STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL008042	A. BUILDING: _____ B. WING _____	C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	205 WEST WATSON STREET 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
D 000	Initial Comments An onsite survey was attempted on 03/31/26. No residents and staff were present at the facility. The Adult Care Licensure Section conducted a complaint investigation on 03/31/26 through 04/02/26 with an exit conference via email on 04/02/26.	D 000		
D 033	10A NCAC 13F .0302 (e) Design And Construction 10A NCAC 13F .0302 Design And Construction (e) The facility shall maintain in the facility and have available for review current sanitation and fire safety inspection reports. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to ensure sanitation and fire safety inspection reports were current, maintained in the facility and were available for review. The findings are: Review of the facility's current license effective 01/01/26 revealed: -The capacity was 25. -The license would expire on 12/31/26. Review of the Confirmation of Facility Closure letter dated 10/25/24 revealed:	D 033		

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D 033	Continued From page 1	D 033		

-The letter confirmed the receipt of notification that the facility would close on 10/10/25.
-The license for the facility would not be relinquished and would remain active.
-An existing licensed facility that was closed or vacant for more than one year shall meet all requirements and have current sanitation and fire and building safety inspection reports that would be maintained in the home and available for review.

Observation of the facility on 03/31/26 at 3:45pm revealed there were no staff or residents present.

Review of the facility's sanitation inspection for residential care facility's revealed the last report on file was dated 07/02/24.

Review of the facility's Food Establishment Inspection Report revealed the last report on file was dated 07/02/24.

Telephone interview with the Environmental Health Specialist on 04/01/26 at 10:01am revealed:
-The facility's last sanitation inspections were conducted on 07/02/24.
-An environmental health technician attempted to conduct sanitation inspections in February 2025 and in February 2026 but there was no one at the facility to allow entrance to the building.
-There was a note entered into their records in February 2025 that stated the facility appeared to be abandoned and the back door was broken.
-Sanitation inspections were required to be conducted annually in the kitchen and residential area for facilities.
-Inspections were done to ensure cleanliness and ensure people were not living in unsanitary conditions.

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D 033	Continued From page 2 Telephone interview with the Planning and Inspection Director on 04/01/26 at 2:04pm revealed: -It was a facility's responsibility to request, apply for and pay the fee to schedule a fire inspection to have the inspection completed. -Their records indicated the facility's last fire inspection was conducted in September 2022. -There was no record of an inspection being requested or completed in 2023 or 2024. -The facility applied for an inspection to be completed in August 2025 but the facility's Office Manager called to cancel the inspection in September 2025 according to notes. -She did not know why the inspection was cancelled and the inspection fee was not paid. Telephone interview with the Administrator on record for the facility's license effective 01/01/26 on 04/03/26 at 5:50pm revealed: -She was not the Administrator of the facility. -She had not worked for the corporation that owned the facility for going on 2 years. -She submitted paperwork to state licensure to have her name removed as the Administrator sometime in 2024. Telephone interview with a previous Administrator on 04/01/26 at 3:30pm revealed: -She was no longer the Administrator as of 2024 when the facility closed and no longer had residents living in the facility. -The Administrator was responsible for ensuring fire and sanitation inspections were completed when they were needed. -Management for the facility informed the Adult Care Licensure Section that there were no residents and no inspections completed during the license renewal process for 2026.	D 033		

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D 033	Continued From page 3 Review of an email from the previous Administrator on 04/01/26 at 8:07pm revealed: -There had not been any residents served or admitted to the facility since 10/09/24 and the facility was closed on that date and there was a different Administrator at that time. -She was the Administrator of the facility prior to 03/27/23. -During the licensure process, management explained to representative for the Adult Care Licensure Section (ACLS) that the facility had not completed a fire and sanitation inspection at that time due to ongoing remodeling and construction. -The Owner was going to ensure all inspections were completed after renovations were complete. Telephone interview with the Owner on 04/01/26 at 10:46am revealed: -The facility had been vacant since October 2024. -They had planned to complete renovations but the city rezoned the land and the property was no longer permitted to be opened as an assisted living facility. -There was no current fire safety inspection or sanitation inspection for the facility. -The facility was closed and there was no need for fire safety inspections or sanitation inspections to be completed. _____ The facility failed to ensure the fire safety inspections and sanitation inspections were completed and available for review as required for all licensed assisted living facilities with the ability to admit residents. This failure is detrimental to the health, safety and welfare of residents and constitutes a Type B Violation. _____ A Plan of Protection in accordance with G.S. 131D-34 was requested on 04/01/26 and was not	D 033		

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D 033	Continued From page 4 provided. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 17, 2026.	D 033		
D 176	10A NCAC 13F .0601 (a) Management of Facilities-General Administrato 10A NCAC 13F .0601 Management Of Facilities - General Administrator And Manager Responsibilities (a) Each adult care home shall have an administrator who is certified in accordance with Rule .1701 of this Subchapter. The administrator shall be responsible for the total operation and management of the facility to assure that all care and services are provided to maintain the health, safety, and welfare of the residents in accordance with all applicable local, state, and federal regulations and codes. The administrator shall also be responsible to the Division of Health Service Regulation and the county department of social services for complying with the rules of this Subchapter. The co administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term "administrator" also refers to co administrator where it is used in this Subchapter.	D 176		

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D 176	Continued From page 5	D 176		

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to have a certified Administrator to ensure the total operation and management of the facility to ensure care and services in accordance with all applicable local, state and federal regulations and codes as related to Design and Construction.

The findings are:

Review of the facility's current license effective 01/01/26 revealed:
-The capacity was 25.
-The license would expire on 12/31/26.

Observation of the facility on 03/31/26 at 3:45pm revealed:
-There were no staff or residents present.
-There was a wooden ramp leading to the back door of the facility with a board that was warped and raised causing the walk space to be uneven.
-There was glass on the stoop in front of the back door where the glass had been broken out of the 9 pane window of the door.
-There was a garbage bag on the inside of the window opening that was secured to the top of the door.
-There was clear plastic storage wrap that was discolored over some of the open panes.
-A hallway was visible through the open panes of

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the door and there was debris on the floor, a basket was left in the hallway and the walls and handrails were discolored and dirty.
-There was a side door with a six pane window over the door in which one of the panes was broken and uncovered.
-There was a metal latch with a dead bolt that had broken loose from the door but prevented the door from opening.
-There was an opening where there appeared to once have been a double side by side window in which the left side was partially boarded over.
-Rotting and broken pressed wood remained over the top portion of the left window which left the bottom portion to expose rotting and peeling drywall, support beams, window frames and electrical wiring.
-There were spider webs and vines growing over and through the eaves and windows around the perimeter of the building.
-There were broken blinds in windows around the perimeter.
-A dead lizard was visible on the floor through the front window.

Telephone interview with the Owner on 04/01/26 at 10:46am revealed:
-The facility had been vacant since October 2024.
-They had planned to complete renovations but the city rezoned the land and the property was no longer permitted to be opened as an assisted living facility.
-There was no current fire safety inspection or sanitation inspection for the facility.
-The facility was closed and there was no need for fire safety inspections or sanitation inspections to be completed.
-The Administrator on record for the licensure renewal effective 01/01/26 was not the current Administrator.

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D 176	Continued From page 7 -She gave the name of a previous Administrator as the current Administrator. Telephone interview with the Administrator on record for the facility's license effective 01/01/26 on 04/31/26 at 5:50pm revealed: -She was not the Administrator of the facility. -She had not worked for the corporation that owned the facility for going on 2 years. -She submitted paperwork to state licensure to have her name removed as the Administrator sometime in 2024. Review of an email from the previous Administrator on 04/01/26 at 8:07pm revealed: -There had not been any residents served or admitted to the facility since 10/09/24 and the facility was closed on that date and there was a different administrator at that time. -She was not the Administrator of this facility, however she was the Administrator of other facility's owned and operated by the Owner. -She was the Administrator of the facility prior to 03/27/23 when the Administrator on record for the licensure renewal effective 01/01/26 became the Administrator. -During the licensure process, management explained to the representative for the Adult Care Licensure Section (ACLS) that the facility had not completed a fire and sanitation inspection at that time due to ongoing remodeling and construction. -The Owner was going to ensure all inspections were completed after renovations were complete. Attempted telephone interview with the Owner on 04/02/26 at 10:58am and 11:10am and 2:18pm was unsuccessful. An email was sent in an attempted to contact the Owner on 04/02/26 at 12:53pm with no response.	D 176		

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D 176	Continued From page 8 The facility failed to ensure an Administrator was in place and available to manage the total operation and maintain compliance with regulations for a licensed Adult Care Home. This failure is detrimental to the health, safety and welfare of residents and constitutes a Type B Violation. A Plan of Protection in accordance with G.S. 131D-34 was requested on 04/02/26 and was not provided. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 17, 2026.	D 176		