



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 20, 2024
LaVonna Wallace, Executive Director (via email only)
336 South Rhodes Avenue
Windsor, NC 27983

RE: Windsor House -- ACH Biennial Survey
336 South Rhodes Avenue
Windsor (Bertie County)
FID #971515

Dear Ms. Wallace:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on October 4, 2023. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.
 1. Corrective action must begin immediately.
 2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

SIGN, DATE, AND RETURN the Plan of Correction to DHSR – Construction by March 6, 2024. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your 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

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction."

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by March 6, 2024. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by March 6, 2024. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Jeff Harms, Acting Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <https://info.ncdhhs.gov/dhsr/>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
County Building Inspection Department – with attachment (via email only)
Bertie County DSS – with attachment (via email only)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL008034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2023
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE 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 of a Construction Section Biennial Survey by Suzanna Fay conducted on October 4, 2023. Based on information gathered from our files, the Facility was first licensed on October 25, 2007 for Sixty (60) residents. Based on this information, we are requiring the facility to meet the 2005 Rules for the Licensing of Domiciliary Homes and the 2006 North Carolina State Building Code, Section 419- Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000	Response to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth. In the statement of deficiencies; the plan of correction is prepared solely as a matter of compliance with State Law. It is the policy of the Windsor House to maintain the physical plant and all requirements therein, Section .0300-Physical Plant 10ANCAC.	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on October 4, 2023: a. There was not a copy of the most current Fire Official's Inspection report available for review.	C 111	Divisional Maintenance Manager contacted Lumenant to conduct a Fire Official Inspection.	10/07/2023
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 154	Replaced with new alarms. (a)(b)	10/17/2023

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

TITLE
Doranna Walker, MD
(X6) DATE
3/5/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X4) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL008034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2023
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE 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 154	Continued From page 1 ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Observations revealed that the home has at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer and, therefore, is required to have each exit door accessible by residents equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. Findings on October 4, 2023: a. Dining - the alarm on the exit door did not sound when the door was opened. b. 300 Hall - the alarm on the door is damaged and does not sound when the door is opened.	C 154		
C 159	Laundry-Minimum One Res. Washer & Dryer SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (l) The requirements for laundry facilities are: (3) A minimum of one residential type washer	C 159	The facility replaced new washer and dryers.	10/16/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL008034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2023
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE 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 159	Continued From page 2	C 159		
	and dryer each shall be provided in a separate room which is accessible by staff, residents and family, even if all laundry services are contracted. This Rule is not met as evidenced by: 1. Observations revealed that there was not a minimum of one residential type washer and dryer provided in a separate room accessible by staff, residents and family. Findings on October 4, 2023: a. Beauty Salon/Residential Laundry - the residential type washer and dryer have been removed from this room and there are not any others available in the building.			
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes 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 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings and floors are not kept clean and in good repair.	C 164	Repaired ceiling.	10/16/2023
	Findings on October 4, 2023: a. Kitchen - a section of the ceiling finish over the dishwashing area has pulled away and is sagging.			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL008034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2023
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE 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 164	Continued From page 3 b. Employee Lounge Toilet - there is a section of the rubber cove floor base that is falling off behind the toilet.	C 164	Repaired were made and toiler holder installed. (a)(b)	10/16/2023
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not maintained free of all hazards. Loose toilet seats can cause an injury from a slip or fall. Findings on October 4, 2023: a. Women's Guest Toilet - the toilet seat is loose. 2. Observations revealed that the facility was not maintained free of all hazards. Broken accessories leave hard metal edges exposed that can cause injury by bruising or cutting. Findings on October 4, 2023: a. Room 215 Bath - the toilet paper dispenser is broken off the wall leaving the sharp metal edges of the mounting bracket exposed. b. Employee Lounge Toilet - the toilet paper dispenser is broken off the wall leaving the sharp metal edges of the mounting bracket exposed.	C 166	Repaired and tighten toilet seat and replaced holder.	10/27/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL008034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2023
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE 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 189	Continued From page 4	C 189		
C 189	Building Equipment Maintained Safe, Operating	C 189	The facility replaced GFC (a).	10/17/2023
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.		The facility replaced the door cover plate(b) Replaced the frame of the door.	10/17/2023
			Repaired escutcheon ring and repaired hole.	10/11/2023
			Repaired fire chalk hole in attic.	10/11/2023
	This Rule is not met as evidenced by: 1. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on October 4, 2023: a. 100 Hall Exit - the GFCI outside of the door has scorch marks around the sockets. b. Room 203 - the cover plate for the light switch is missing leaving the junction box exposed. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on October 4, 2023: a. Room 101 - the corridor door rubs on the frame requiring excessive force to close and latch.		Braced line drain.	10/17/2023
			Removed stove covering.	10/17/2023
			Braced drain line 2 inches from the floor.	10/17/2023
	3. Based on observation there is a failure to maintain the building's fire safety systems in a			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL008034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 10/04/2023
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 830 SOUTH RHODES AVENUE 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 189	Continued From page 5 safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on October 4, 2023: a. Suite 210 Bath - the escutcheon ring has dropped on the sprinkler head leaving a gap in the fire resistant rated ceiling. This was corrected at the time of survey. b. Room 203 - the escutcheon ring on the back sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. c. The escutcheon ring on the sprinkler head at the smoke barrier wall by Room 202 has dropped leaving a gap in the fire resistant rated ceiling. d. There is a small hole at the base of the exit sign outside of Room 301. e. Attic - there are unsealed 2" holes through the smoke barrier walls where new WiFi cable bundles were run. 4. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function to suppress a fire.	C 189			
	Findings on October 4, 2023: a. Kitchen - the nozzles for the kitchen hood fire suppression system are directed at the shelf above the cooking equipment. 5. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could effect all occupants of the facility if the domestic water supply became contaminated.				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL008034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2023
NAME OF PROVIDER OR SUPPLIER WINDSOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 336 SOUTH RHODES AVENUE 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 189	Continued From page 6	C 189		
C 199	Findings on October 4, 2023: a. Kitchen - there is not a 2" air gap between the icemaker drain line and the floor drain. Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on October 4, 2023: a. There is a pattern of fans that are not working in the facility.	C 199	Repaired installation in exhaust fan.	10/11/2023