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 _____	09/26/2023

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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on September 26, 2023, from 10:50 AM to 11:35 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 NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies	C 172		

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C 172	Continued From page 1 furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the fire drills were taking longer than 8 minutes. To maintain ambulatory status residents need to be able to evacuate without assistance from the staff and be able to evacuate in under 8 minutes. This is not compliant with the rule. Take the necessary steps to ensure that residents understand how to properly evacuate promptly, and understand the protocol on how to when the audible sounding device from the smoke detector alarms.	C 172	The staff/administrator will meet with the residents to trained them on the proper way to evaluate, and the importance of getting out within 8mins. The staff will conduct varies drills to ensure resident under the procedures. The administrator will review to drill long monthly to ensure drills are done correctly The staff will ensure all doors are in working condition and report to the	
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.) At the time of the survey it was observed that the doors for bedroom 1 would not latch properly. This is not compliant with the rule. Take the necessary steps to repair the doors so they latch securely. * This deficiency was previously cited during	C 174		

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C 174	Continued From page 2 our 2021 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey it was observed that there was not a night light provided in the hallway. This is not compliant with the rule. Take the necessary steps to provide a night light in the hallway. * This deficiency was previously cited during our 2021 biennial survey and action hasn't been taken to address the deficiency. 3.) At the time of the survey it was observed that there was wood paneling used as a wall covering in multiple areas. This is not compliant with the rule. Take the necessary steps to treat the paneling with a fire retardant material capable of achieving a minimum of a Class C finish or provide documentation of any previous treatment. * This deficiency was previously cited during our 2021 biennial survey and action hasn't been taken to address the deficiency *New Deficiencies * 4.) At the time of the survey it was observed that the side exit on the right-hand side is not latching. This is a safety issue for the residents as it allows others to get into the home unless the door is shut with special knowledge. This is not compliant with the rule. Take the necessary steps to repair or replace the locking mechanism so the door shuts without special knowledge. 5.) At the time of the survey, it was observed that the windows in bedroom 1 and bedroom 4 are not working as intended and are not working as points of egress. This could impede proper evacuation in the event of an emergency. This is not compliant with the rule. Take the necessary	C 174		

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C 174	Continued From page 3 steps to ensure the window functions as intended in the event of an emergency. 6.) At the time of the survey, it was observed that bedroom 1 has lights that are burnt out. This is not compliant with the rule. Take the necessary steps to replace the bulbs. 7.) At the time of the survey, it was observed that there was a fixture blocking the emergency egress window in bedroom #2. Which could impede proper evacuation in the event of an emergency. This is not compliant with the rule. Take the necessary steps to remove the fixture to ensure proper pathing to the window in the event of an emergency. 8.) At the time of the survey it was observed that in bedroom 3 multiple blinds are damaged. This is not compliant with the rule. Take the necessary steps to repair the blinds and or replace them. 9.) At the time of the survey, it was observed that in bedroom 3 the lamination is rippling in multiple parts of the room. This could lead to a tripping hazard. This is not compliant with the rule. Take the necessary steps to mend the flooring and replace it as needed. 10.) At the time of the survey it was observed that the toilet in the bedroom 3 bathroom was loose at the base causing a potential for leaks to happen and also for residents to be injured when using the facilities. This is not compliant with the rule. Take the necessary steps to secure the toilets to prevent any leaks or possible injuries 11.) At the time of the survey, it was observed that in the hallway bathroom, the grab bar for the toilet was loose, this is a safety concern for the	C 174		

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C 174	Continued From page 4 residents. This is not compliant with the rule. Take the necessary steps to secure it back to the wall. 12.) At the time of the survey, it was observed that the exhaust fan in the bathroom had debris and dust on it. This could cause improper exhaust. This is not compliant with the rule. Take the necessary steps to clean the exhaust fan. 13.) At the time of the survey, it was observed that there was a build up of lint and debris behind the washer and dryer causing a possible fire hazard. This is not compliant with the rule. Take the necessary steps to clean the lint and debris from the area which will prevent any type of spark from igniting the material 14.) At the time of the survey, it was observed that there was a beeping smoke alarm or heat detector. The Surveyor could not narrow down the location. This is not a complaint with the rule. Take the necessary steps to find out what is causing the beeping in the home, and replace or repair the smoke detector or heat detector if needed. 15.) At the time of the survey it was observed that the attic had multiple open junction boxes that could lead to electrical shock. This is not compliant with the rule. Take the necessary steps to put covers on the junction boxes.	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	C 183		

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C 183	Continued From page 5 and safe condition. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there were several areas at the trim of the front porch that had cracking and gaps in the caulking. This is not compliant with the rule. Take the necessary steps to recaulk these areas. * This deficiency was previously cited during our 2021 biennial survey and action hasn't been taken to address the deficiency. 2. At the time of the survey it was observed that there was not a handrail provided on the inside of the ramp next to the deck. This is not compliant with the rule. Take the necessary steps to add a handrail. * This deficiency was previously cited during our 2021 biennial survey and action hasn't been taken to address the deficiency. * New Deficiencies * 3.) At the time of the survey, it was observed that in the rear of the yard, the staff said the septic tank had standing water and an unpleasant order. The area looked like the septic tank was backing up. This is not compliant with the rule. Take the necessary steps to provide documentation from local officials to verify the proper operation of the septic tank. 4.) At the time of the survey, it was observed that in the front yard, the bush's wooden debris was left. This is not compliant with the rule. Take the necessary steps to dispose of the post appropriately. 5.) At the time of the survey, it was observed at the front of the house the gabble has multiple	C 183	administrator. The administatur will ensure that ~~the~~ all defiencies are corrected. cracking + gaps in caulking on front porch, place handrail on inside of ramp next to deck, Will obtain proper papework for the septic, from the sanitation dept in Bertie County, dispose of the bush wooden debris, The gabbles will be repaired	

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C 183	Continued From page 6 holes in the vinyl. This is not compliant with the rule. Take the necessary steps to repair and or replace. 6.) At the time of the survey, it was observed that the back deck railing is not fastened properly, and could propose a safety concern. This is not compliant with the rule. Take the necessary steps to fasten the railing.	C 183	The administrator will ensure that back deck railing is properly fasten. The administrator will monitor every three months.	11/29/23