STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008029	A. BUILDING: **01** B. WING _____	R **09/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA'S PLACE	**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 Anthony Brinson DHSR Construction Section conducted a Biennial follow-up survey on September 25, 2019 from 10:45 AM to 11:45 AM at the above referenced facility. Not all of the previously cited deficiencies were verified as being corrected and new deficiencies were cited as well, that require an acceptable plan of correction, therefore additional action is needed. The deficiencies are listed as follows:	{C 000}		
{C 153}	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: (1) 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.	{C 153}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008029	A. BUILDING: **01** B. WING _____	R **09/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA'S PLACE	**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 1 20190925-ARB At the time of the follow-up survey it was observed that the above listed deficiency hasn't been corrected, take action to correct the deficiency and forward photos of the completed work as verification of compliance to the DHSR Construction Section. (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. 20190925-ARB At the time of the follow-up survey it was observed that the above listed deficiency hasn't been corrected, take action to correct the deficiency and forward photos of the completed work as verification of compliance to the DHSR Construction Section. (10) The rule requires that each family care home shall have furniture clean and in good repair: During our visit it was observed that the dining room chair were loose. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. 20190925-ARB	{C 153}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008029	A. BUILDING: **01** B. WING _____	R **09/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA'S PLACE	**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 2 At the time of the follow-up survey it was observed that the above listed deficiency hasn't been corrected, take action to correct the deficiency and forward photos of the completed work as verification of compliance to the DHSR Construction Section.	{C 153}		
{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 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.	{C 169}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008029	A. BUILDING: **01** B. WING _____	R **09/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA'S PLACE	**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 3 Make arrangements to have the deficiency corrected; provide documentation in the form of photos and invoices/receipts for all work completed. 20190925-ARB At the time of the follow-up survey it was observed that the above listed deficiency hasn't been corrected, take action to correct the deficiency and forward photos and receipts of the completed work as verification of compliance to the DHSR Construction Section. NEW DEFICIENCY 20190925-ARB At the time of the follow-up survey it was observed that the smoke detector in bedroom #3 was barely audible, this is not in compliance with the rule, take action to correct the deficiency and forward photos and receipts of the completed work as verification of compliance to the DHSR Construction Section.	{C 169}		
{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. 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	{C 170}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008029	A. BUILDING: **01** B. WING _____	R **09/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA'S PLACE	**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 4 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. 20190925-ARB At the time of the follow-up survey it was observed that the above listed deficiency hasn't been corrected,all of the homes fire extinguishers are out dated; take action to correct the deficiency and forward photos of the completed work as verification of compliance to the DHSR Construction Section.	{C 170}		
{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: (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	{C 174}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008029	A. BUILDING: **01** B. WING _____	R **09/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA'S PLACE	**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 5 missing/burnt lightbulbs in the den by the front entrance and in the ceiling fan, the kitchen range 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. 20190925-ARB At the time of the follow-up survey it was observed that the above listed deficiency hasn't been corrected, take action to correct the deficiency and forward photos of the completed work as verification of compliance to the DHSR Construction Section. (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: During our visit it was observed that the ceiling light in bedroom #4's closet, were missing their globe. Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all work completed. 20190925-ARB At the time of the follow-up survey it was observed that the above listed deficiency hasn't been corrected, take action to correct the deficiency and forward photos of the completed work as verification of compliance to the DHSR Construction Section.	{C 174}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008029	A. BUILDING: **01** B. WING _____	R **09/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA'S PLACE	**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 6 (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. 20190925-ARB At the time of the follow-up survey it was observed that the above listed deficiency hasn't been corrected, take action to correct the deficiency and forward photos of the completed work as verification of compliance to the DHSR Construction Section. (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 corrected; provide documentation in the form of photos for all work completed. 20190925-ARB At the time of the follow-up survey it was observed that the above listed deficiency hasn't been corrected, take action to correct the deficiency and forward photos of the completed work as verification of compliance to the DHSR Construction Section.	{C 174}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008029	A. BUILDING: **01** B. WING _____	R **09/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA'S PLACE	**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 7 "NEW DEFICIENCYS" 20190925-ARB 1.) At the time of the follow-up survey it was observed that the light fixture in the office is seperating down from the ceiling, this is not compliant with the rule, take action to correct the deficiency and forward photos of the completed work as verification of compliance to the DHSR Construction Section. 2.) At the time of the follow-up survey it was observed that the back draft damper for the dryer discharge is missing and the duct is full of lint. This is not compliant with the rule, take action to correct the deficiency and forward photos of the completed work as verification of compliance to DHSR Construction Section.	{C 174}		
{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: (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 corrected; provide documentation in the form of	{C 183}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008029	A. BUILDING: **01** B. WING _____	R **09/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA'S PLACE	**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 8 photos for all work completed. 20190925-ARB At the time of the follow-up survey it was observed that the above listed deficiency hasn't been corrected, in addition a rail has become separated (running parallel with the deck) take action to correct the deficiency and forward photos of the completed work as verification of compliance to the DHSR Construction Section.	{C 183}		