

RECEIVED

MAY 13 2021

PRINTED: 04/22/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	ADULT CARE LICENSURE SECTION RALEIGH	(X3) DATE SURVEY COMPLETED R 04/08/2021
NAME OF PROVIDER OR SUPPLIER THE VILLAS BENSON I		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST MORRIS AVENUE BENSON, NC 27504			
(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 The Adult Care Licensure Section conducted an annual and follow-up survey on April 8, 2021.	C 000			
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure the hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (°F) to a maximum of 116°F for 5 of 7 water fixtures at the sinks in four common resident bathrooms and at the shower accessible for resident use. The findings are: Observation of hot water temperatures on 04/08/21 at 9:15am revealed a temperature of 118°F in the shower in the first bathroom on the left-hand side of the hall. Observations of the hot water temperature in the hall common bathroom next to the kitchen on 04/08/21 at 9:30am revealed: -The bathroom door was unlocked. -The hot water temperature at the sink was	C 105	10A NCAC 13 G. 0317 (d) Building Service Equipment Henceforth, the facility has Updated its policy to ensure That the staff are re-trained On the acceptable range Of water temperature Coming out of the sinks, Bath tubs and showers. Furthermore, the facility Has stopped the staff from using the infrared thermometer to measure the water temperature. Effective		4/15/21

Division of Health Service Regulation

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

Clifford

TITLE

Administrator

(X6) DATE

5/13/21

STATE FORM

6889

S5W011

If continuation sheet 1 of 10

Reviewed and accepted 05/17/2021. - HF

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/08/2021
NAME OF PROVIDER OR SUPPLIER THE VILLAS BENSON I		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST MORRIS AVENUE BENSON, NC 27504		
(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 105	Continued From page 1 128.6°F. -No steam was observed. Observations of the hot water temperature in the hall women's bathroom across from the office on 04/08/21 at 9:32am revealed: -The bathroom door was unlocked. -The hot water temperature at the sink was 121.6°F. -No steam was observed. Interview with the Medication Aide/Live-In (MA) staff on 04/08/21 at 9:34am revealed: -She performed hot water temperature checks at randomly selected water fixtures every day. -She usually checked the hot water temperature at the sink fixture in the live-in staff bathroom. -Residents did not have access to the sink fixture in the live-in staff bathroom. -She only checked the bathroom fixture in the live-in staff bathroom and the kitchen sink fixture daily because the hot water temperature log only had space for documentation for one bathroom fixture and one kitchen fixture. Observation of the hot water temperature in the hall common bathroom next to the kitchen with the Resident Care Director (RCD) and the live-in MA on 04/08/21 at 9:38am revealed the hot water temperature at the sink was 127.9°F. Interview with the RCD on 04/08/21 at 9:38am revealed the water temperature at the hall common bathroom felt "hot". Interview with the live-in MA on 04/08/21 at 9:38am revealed the water temperature at the hall common bathroom felt "a little warm". Observation of the hot water temperature in the	C 105	immediately, all water temperature checks will be done with regular thermometer that will be inserted into the water to gauge the temperature. The facility engaged a licensed plumber who has further installed a switch in the water heater to regulate the temperature between 100 and 116 ° F. The employees have been re-trained to check and properly document the water temperature from all faucets on a daily	4-8-21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/08/2021
NAME OF PROVIDER OR SUPPLIER THE VILLAS BENSON I		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST MORRIS AVENUE BENSON, NC 27504			
(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 105	Continued From page 2 women's bathroom across from the office with the RCD and live-in MA on 04/08/21 at 9:41am revealed the hot water temperature at the sink was 121.4°F. Interview with the RCD on 04/08/21 at 9:41am revealed the water temperature at the women's bathroom "seems a little warm, the longer it runs, the hotter it gets". After prompting on 04/08/21 at 9:41am, the RCD posted signs, which read Caution Hot Water, at the bathroom of the women's bathroom across from the office, the men's restroom near the entry door/office, the hall common bathroom, and the bathroom on the left hand side of the hall and the second bathroom on the left hand side of the hall. Interview with Resident #1 on 04/08/21 at 9:45am revealed: -She had no problems with the water being too hot or too cold. -She was assisted with her showers since she was considered a fall risk. -She used the bathrooms nearest her room down from the dining room on the left. Observations of the hot water temperature in the men's bathroom across from the office on 04/08/21 at 9:56am revealed: -The hot water temperature at the sink fixture was 120.5°F. -There was a sign posted on the bathroom door cautioning staff and residents of the hot water. Second observation of the hot water temperatures on 04/08/21 at 10:00am revealed: -The sink in the bathroom on the left-hand side of the hall, hot water temp was 118°F. -The sink in the second bathroom on the	C 105	basis. As part of the training, the staff are required to notify the RCD whenever there is an out of range (high or low) temperature. The RCD will endeavor to rectify the variance or call the contracted plumber to rectify the problem. The RCD is required to notify the Agency Director, if the variance require the plumber's assistance in rectifying the situation. The RCD is responsible for monitoring the water temperature log weekly to ensure compliance. The re-training of the staff was completed on April 15th, 2021		4-8-21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/08/2021
NAME OF PROVIDER OR SUPPLIER THE VILLAS BENSON I		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST MORRIS AVENUE BENSON, NC 27504			
(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 105	Continued From page 3 left-hand side of the hall hot water temperature was 122°F. -The sink in the men's restroom near the entry door/office was 116.6°F. A third check of the hot water temperatures with facility's infrared thermometer used by the RCD and surveyor's thermometer in the men's restroom near the entry door/office on 04/08/21 at 10:11am revealed: -The RCD pointed the infrared thermometer beam at the water in the sink and had a reading of 124.9°F. -The surveyor had the thermometer directly in the stream of water from the faucet and had a reading of 123.7°F. A third check of hot water temperatures with facility's infrared thermometer used by the RCD and surveyor's thermometer in the women's restroom near the entry door/office on 04/08/21 at 10:14am revealed: -The RCD pointed the infrared thermometer beam at the water in the sink and had a reading of 113°F. -The surveyor had the thermometer directly in the stream of water from the faucet and had a reading of 121.1°F. A third check of hot water temperatures with facility's infrared thermometer used by the RCD and surveyor's thermometer in the restroom near the closet door in the hallway on 04/08/21 at 10:19am revealed: -The RCD pointed the infrared thermometer beam at the water in the sink and had a reading of 113°F. -The surveyor had the thermometer directly in the stream of water from the faucet and had a reading of 121.1°F.	C 105			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/08/2021
NAME OF PROVIDER OR SUPPLIER THE VILLAS BENSON I		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST MORRIS AVENUE BENSON, NC 27504		
(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 105	Continued From page 4 Interview with the RCD on 04/08/21 at 10:16am revealed: -There was one resident who might brush her teeth in the women's bathroom across from the office. -The water heater in the facility had been replaced in December 2020 because the water was not getting hot. -There was no change to frequency of water temperature checks implemented to monitor the hot water when the water heater was replaced. Interview with live-in MA on 04/08/21 at 10:27am revealed: -She thought the hot water temperatures were supposed to be between 105°F and 115°F. -On 03/05/21, the hot water temperatures were "a bit high". -She did not do anything or tell anyone about it because she did not know she was supposed to. -She had not been given any instructions of what to do if the hot water temperatures were out of range. -There was a workman here on 12/27/20 and he put in a new water heater. -He said the water temperatures would "normalize" overtime when she told him that the water was too hot. -She had told the RCD and the owners about the water being too hot. -She did not say what the RCD or owners had done after she reported the water being too hot. -She had put out two reports that the water was too hot. Interview the RCD on 04/08/21 at 10:30am revealed: -She checked the water temperature logs and reviewed them sometimes once every two weeks.	C 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/08/2021
NAME OF PROVIDER OR SUPPLIER THE VILLAS BENSON I		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST MORRIS AVENUE BENSON, NC 27504			
(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 105	Continued From page 5 -She said if it was below 100°F, it was too cold and if it was over 110°F it was too hot. -She looked at the numbers on the temperature sheets and normally looked at the current date. Observation of the maintenance staff on 04/08/21 at 10:35am revealed he was attempting to adjust the hot water temperature setting on the water heater in the closet near the restroom across from resident room #5. Interview with the maintenance man on 04/08/21 at 10:40am revealed: -"We were going to have everything up to date and running when y'all came back but my truck broke down." -He acknowledged he did not know exactly where the adjustments were located to adjust the hot water temperature. Observation on 04/08/21 at 10:48am revealed: -The plumber who installed the water heater was at the facility to adjust the thermostats. -There were two thermostats that needed to be adjusted. -The thermostat settings ranged from 90°F to 150°F. -The bottom thermostat was set at 125°F and the top thermostat was set between 120°F and 125°F. -There were only three numerical markings on the thermostats which were 90°F, 125°F, and 150°F so any other settings were not marked for accuracy. -There were five settings between 90°F and 150°F that were line markings which were not numbered, but represented 100°F 110°F 120°F 130°F and 140°F. Interview with the plumber on 04/08/21 at	C 105			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/08/2021
NAME OF PROVIDER OR SUPPLIER THE VILLAS BENSON I		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST MORRIS AVENUE BENSON, NC 27504			
(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 105	Continued From page 6 11:01am revealed: -The water heater was set on 125°F which was the manufacturer's setting. -He said by law he was not supposed to touch the setting, but he would have the customer (facility) turn off the breaker and he would adjust to the temperature that the customer (facility) requested. -He had been instructed today to turn it down by the RCD. -The hot water temperature should now be between 105°F and 110°F. Interview with the Administrator on 04/08/21 at 11:28am revealed: -She expected the hot water temperatures to be monitored daily by the staff or the RCD. -She was not sure how the RCD monitored the hot water temperatures. -She thought the range for the hot water temperatures was between 105°F and 115°F but not below 100°F nor above 115°F. -If the staff got any readings below 100°F or above 115°F, they should let her know. -She had not recently been informed of any abnormal readings. -A new hot water heater had been installed in December 2020. -Elevated hot water temperatures on 03/06/21, 03/14/21 and 03/15/21 were reviewed with the administrator by the surveyor. -She stated she had not been informed of any of those abnormal readings until today (04/08/21). Observation of the hot water temperatures at bathroom fixtures in the facility on 04/08/21 between 1:24pm - 1:55pm revealed: -There were hot water caution signs posted at each bathroom water fixture. -The hot water temperature was 118°F at the sink	C 105			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/08/2021
NAME OF PROVIDER OR SUPPLIER THE VILLAS BENSON I		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST MORRIS AVENUE BENSON, NC 27504		
(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 105	Continued From page 7 fixture in the hall restroom next to the kitchen on 04/08/21 at 1:24pm. -The hot water temperature was 113.3°F at the sink fixture in the women's bathroom across from the office on 04/08/21 at 1:28pm. -The hot water temperature was 115.3°F at the sink fixture in the women's bathroom across from the office on 04/08/21 at 1:30pm. -The hot water temperature was 102.7°F at the sink fixture in the shower room on 04/08/21 at 1:49pm. -The hot water temperature was 113.5°F at the shower fixture in the shower room on 04/08/21 at 1:51pm. Observation of hot water temperatures on 04/08/21 at 2:08pm revealed a temperature of 120°F in the shower in the first bathroom on the left-hand side of the hall. Interview with a resident on 04/08/21 at 1:32pm revealed: -She liked her water temperature to be kind of cool. -Sometimes the water temperature was too hot and sometimes it was too cool. -She adjusted the water temperature when needed. -She had not had any problems with being burned by hot water temperatures. -She did not use the hall restroom, or the bathrooms close to the office. The facility failed to ensure hot water temperatures in the four sinks and one shower in the common bathrooms used by 2 of 2 residents were maintained within 100°F - 116°F . A water temperature of 124°F may result in a first degree burn in 2 minutes and a second degree burn in 4.2 minutes. The facility's failure placed the	C 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/08/2021
NAME OF PROVIDER OR SUPPLIER THE VILLAS BENSON I		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST MORRIS AVENUE BENSON, NC 27504			
(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 105	Continued From page 8 residents at risk for first and second degree burns which was detrimental to the safety, health and welfare of these residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/08/21 for this violation. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED MAY 23, 2021.	C 105	10A NCAC 13 G. 0317 (d) Building Service Equipment Henceforth, the facility has Updated its policy to ensure That the staff are re-trained On the acceptable range Of water temperature Coming out of the sinks, Bath tubs and showers. Furthermore, the facility Has stopped the staff from using the infrared thermometer to measure the water temperature. Effective immediately, all water temperature checks will be done with regular thermometer that will be inserted into the water to gauge the temperature The facility engaged a licensed plumber who has further installed a switch in the water heater to regulate the temperature between 100 and 116 ° F.	4-15-21	
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to building service equipment. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure the hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (°F) to a maximum of 116°F for 5 of 7 water fixtures at the sinks in four common resident bathrooms and at the shower accessible for resident use. [Refer to Tag 105	C 912			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL051056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/08/2021
NAME OF PROVIDER OR SUPPLIER THE VILLAS BENSON I		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST MORRIS AVENUE BENSON, NC 27504		
(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 912	Continued From page 9 10A NCAC 13G .0317(d) Building Service Equipment (Type B Violation)].	C 912	The employees have been re-trained to check and properly document the water temperature from all faucets on a daily basis. As part of the training, the staff are required to notify the RCD whenever there is an out of range (high or low) temperature. The RCD will endeavor to rectify the variance or call the contracted plumber to rectify the problem. The RCD is required to notify the Agency Director, if the variance require the plumber's assistance in rectifying the situation. The RCD is responsible for monitoring the water temperature log weekly to ensure compliance. The re-training of the staff was completed on April 15th, 2021	4-15-21

Forte, Hope

From: info@xpress-groups.com
Sent: Thursday, May 13, 2021 2:24 PM
To: Forte, Hope
Subject: [External] The Vilas I POC
Attachments: 20210513142316.pdf

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to Report Spam.<<mailto:report.spam@nc.gov>>

Thank you