC 13G .0304 LIVING ARRANGEMENT A family care home shall provide living arrangements to meet the individual needs of the residents, the live-in staff and other live-in persons. This Rule is not met as evidenced by: The rule requires that a family care home shall provide living arrangements to meet the individual needs of the residents, the live-in staff and other live-in persons: During our visit it was observed that locks were present on the refrigerator, freezer, and pantry	C 121		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6399

0P5X21

If continuation sheet 1 of 22

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 121	Continued From page 1 door, preventing residents from having 24/7 access to snacks and drinks. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed.	C 121	A cooler for drinks is placed on the counter for 24 hrs. to aid the residents to have something to drink at all times. Three snacks are available to residents, and they can ask staff for additional snacks if desired. Reference letter to Steve Lewis	7/31/18
C 127	Bedrooms-Access Through SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (c) A room where access is through a bathroom, kitchen or another bedroom shall not be approved for a resident's bedroom. This Rule is not met as evidenced by: The rule requires that A room where access is through a bathroom, kitchen or another bedroom shall not be approved for a resident's bedroom: During our visit it was observed that bedroom #1 exited through the kitchen. Possible solutions could be to remove the occupant from that bedroom and change the use of the space. Another solution would be to create a wall that would effectively separate the bedroom and kitchen. Please inform the DHSR Construction of which solution was selected to have the deficiency corrected; provide documentation in the form of photos and invoices/receipts for all work completed.	C 127		
C 129	Bedrooms-Not More Than Two Residents SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (e) The total number of residents assigned to a	C 129		

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 129	Continued From page 2 bedroom shall not exceed the number authorized by the Division of Facility Services for that particular bedroom. (f) A bedroom shall not be occupied by more than two residents. This Rule is not met as evidenced by: The rule requires that a bedroom shall not be occupied by more than two residents: During our visit it was observed that bedroom #4 had three occupants. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed.	C 129		
C 130	Bedrooms-Windows SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (g) Each resident bedroom must have one or more operable windows and be lighted to provide 30 foot candles of light at floor level. The window area shall be equivalent to at least eight percent of the floor space. The windows shall have a maximum of 44 inch sill height. This Rule is not met as evidenced by: (1) The rule requires that resident bedroom must have one or more operable windows....: During our visit it was observed that the left pane of the double window in bedroom #4 was off its track. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed.	C 130	The left pane of the double window will corrected	7/31/18

Division of Health Service Regulation
STATE FORM

6899

0P5X21

If continuation sheet 3 of 22

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 130	Continued From page 3 (2) The rule requires that resident bedroom must have one or more operable windows....: During our visit it was observed that the windows used for emergency egress were very difficult to open. Make arrangements to have the deficiency corrected; provide documentation in the form of invoices/receipts for all work completed. (3) The rule requires that resident bedroom must have one or more operable windows....: During our visit it was observed that the window in bedroom #2 was missing creating an opening where the outdoors can affect the interior of the home. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed.	C 130			
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: The rule requires that hand grips shall be installed at all commodes, tubs and showers used by the residents: During our visit it was observed that the handrails in the hall bathroom's bathtub caused the user to	C 135	Window has will be corrected by installing a new window A hand grip will be purchased and installed	7/31/18 7/31/18	

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 4 reach over the edge of the tub and could cause a trip hazard. Have the handrail repositioned/installed on the near sided wall for ease of use. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed.	C 135			
C 144	Outside Entrances/Exits-Two Remote Exits SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (a) In family care homes, all floor levels shall have at least two exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition. This Rule is not met as evidenced by: The rule requires that if there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition: During our visit it was observed that both of the home's exits are located on the same side and in a close proximity of each other. The home's exit that are used as emergency exits are to be remote to decrease the likelihood of both being blocked during an emergency. Make arrangements to have the deficiency corrected; provide documentation in the form of photos and invoices/receipts for all work	C 144			

Reference letter
to Steve Lewis

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 144	Continued From page 5 completed.	C 144			
C 146	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: The rule requires that at least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp: During our visit it was observed that the ramp was too short, measuring to be 34" tall by 177" long. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed.	C 146			
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND	C 153			

The ramp will
be reconstructed. 8/30/18

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 153	Continued From page 6 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) The rule requires that each family care home shall have walls, ceilings, and floors or floor coverings kept clean and in good repair: During our visit it was observed that the vinyl floor in the laundry room and by the front entrance was lifting and torn. Make arrangements to have the deficiency corrected; provide documentation in the form of photos and invoices/receipts for all work completed. (2) The rule requires that each family care home shall have walls, ceilings, and floors or floor coverings kept clean and in good repair: During our visit it was observed that there were multiple hole along the wall to the right of the den entrance. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (3) The rule requires that each family care home shall have walls, ceilings, and floors or floor coverings kept clean and in good repair: During our visit it was observed that there was	C 153	The vinyl will be prepared in both the laundry / front entrance. Staff will monitor closely to ensure that it is at corrected. Those Nail holes will be corrected.	7/31/18	7/31/18

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 153	Continued From page 7 wall damage by the right side of the den entrance along the door frame. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (4) The rule requires that each family care home shall have walls, ceilings, and floors or floor coverings kept clean and in good repair: During our visit it was observed that the floor boards in bedroom #2 were shifted. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (5) The rule requires that each family care home shall have walls, ceilings, and floors or floor coverings kept clean and in good repair: During our visit it was observed that the vanity top in bedroom #4's bathroom needed to re-caulked to the wall. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (6) The rule requires that each family care home shall have walls, ceilings, and floors or floor coverings kept clean and in good repair: During our visit it was observed that both the tub and shower in bedroom #4's bathroom were dirty. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed.	C 153	Wall along the side of the door frame will be painted The board in bedroom #2 will be removed and new ones purchased Bathroom will be recaulked The shower and tub will be cleaned daily	7/31/18 7/31/18 7/31/18 7/31/18	

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 153	Continued From page 8 (7) The rule requires that each family care home shall have walls, ceilings, and floors or floor coverings kept clean and in good repair: During our visit it was observed that bedroom #4's bathroom closet had pest droppings along the floor. Make arrangements to have the deficiency corrected; provide documentation in the form of photos and invoices/receipts for all work completed. (8) The rule requires that each family care home shall have walls, ceilings, and floors or floor coverings kept clean and in good repair: During our visit it was observed that the air register by the toilet in bedroom #4's bathroom was rusted. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (9) The rule requires that each family care home shall have walls, ceilings, and floors or floor coverings kept clean and in good repair: During our visit it was observed that the tub in bedroom #4's bathroom was missing side tiles. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (10) The rule requires that each family care home shall have furniture clean and in good repair:	C 153	The staff will make sure that pest droppings are swept and removed. The facility will continue to have pest control to spray The metal register will be replaced with a plastic one. Tile will be replaced even though residents do not use the tub. The tub is inoperable.	7/31/18 7/31/18 7/31/18	

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 153	Continued From page 10 photos for all work completed.	C 153			
C 159	Housekeeping-Curtains, Blinds, Res. Privacy SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: The rule requires that Each family care home shall have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy: During our visit it was observed that the blinds in bedroom #2, bedroom #4, and the dining room were broken. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed.	C 159			
C 161	Housekeeping-Land Line Phone SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (12) have at least one telephone that does not depend on electricity or cellular service to operate. (e) This Rule shall apply to new and existing homes.	C 161			

*Blinds will be
replaced.**7/31/18*

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 161	Continued From page 11 This Rule is not met as evidenced by: The rule requires that Each family care home shall have at least one telephone that does not depend on electricity or cellular service to operate: During our visit it was observed that there was no dedicated land line present in the home. Make arrangements to have the deficiency corrected; provide documentation in the form of photos and receipts for all work completed.	C 161	The phone will be changed from a cordless phone to a land line.		7/31/18
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (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. 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. This Rule is not met as evidenced by: (1) The rule requires that 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	C 169			

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 169	Continued From page 12 basement. These detectors shall be interconnected and be provided with battery backup: During our visit it was observed that there was no heat detector located in the attic. Make arrangements to have the deficiency corrected; provide documentation in the form of photos and invoices/receipts for all work completed. (2) The rule requires that 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: During our visit it was observed that both smoke detectors located in the hallway, in the office, bedroom #1, and bedroom #4 were beeping, indicating a dying battery backup. Make arrangements to have the deficiency corrected; provide documentation in the form of photos and receipts for all work completed.	C 169	<i>A heat detector will be put in the attic</i>		
C 170	Fire Safety-Any Other City Ordinances SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (c) Any fire safety requirements required by city ordinances or county building inspectors shall be met.	C 170	<i>Batteries were present, and now has been installed.</i>	<i>7/31/18</i>	

Division of Health Service Regulation
STATE FORM

6899

0P5X21

If continuation sheet 13 of 22

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 170	Continued From page 13 This Rule is not met as evidenced by: The rule requires that any fire safety requirements required by city ordinances or county building inspectors shall be met: During our visit it was observed that monthly inspections were not be performed by staff on the fire extinguishers. The extinguisher's hose should be inspected for deterioration, the nozzle for blockages, and the pressure gage should be in the acceptable range. The inspection tag should then be initialed and dated. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed.	C 170	The tags will be initialed and dated to keep updated	
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: (1) The rule requires that 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: During our visit it was observed that the old thermostats in the home were not functional and unused.	C 174		

Division of Health Service Regulation
STATE FORM

6899

0P5X21

If continuation sheet 14 of 22

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 14 Make arrangements to have the thermostats removed from the home and any markings left on the wall repaired; provide documentation in the form of photos and invoices/receipts for all work completed. (2) The rule requires that 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: During our visit it was observed that the range hood filter was coated in grease. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (3) The rule requires that 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: During our visit the survey was unable to tell if the clothes dryer was connected to a flexible duct that exhausted outside of the home. Make arrangements to have the deficiency corrected; provide documentation in the form of photos and invoices/receipts for all work completed. (4) The rule requires that 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: During our visit it was observed that there were missing/burnt lightbulbs in the den by the front entrance and in the ceiling fan, the kitchen range	C 174	The range hood will been cleaned an staff will clean hood daily The dryer is connected to a flexible duct lightbulbs will be replaced	7/31/18 7/31/18 7/31/18	

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 15 hood, kitchen ceiling fan, bedroom #2, bedroom #4 closet, bedroom #4 bathroom, and the hall bathroom. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (5) The rule requires that 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: During our visit it was observed that the light dimmer in the den and in bedroom #2 were missing the knobs. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (6) The rule requires that 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: During our visit it was observed that the room heater by the bedroom window was damaged and unused. Make arrangements to have the room heater removed; provide documentation in the form of photos for all work completed. (7) The rule requires that 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:	C 174	Knobs will be replaced Room heater will be removed	7/31/18 7/31/18

Division of Health Service Regulation
STATE FORM

6989

0P5X21

If continuation sheet 16 of 22

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 16 During our visit it was observed that the air return filters in bedroom #1 and in the hallway needed to be changed Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (8) The rule requires that 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: During our visit it was observed that there was a missing outlet in bedroom #2 to the left of the entrance. The remaining hole contained exposed wiring. Make arrangements to have the deficiency corrected; provide documentation in the form of photos and invoices/receipts for all work completed. (9) The rule requires that 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: During our visit it was observed that there was a multi-outlet adapter present in bedroom #2. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (10) The rule requires that 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:	C 174	Air filters will be change, and staff will ensure that there is always filters The exposed wires has been covered The adapter has been replaced with a surge adapter	7/31/18	7/31/18

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 17 During our visit it was observed that the ceiling light in bedroom #4's closet, kitchen, and dining room were missing their globe. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (11) The rule requires that 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: During our visit it was observed that the light switch's faceplate on the right side of bedroom #4's bathroom was lifting off the wall. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (12) The rule requires that 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: During our visit it was observed that the toilet in the hall bathroom was loose. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (13) The rule requires that 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: During our visit it was observed that there was a damaged outlet by the dining room doors.	C 174	<i>globe been replaced</i> <i>The switch face plated has been corrected</i> <i>Toilet Tighten</i> <i>Damage outlet has been repaired</i>	<i>7/31/18</i> <i>7/31/18</i> <i>7/31/18</i> <i>7/31/18</i>	

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 18 Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (14) The rule requires that 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: During our visit it was observed that the dryer backdraft was broken. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (15) The rule requires that 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: During our visit it was observed that the attic door was ajar. Make arrangements to have the deficiency corrected; provide documentation in the form of photos and invoices/receipts for all work completed. (16) The rule requires that 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: During our visit it was observed that there was not a 3 ft2 area of free space in front of the electrical panel. Make arrangements to have the deficiency	C 174	<i>Dryer back draft has been repaired.</i> <i>Attic door has been tightened</i> <i>The objects in front of panel has been removed.</i>	7/31/18	7/31/18

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 19 corrected; provide documentation in the form of photos for all work completed. (17) The rule requires that 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: During our visit it was observed that there was a rusted air register in the den by the entertainment system. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (18) The rule requires that 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: During our visit it was observed that the den entrance door and the dining room entrance door were rusting and dirty. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (19) The rule requires that 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: During our visit it was observed that bedrooms #1, #2, and #3 had no screens in the windows. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed.	C 174	Rusted air register has been replaced with plastic ones. Both doors has been painted and cleaned. Screens Windows will be placed in each window.	7/24/18 7/31/18	

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 183	Outside Premises-Clean, Safe 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. This Rule is not met as evidenced by: (1) The rule requires that the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that crawl space door was rusted and beginning to deteriorate. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (2) The rule requires that the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that the lattice around the base of the left side of the deck was damaged. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. (3) The rule requires that the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that there was a broken outdoor chair on the deck. Make arrangements to have the deficiency	C 183	<i>Crawl space door will be painted</i> <i>The lattice will be repaired</i> <i>Chair removed</i>	<i>7/31/18</i> <i>7/31/18</i> <i>7/31/18</i>	

PRINTED: 06/14/2018
FORM APPROVED

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 05/31/2018
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 183	Continued From page 21 corrected; provide documentation in the form of photos for all work completed. (4) The rule requires that the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition: During our visit it was observed that the railing around the deck was missing pickets. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed.	C 183	<i>Pickets will be replaced.</i>		<i>7/31/18</i>

Division of Health Service Regulation
STATE FORM

6899

0P5X21

If continuation sheet 22 of 22

I am writing per my request that bedroom #4, that once housed three residents, one of those residents will be relocating to bedroom #1. I have established that bedroom # 1 is large enough to accommodate two residents. (160).

Thank you,

Patricia Greene

Virginia's Place
070624
1517 Governors Rd ~~Windsor~~
Windsor / Bertie

RECEIVED

AUG 17 2018

CONSTRUCTION SECTION



BERTIE COUNTY
PLANNING & INSPECTIONS

PO Box 530 106 DUNDEE STREET
WINDSOR, NC 27983

PLANNING: (252) 794-5336 INSPECTIONS: (252) 794-5303
Fax (252) 794-5361 www.co.bertie.nc.us
chris.surgeon@bertie.nc.gov

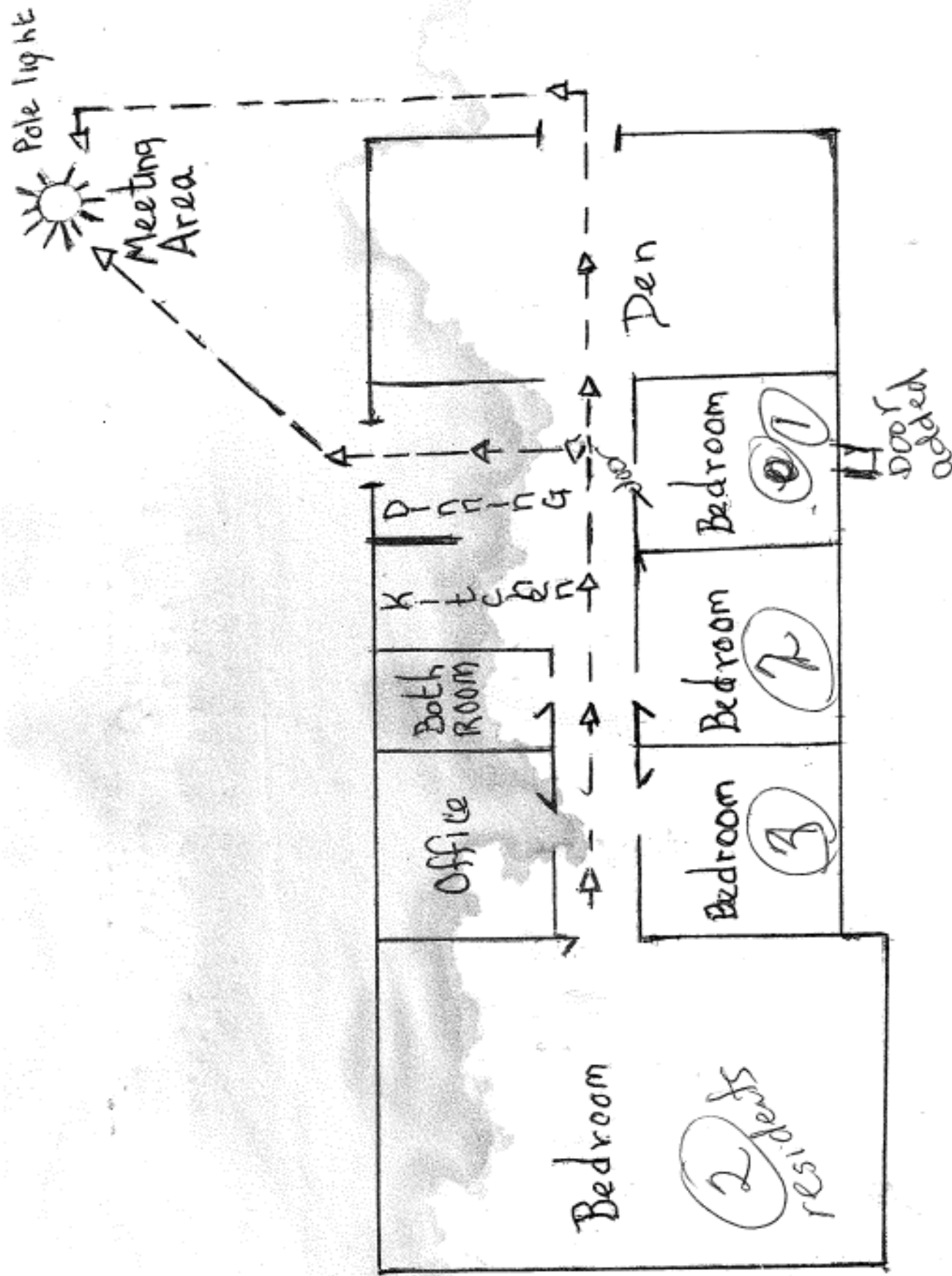
August 14, 2018

To whom it may concern,

I was contacted by Ms. Patricia Green regarding her Family Care Home, located at 1517 Governors Rd. Windsor. It is my understanding that there has been some questions about a couple of items in the house. The first one being a bedroom door opening into the kitchen area. It is my opinion that the peninsula cabinet separates the kitchen from the dining room therefore the door opens into the dining room not the kitchen. The second item was the location of exits for the home. There are two exits currently in the home that are somewhat remotely located. While I'm not sure that the location of these exits completely meet the intent of the rules set forth in **10A NCAC 13G .0312 (a)**, this was previously approved for this home. If the rules will require another exit she may need to add one, but I believe that since it was previously approved it could be allowed to remain as is. If I can be of any further assistance please feel free to contact my office.

Sincerely,
Chris Surgeon


Bertie County Inspections



HWY 308

C127

Kitchen w/ bar dividing Kitchen & dining



Bedroom 1



Monitoring Tool for Upkeep of Virginia's Place

(Must be done every three months)

Staff you can add to the list...

Checklist	date	comments	Date repaired	Staff Signature
Floors				
Walls				
refrigerator				
Vents				
Stove				
Bathrooms				
Furniture				
Bulbs				

Doors				
Smoke detector				
Counters				
Showers				
Tubs				
Ceiling fans				
Clients room				

THANK YOU FOR SHOPPING AT
ACE HARDWARE AMOSKE, INC.
(252) 332-8038

STORE HOURS: MON-FRI 7:30AM-6:30PM
SAT 8:00AM-6:00PM SUN 12:00-5:00 PM
08/15/18 12:06PM BH 553 SALE

5158258	1	EA	44.99	EA	
LOCK STORERH BALL US320			44.99		- front door
3565843	1	EA	7.99	EA S	
LED ACE A19 60W EQ SM			7.99		
5287248	1	EA	6.59	EA	
HASP SMVL STPL 4-1/2 ZN			6.59		bulbs
3492428	1	EA	6.99	EA	
NONSTR 6OUTLET STRIP WHT			6.99		- outlet bR #1
3064862	1	EA	10.49	EA	
FILTER STOV10-3/8X11-3/8			10.49		- hood filter
5405725	1	EA	15.99	EA	
HAG2-3/4" TONN DISC LCK			15.99		
280902	2	EA	1.79	EA	
GLASS GLOBE ONLY - CLEAR			3.58		- globes
1456995	1	EA	3.99	EA	
DISINFECTANT ODORAN 32OZ			3.99		
6114763	1	EA	1.50	EA S	
ANGLE BROCH			1.50		
SUB-TOTAL:\$	102.11	TAX:\$	7.15		
		TOTAL:\$	109.26		
	DC AMT:		109.26		

DOLLAR GENERAL STORE #11825
211 E CHURCH ST
LEWISTON, NC 27849-9714
(252) 348-2334

ONCOR CHKN Patties	E	3.50 N
070575458056-112		
TOMBSTONE 12IN PEPPE	E	4.00 N
071921672171-112		
TOMBSTONE 12IN PEPPE	E	4.00 N
071921672171-112		
TOMBSTONE 12IN PEPPE	E	4.00 N
071921672171-112		
ENERGIZER 9V-2		7.75 S - batteries
039800036780-150		
TROPICANA WATERMELON	E	2.50 S
048500202715-112		
EAGLE 20S RED 100S P		*3.00 S
011000002888-115		
REGULAR PRICE		3.45
SUBTOTAL		\$28.75
Tax1		\$0.89
Tax2		\$0.31
TOTAL SALE		\$29.95
CASH		\$30.00
CHANGE		\$0.05

ITEMS 7
2018-08-15 13:19:38 11825 03 9271



890734180282839717410937419669912010221881

-----CUT HERE-----

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X
* You may have a chance to *
WIN A \$100 Gift Card
*
* Go To *
*DGCustomerFirst.com *
*
*Tell us about your visit and be entered *
* to win one of ten \$100 DG Gift Cards! *
* Must be 18+ to enter *
* Drawings held weekly! *
*
* Survey Code *
* 1174-0108-1136-384 *
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X

-----CUT HERE-----

SATURDAY AUG. 18TH ONLY!
DG Store Coupon Valid 8/18/2018

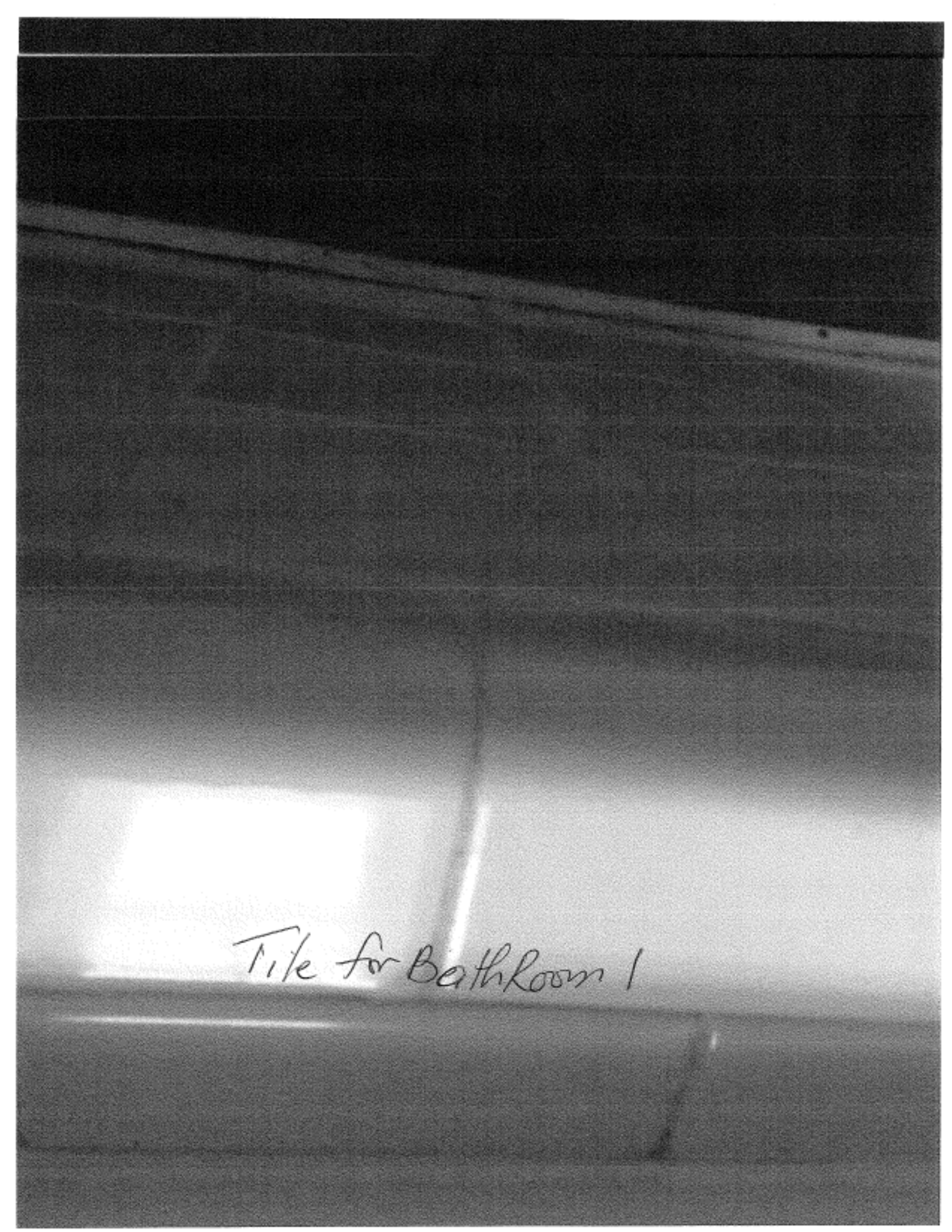
\$ OFF \$25

Front door added



Lattice on
deck



A black and white photograph of a wall, possibly made of concrete or stone, with a window on the left side. The wall has a rough, textured appearance. The window is rectangular and is the source of light, creating a bright area on the wall. Handwritten text is visible on the wall, below the window.

Tile for Bathroom 1

Window on Track

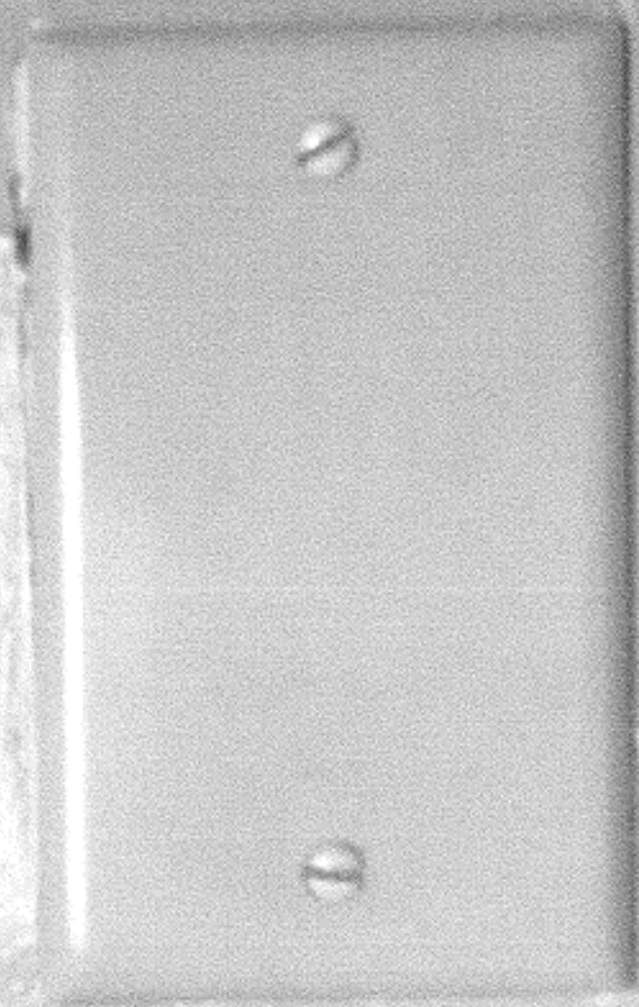
Fire Ext
Signed

SERIAL NO. _____
OWNER'S I.D. NO. (if used) _____
REMARKS _____
Dry and Wet Chemical Fixed
Temperature-Sensing Element Data
Year Manufactured _____
Date Installed _____

MONTHLY INSPECTION RECORD

DATE	BY	DATE	BY
2-12-15	Py	Aug 11	Py
-7-18	Py		
-6-16	Py		
-7	Py		
-10	Py		
-7	Py		

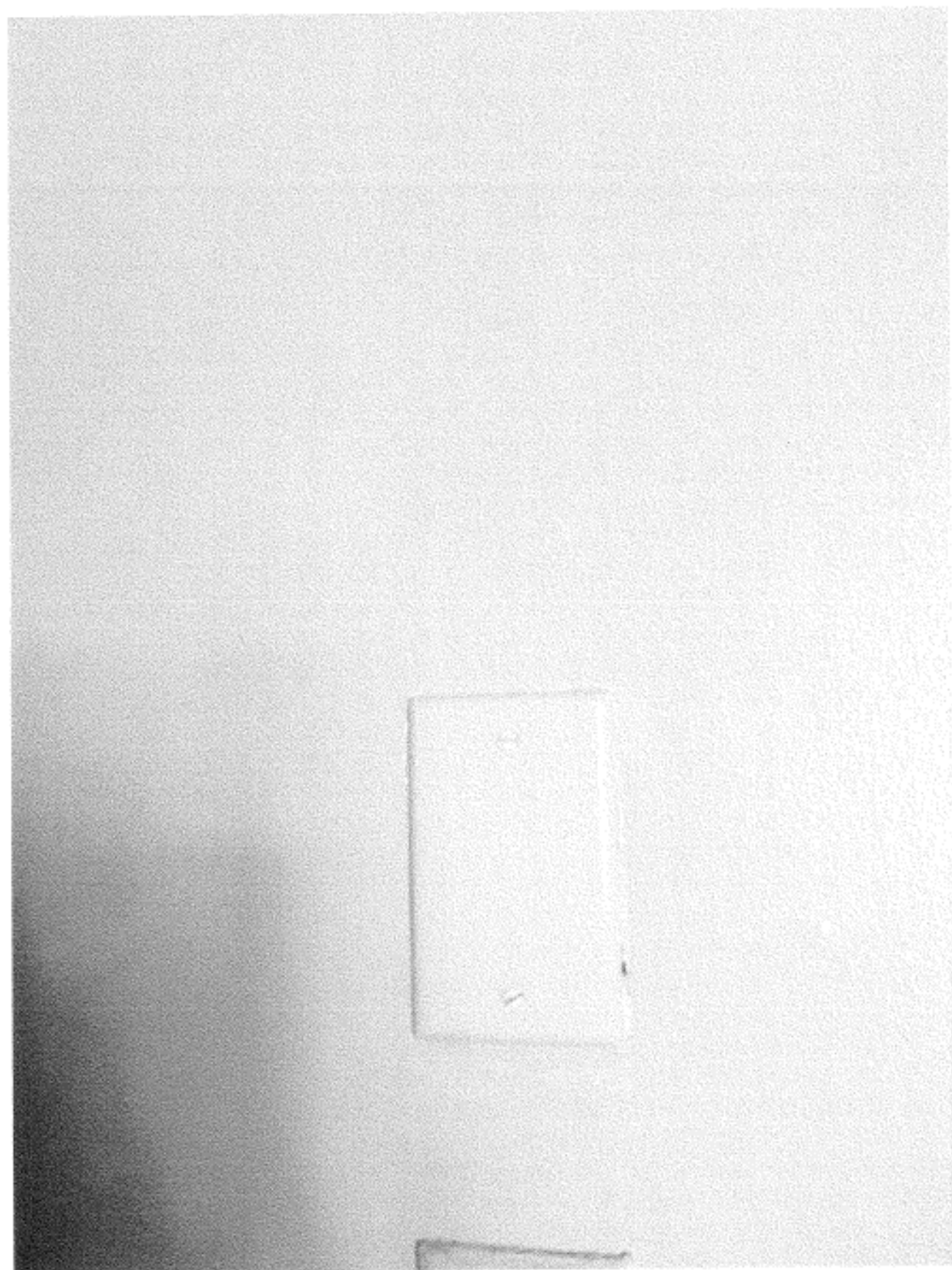
Outlet in BR 1



Front Door before



Outlet Cover #2



Bathroom 1 (Rail)





PHONE: (252) 792-0400

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

CUST NO: *11
TERMS: CASH/CHECK/BANKCARDDATE: 7/26/18
CLERK: JAW
SALES REP: TM
TAX: 011 WILLIAMSTON TAX CODE
TIME: 8:25
TERMINAL: 587REFERENCE:
JOB NO: 000

SHIP TO: SMALLWOOD/CLABE

ORDER: 234981

*Ramp***INVOICE: C34981/B**

LINE	QTY	UM	SKU	DESCRIPTION	UNITS	SUGG	PRICE/	PER	EXTENSION
1	2	EA	TR448	4X4X8 TREATED LUMBER	2		9.99	/EA	19.98
2	3	EA	TR446	4X4X8 TREATED LUMBER	3		7.49	/EA	22.47
3	2	EA	TR4412	4X4X12 TREATED LUMBER	2		15.99	/EA	31.98
4	4	EA	TR2812	2X8X12 TREATED LUMBER	4		12.69	/EA	50.76
5	20	EA	TRS5468	5/4X6X8 TREATED STD	20		5.49	/EA	109.80
6	1	EA	TR288	2X8X8 TREATED LUMBER	1		8.39	/EA	8.39
7	12	EA	TR248	2X4X8 TREATED LUMBER	12		4.59	/EA	55.08
8	8	EA	TRS54612	5/4X6X12 TREATED STD	8		8.69	/EA	69.52
9	3	EA	CPCM	60 LB CONCRETE MIX	3		3.69	/EA	11.07
10	1	EA	NAD81	1 LB 8 R/S DECK NAILS	1		3.09	/EA	3.09
11	1	EA	NAS81	1 LB 8 SPIRL SIDING NAILS	1		2.79	/EA	2.79
12	1	EA	NAD161	1 LB 16 R/S DECK NAILS	1		3.09	/EA	3.09
13	1	EA	NAD81	1 LB 8 R/S DECK NAILS	1		3.09	/EA	3.09

** PAID IN FULL **

418.49

TAXABLE 391.11
NON-TAXABLE 0.00
SUBTOTAL 391.11

TAX AMOUNT 27.38

TOTAL 418.49

MID: 191200942883

BANKCARD PAYMENT
BKCRD# XXXXXXXXXXXX1685

418.49

TOT WT: 1394.57

APP: 02286A

XB: 234981

*State Smallwood***CUSTOMER RESPONSIBLE FOR MEETING THEIR AREA'S BUILDING CODE*****NO RETURNS OR REFUNDS ON FACTORY SECONDS**



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

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

DATE: 7/23/18
CLERK: CAP
SALES REP: KBL
TAX: 011 WILLIAMSTON TAX CODE
TIME: 4:15
TERMINAL: 586

REFERENCE:
JOB NO: 000

SHIP TO: SMALLWOOD/CLABE

ORDER: 234677

Ramp

INVOICE: C34677/B

LINE	QTY	UM	SKU	DESCRIPTION	UNITS	SUGG	PRICE/ PER	EXTENSION
1	1	EA	4490652	PS SILC LTX WHT 40 YR CAULK	1		1.99 /EA	1.99
2	1	PK	7730492	NAIL TRIM BRASS PLTD 1-1/4 IN	1		1.69 /PK	1.69
3	1	EA	ZZH5772	FP-FH PHIL WS 6 X 1	1		1.39 /EA	1.39
4	1	EA	NAS81	1 LB 8 SPIRL SIDING NAILS	1		2.79 /EA	2.79
5	1	EA	5790423	2X36 SATIN BRASS CARPET TRIM	1		7.99 /EA	7.99
6	1	EA	TRS54612	5/4X6X12 TREATED STD	1		8.69 /EA	8.69
7	2	EA	TR4412	4X4X12 TREATED LUMBER	2		15.99 /EA	31.98
8	17	EA	TRL34	3/4" 4X8 TREATED LATTICE	7		18.99 /EA	132.93
9	2	EA	TR2412	2X4X12 TREATED LUMBER	2		7.39 /EA	14.78
10	2	EA	TR2810	2X8X10 TREATED LUMBER	2		10.49 /EA	20.98
11	12	EA	TRS5468	5/4X6X8 TREATED STD	12		5.49 /EA	65.88
12	1	EA	NAC161	1 LB 16 COATED SINKERS	1		2.39 /EA	2.39

** PAID IN FULL **

314.02

TAXABLE 293.48
NON-TAXABLE 0.00
SUBTOTAL 293.48

TAX AMOUNT 20.54

TOTAL 314.02

BANKCARD PAYMENT
BKCRD# XXXXXXXXXXXXX1685

314.02

TOT WT: 634.77

APP: 01520A

XR: 234677

Clabe Smallwood
Received By

MID: 191200942883

CUSTOMER RESPONSIBLE FOR MEETING THEIR AREA'S BUILDING CODE

***NO RETURNS OR REFUNDS ON FACTORY SECONDS**



**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

Chairs, Laundry Room

SOLD TO

CASH SALE WINDSOR

SHIP TO

CASH SALE WINDSOR

A 1 1/2% 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	51923	07/20/18	1	57945	07/20/18
ORDERED	BACK ORDERED	SHIPPED	U/M	DESCRIPTION		PRICE	AMOUNT
1	0	1	EA	THRESHOLD ALUM 134X35 397X394		9.255	9.25*
1	0	1	EA	MISC NUTS, BOLTS, SCREWS		3.316	3.32*
1	0	1	EA	MISC NUTS, BOLTS, SCREWS		1.791	1.79*
THE ORDER TOTAL OF 15.26 HAS BEEN REDUCED BY THE FOLLOWING PAYMENTS:							
DESCRIPTION	REFERENCE	EXPIR	AUTH CODE	DATE	PAYMENT AMOUNT		
CASH				07/20/18	-15.26		
JUL 20, 2018 7:23:47 DT: 44				FILED BY	CHKD BY	DRIVER	MERCHANDISE 14.31
***** * INVOICE * *****				SHIP VIA		OTHER	0.00
PAGE 1 OF 1						TAX 6.750%	0.97*
SIGNATURE:						FREIGHT	0.00
THANK YOU! REMIT TO P O BOX 1365 AHOSKIE, NC 27910						TOTAL DUE	0.00

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

Ramp

SOLD TO

CASH SALE WINDSOR

SHIP TO

CASH SALE WINDSOR

A 1 1/2% 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	52002	07/25/18	1	8194	07/25/18

ORDERED	BACK ORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT
1	0	1	EA	2X4X16 SALT TREATED LMBR 8416PT	12.34	12.34

THE ORDER TOTAL OF 13.17 HAS BEEN REDUCED BY THE FOLLOWING PAYMENTS:

DESCRIPTION	REFERENCE	EXPIR	AUTH CODE	DATE	PAYMENT AMOUNT
CASH				07/25/18	-13.17

DT: 44	FILED BY	CHKD BY	DRIVER	MERCHANDISE	12.34
SHIP VIA				OTHER	0.00
PAGE 1 OF 1				TAX 6.75%	0.83
				FREIGHT	0.00
				TOTAL DUE	0.00

ATTN: P.O. BOX 1365 AHOSKIE, NC 27910



PHONE: (252) 792-0400

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

SHIP TO:

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

DATE: 7/26/18
CLERK: JAW
SALES REP: TM
TAX: 011 WILLIAMSTON TAX CODE

TIME: 8:31
TERMINAL: 587

REFERENCE:
JOB NO: 000

ORDER: 234984

INVOICE: C34984/B

LINE	QTY	UM	SKU	DESCRIPTION	UNITS	SUGG	PRICE/	PER	EXTENSION
1	3	EA	TRS5468	5/4X6X8 TREATED STD	2		5.49	/EA	10.98

Ramp

** PAYMENT RECEIVED **	21.75	TAXABLE	10.98
** CHANGE GIVEN **	10.00	NON-TAXABLE	0.00
		SUBTOTAL	10.98

CASH PAYMENT	21.75	TAX AMOUNT	0.77
		TOTAL	11.75



TOT WT: 32.20

CUSTOMER RESPONSIBLE FOR MEETING THEIR AREA'S BUILDING CODE
*NO RETURNS OR REFUNDS ON FACTORY SECONDS



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

*Molding for
bedroom 1, 2, & 3*

SOLD TO

CASH SALE WINDSOR

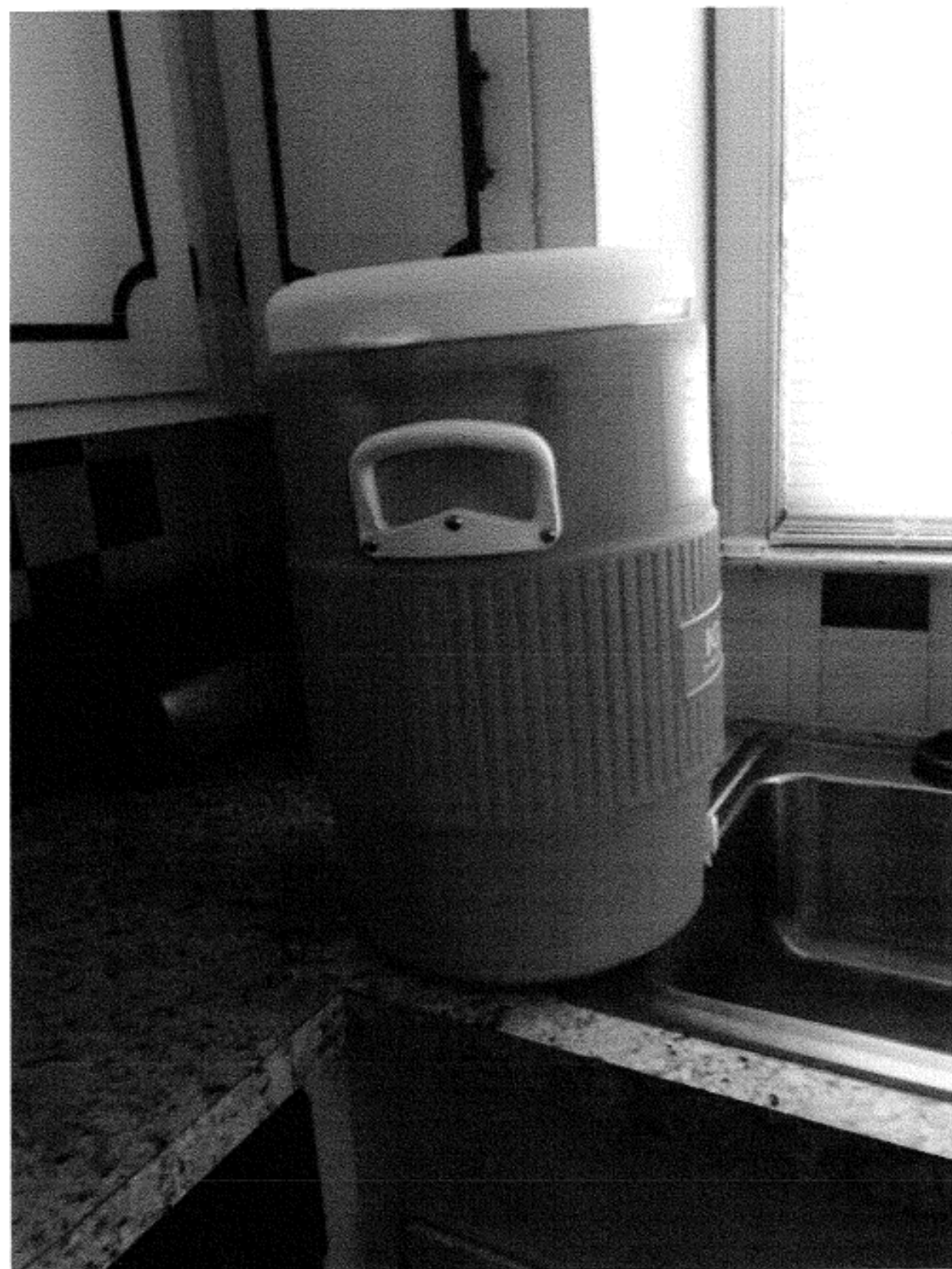
SHIP TO

CASH SALE WINDSOR

A 1 1/2% 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
10000		CASH SALE	50007	07/13/18	1	57643	07/13/18
ORDERED	BACK ORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT	
10	0	10	PC	10 PRIMED 1 1/2 X 3 1/4 SHOE 16'	3.335	33.35*	
				PIP125			
1	0	1	PC	10 PRIMED 3 1/4 BASEBOARD 16'	8.898	8.89*	
				PIP823			
1	0	1	LB	1 LB GRIL #6 WIRE FINISH	2.803	2.80*	
				GNFI			
THE ORDER TOTAL OF 45.05 HAS BEEN REDUCED BY THE FOLLOWING PAYMENTS:							
DESCRIPTION	REFERENCE	EXPIR	AUTH CODE	DATE	PAYMENT AMOUNT		
CASH				07/13/18	-45.05		
07/13/2018	50007	07/13/18				45.05	
FILLED BY:				CHECK DAY	DRIVER	MERCHANDISE	45.05
SHIP VIA				PRICE	1 OF 1	OTHER	0.00
***** INVOICE *****						TAX	6.750*
SIGNATURE:						FREIGHT	0.00
THANK YOU! REMIT TO P.O. BOX 1365 AHOSKIE, NC 27910						TOTAL	51.80

C121



Ramp completed





LOWE'S HOME CENTERS, LLC
1216 W. MAIN STREET
SUFFERK, NY 11901 (516) 971-1426

- SALE -

MESSAGE: 5112632 1647651 1800581 07/12/10

211632 CORDON ROTARY GOOD BURNER 5.49
5.97 DISCOUNT EACH -0.48
16/78 20.98-IN SS EXPOSED GRAB 17.91 X
19.47 DISCOUNT 19.47 -1.57
196682 PRISTER SHELF 51.65
91 75 DISCOUNT -1.95

SUBTOTAL 114.75

TAX 6.87

INVOICE 4369 TOTAL 121.62

VISA 121.62

TOTAL DISCOUNT: 10.00

MESSAGE:XXXXXXXXXXXX0931 000001121 07/12/10 07/12/10

SHOPIED REF ID: 126424 053 07/12/10 16:22:00

STORE: 1126 07/12/10 16:22:00

1 001 1126 07/12/10 16:22:00

1 001 1126 07/12/10 16:22:00



FROM THE SHOPPING LOWE'S.

SEE REVERSE SIDE FOR RETURN POLICY.

STORE NUMBER: STEPHEN POKE

LOWE'S PRICE MATCH GUARANTEE

FOR MORE DETAILS, VISIT LOWE'S.COM/PRICEMATCH

***** YOUR OPINIONS COUNT! *****
* REGISTER FOR A CHANCE TO BE *
* ONE OF FIVE \$300 WINNERS DURING NOVEMBER! *
* VISIT US AT: WWW.LOWES.COM/SURVEY *
* FROM NOV 15 TO NOV 30, 2010. *

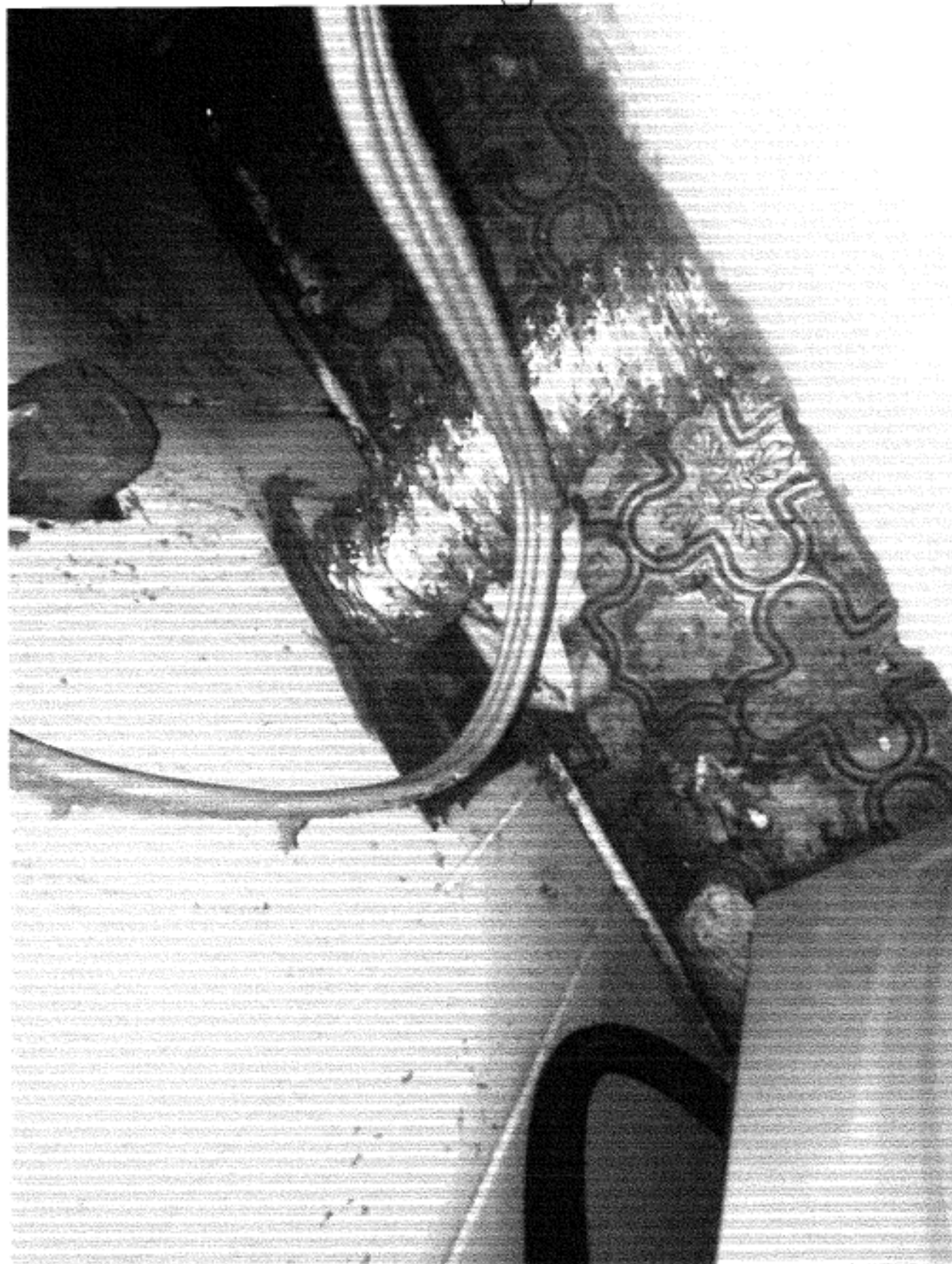
* REGISTER BY COMPLETING A 60-SEC SATISFACTION SURVEY *
* VISIT US AT: WWW.LOWES.COM/SURVEY *
* TOLL FREE 1-800-436-193 *
* *
* NO PURCHASE NECESSARY TO ENTER OR WIN. *
* SWEEPSTAKES ENDS 11/30/10. *
* OFFICIAL RULES & WINNERS AT: WWW.LOWES.COM/SURVEY *

STORE: 1126 11/30/10 16:23:00

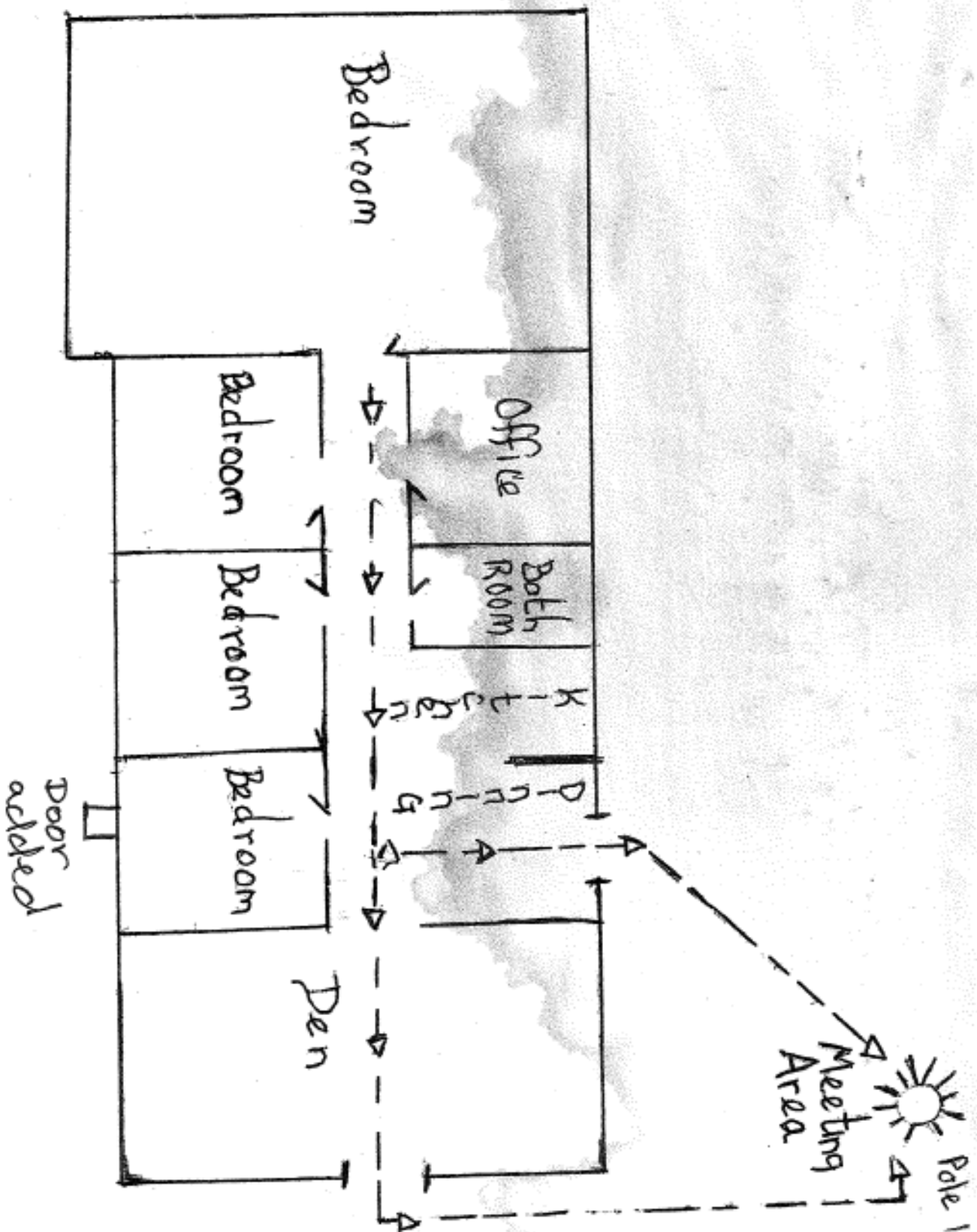
C153
Holes completed



Dryer



Recaulked
Bath 4



HWY 308

Side door Colon 1



C 174

Knobs



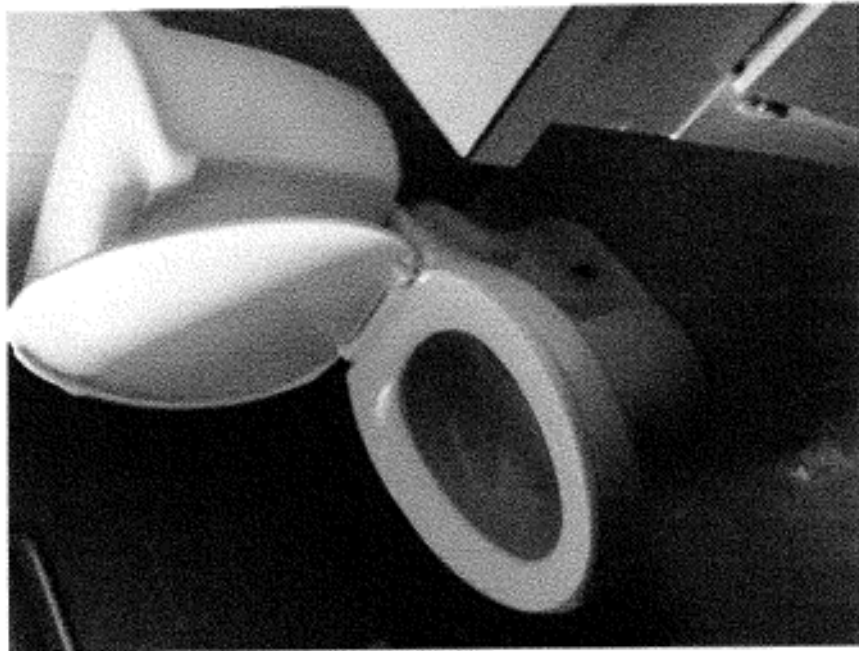
Heater Removal (C174)



Air filter C174

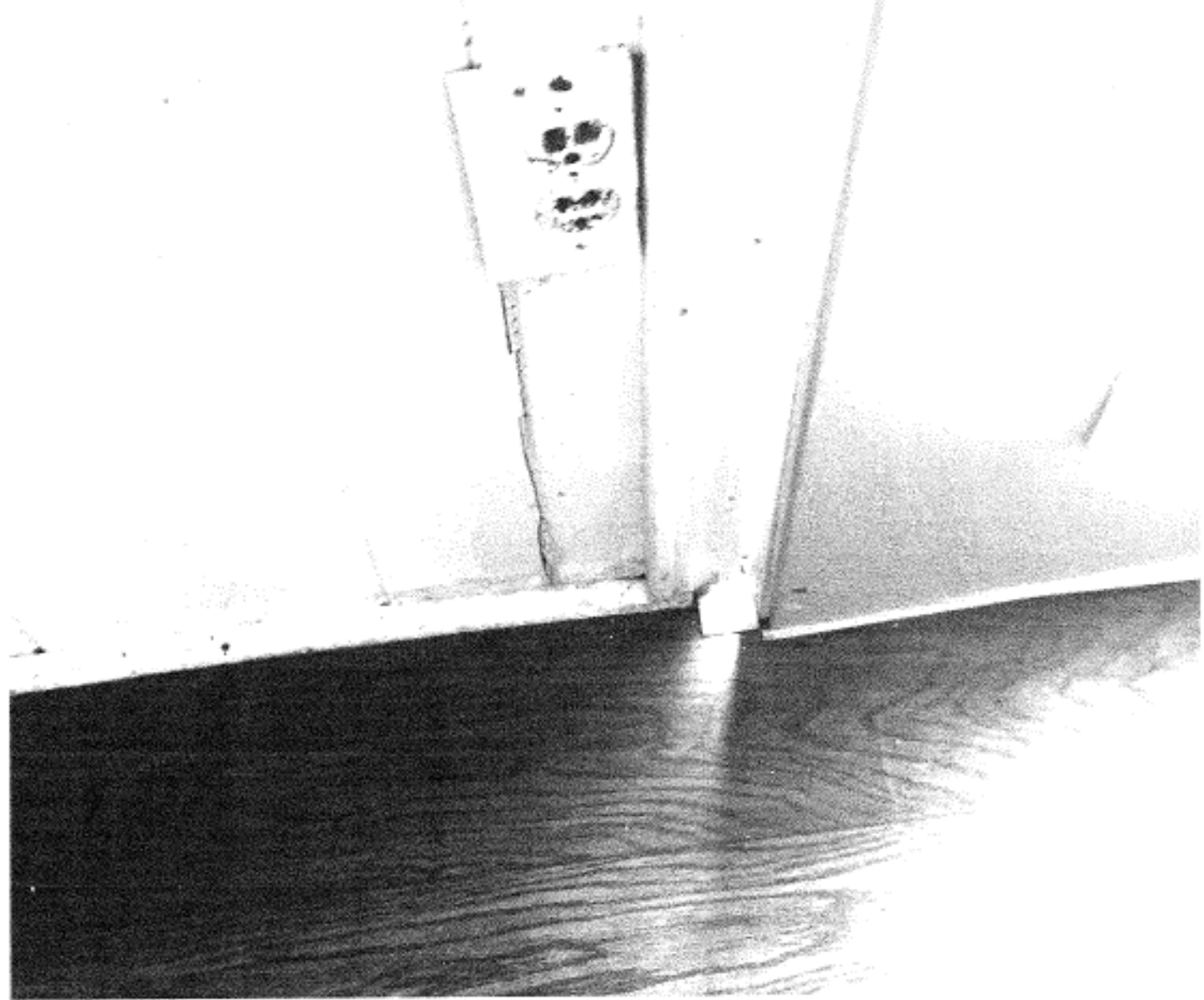


c174
Toilet Tighten

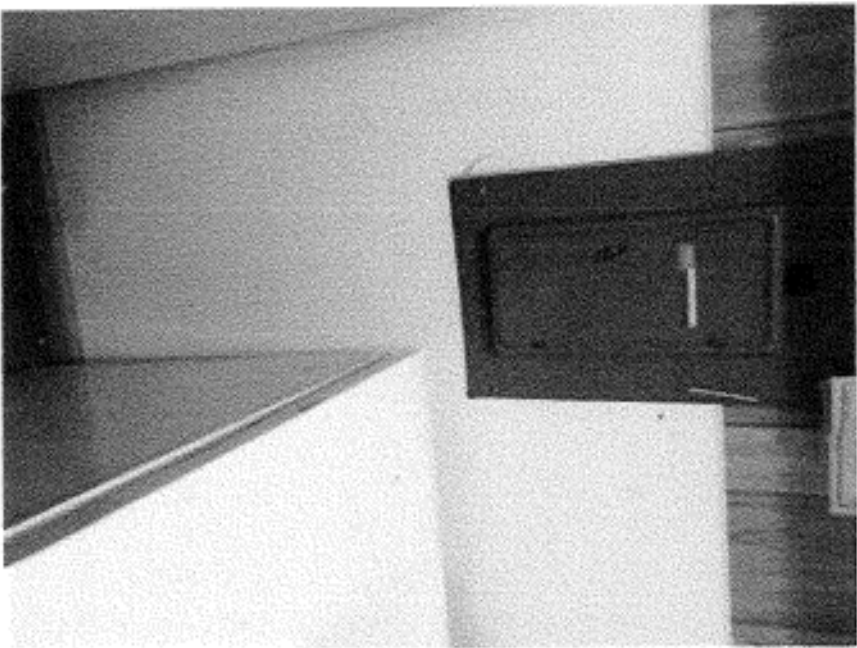


C174

Outlet Tighter



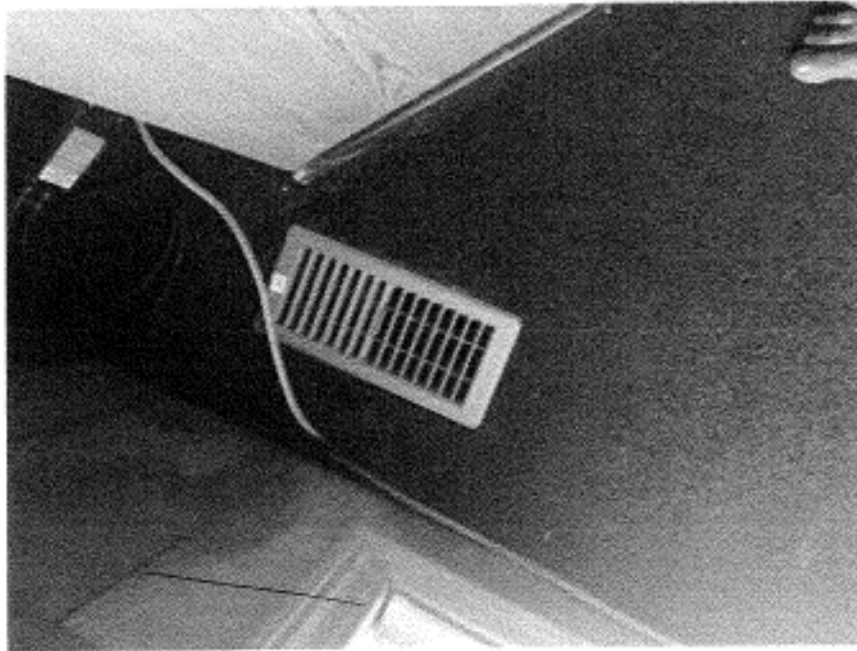
Q 174
space cleared





C1174
Attic Door

Am Register in Den
~~Do~~
C174



Dining room (159)



C161
hand line



C169
Heat detector



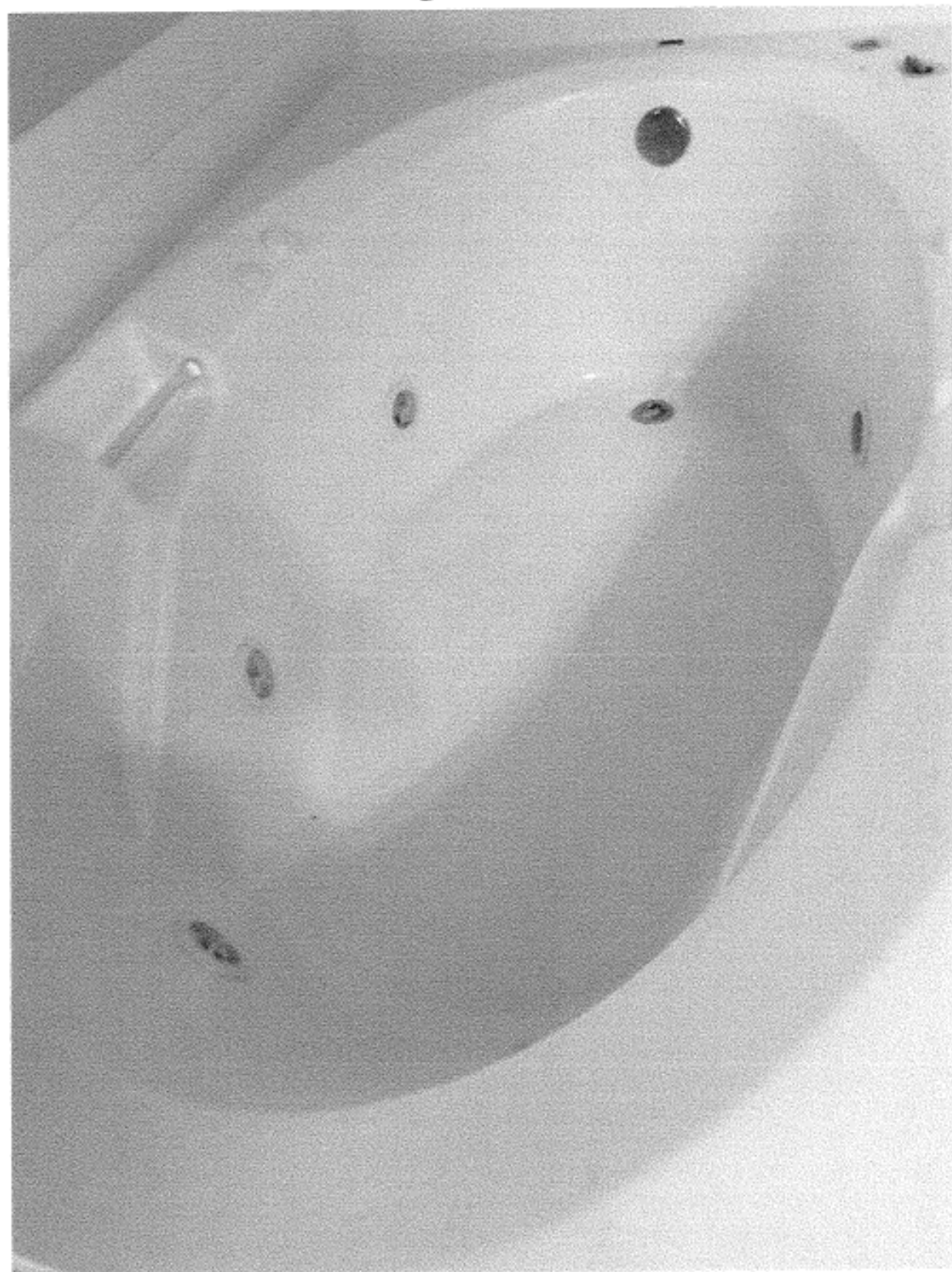
C174 (Dryer)



C153 (~~Red~~) Shower



153 (Tab)



c 127

Bed room exits through dining room

