Attached is the Statement of Deficiencies and 2nd notice letter mailed to **Mr. Obiaku Ogbonna** on **February 8th, 2024** for the **DHSR – Construction Section Biennial Survey** conducted on **November 29th, 2023 by Scott Greenwood.**
Write the date that the work will be completed, and how it will be completed on the right hand side of your Plan of Correction. The work does not have to be completed before you submit this form. You also need to sign and date the Plan of Correction at the bottom. The POC is due back by February 23rd, 2024.

The Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705
Faxed to: (919) 733-6592
Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Thank you.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051059	A. BUILDING: 01 B. WING _____	11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS AT BENSON V	606 EAST MORRIS AVENUE BUILDING 6 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 Report by Scott Greenwood DHSR Construction Section conducted a Biennial Survey on November 29, 2023 from 9:15 AM to 10:25 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 7, 2016 as a Family Care Home for six (6) ambulatory Residents (Who are able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, and the applicable portions of the 2012 North Carolina State Building Code - Section 425.2 - 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 on-site 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 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	C 174		

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C 174	Continued From page 1 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 fire extinguishers were not being monitored on a monthly basis. This is not compliant with the rule. Monitoring the fire extinguishers ensure that the are fully charged and have not been tampered with. Take the necessary steps to monitor the fire extinguishers on a monthly basis. Note; The fire extinguisher inspection tags were brought up to date by the staff at the time of the survey.	C 174 1	10 A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT The facility has updated its policy to ensure that all fire extinquishers are monitored on a monthly basis. Henceforth all Fire extinguishers will be checked to ensure that they are fully charged and have not been tampered with. The Resident Care Coordinator is responsible for this monitoring	Dec 1,2023
	2. At the time of the survey it was observed that the kitchen pantry door was damaged. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. Note; This deficiency corrected by maintenance at the time of the survey. Please ensure that routine maintenance is complied with in the future.	2	The kitchen pantry door has since been repaired and hence is now in compliance. The RCC is responsible to ensure that all doors and windows in the facility are in good working condition. The doors and windows will be inspected monthly to ensure compliance.	Nov 29, 2023
	3. At the time of the survey it was observed that the hot water tank pressure relief line was not within 6 inches of the floor surface below. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to extend the hot water pressure relief line.	3	The water tank pressure relief line is now within 6 inches of the floor surface below. Henceforth, the Administrator will check it quarterly to ensure compliance.	Dec 1, 2023
	4. At the time of the survey it was observed that the stove hood was loose and the surface light cover was missing. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct these deficiencies.	4	The stove hood has been repaired and the missing light cover has been replaced. The RCC will check quarterly to ensure compliance.	Dec 1, 2023

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C 174	Continued From page 2	C 174		
	5. At the time of the survey it was observed that the towel bar in bathroom #1 was missing. This is not compliant with the rule for routine interior maintenance and allowing resident towels to dry properly, Take the necessary steps to correct this deficiency.	5	The towel bar in bathroom #1 has since been replace. The RCC will check all bathrooms quarterly to ensure compliance.	Dec 1, 2023
	6. At the time of the survey it was observed that the wall mounted sink was loose in bathroom #1. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency.	6	The wall mounted sink located in bathroom #1 has since been repaired and is now in compliance. The RCC will henceforth inspect all sinks in the facility quarterly to ensure compliance.	Dec 1, 2023
	7. At the time of the survey it was observed that the towel bar in bathroom #2 was missing. This is not compliant with the rule for routine interior maintenance and allowing resident towels to dry properly, Take the necessary steps to correct this deficiency.	7	The missing towel bar in bathroom #2 has since been replaced and is now in compliance. The RCC will henceforth inspect all bathrooms quarterly to ensure compliance.	Dec 1, 2023
	8. At the time of the survey it was observed that the toilet paper holder was missing in bathroom #2. This is not compliant with the rule for routine interior maintenance and toilet paper storage.	8	The missing toilet paper holder in bathroom #2 has since been replaced and is now in compliance. The RCC will going forward inspect all bathroom quarterly to ensure compliance.	Dec 1, 2023
	9. At the time of the survey it was observed that the entry door to bathroom #2 upper hinge was loose and would not latch properly. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency.	9	The loose upper hinge to the entry door of the bathroom #2 has since been repaired and properly latches. The door is now in compliance. The RCC will henceforth inspect the bathroo door quarterly to ensure compliance.	Dec 2, 2023
	10. At the time of the survey it was observed that the ceiling exhaust fan cover in bathroom #2 was loose. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency.	10	The loose ceiling exhaust fan cover has since been repaired and is now in compliance. The RCC will henceforth, inspect all bathroom exhaust fan covers quarterly to ensure compliance.	Dec 2, 2023
	11. At the time of the survey it was observed that			

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C 174	Continued From page 3 the front egress door lockset was not a single motion operation. This is not compliant with rule for routine interior maintenance and resident safety during a potential fire emergency. Take the necessary steps to correct this deficiency. 12. At the time of the survey it was observed that the entry door strike plate to bedroom #1 was missing and would not latch properly. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency. 13. At the time of the survey it was observed that there was old fence debris stored in the back yard. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.	C 174 11 12 13	The front egress door lockset has been replaced with a single motion operation keyset and now is in compliance. The RCC will ensure that all egress doors have single motion operation. The missing entry door strike plate to bedroom #1 has been replaced and is now in compliance. The RCC will inspect all door semi-annually to ensure compliance. The old fence debris stored at the back yard has since been removed and the area is now free of any debris. The RCC will inspect monthly to ensure compliance.	Dec 2, 2023 Dec 3, 2023 Dec 1, 2023