STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL051056	A. BUILDING: _____ B. WING _____	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAS BENSON I	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 complaint investigation on 06/17/25.	C 000		
C 102	10A NCAC 13G .0317 (a) Building Service Equipment 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. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the heating system was working properly. The findings are: Observation of the facility during the initial tour on 06/17/25 at 8:15am revealed: -There were 5 residents residing in the facility. -There were two thermostats attached to the wall in the office. -The thermostat at the top read 80 degrees Fahrenheit. -The thermostat at the bottom read 82 degrees F. -The thermostat was turned on for automatic use. Observation of the thermostats in the office on 06/17/25 at 11:42am revealed: -The thermostat at the top read 83 degrees F.	C 102	10A NCAC 13G. 0317 The airconditioner units have hereafter been repaired and they are fully functional and cooling very well. Henceforth, the RCC will check and interview the residents weekly to ascertain that the air in the facility is set in a very comfortable degree.	6/18/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 7/15/25

Reviewed and Acknowledged 08/05/25 Teresa A Hazel

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C 102	Continued From page 1 -The thermostat at the bottom read 85 degrees F. -The thermostat was turned on for automatic use. Interview with a resident on 06/17/25 at 8:20am revealed: -She was melting because she was hot. -She told facility staff it was hot in the facility (not sure of date). -It was always hot in the facility causing her to sweat. -She had a fan in her room, but it was not keeping her cool. Interview with a second resident on 06/17/25 at 8:30am revealed: -The air conditioning did not work in the facility. -When the temperature outside reached 90 degrees F, the residents were always hot. -The facility staff were aware it was hot in the facility. Interview with a third resident on 06/17/25 at 8:35am revealed: -It was too hot in the facility. -She told the facility staff it was hot in the facility, and she was told the air conditioning was turned on. Interview with a fourth resident on 06/17/25 at 8:43am revealed: -It was too hot in the facility. -She told the facility staff she was hot, but she was told it was comfortable. Interview with a fifth resident on 06/17/25 at 8:48am revealed: -She turned on her fan when it was too hot in the facility. -She told the facility staff it was too hot in the facility, and they adjusted the thermostat.	C 102		

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C 102	Continued From page 2 -When the thermostat was adjusted, it became 'a little cooler' in the facility. Interview with the Resident Care Coordinator on 06/17/25 at 9:10am revealed: -The numbers in large font on the thermostat were reading the temperature inside the facility. -The top thermostat was for the back of the building. -The bottom thermostat was for the front of the building. -The air conditioning was not working 3 or 4 months ago but it was repaired. -She was not aware the residents felt it was too hot in the facility. Interview with the Administrator on 06/17/25 at 12:34pm revealed: -The facility staff informed the owner on Friday, 06/13/25 the residents were complaining it was hot in the facility. -The residents did not inform her they were hot. -She called a company today, 06/17/25 to come out and check the air conditioning.	C 102		

Division of Health Service Regulation

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 7/15/25