

FROM

(MON) APR 27 2015 8:38/ST. 8:38/No. 7533827651 P 4

84/19/2015 19:46 9103532799

LIGHTHOUSE VILLAGE

PAGE 04/05

PRINTED: 04/14/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/18/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIGHTHOUSE VILLAGE

182 VILLAGE DRIVE
JACKSONVILLE, NC 28548

(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 This report is of a Complaint Investigation done by Bob Getchell on March 18, 2015. The complaint alleged that roaches are in the kitchen. The complaint is substantiated. This facility was first licensed or submitted for licensure as a Home for the Aged on January 21, 1980, and currently serves 80 residents. Therefore, the facility must meet the 1977 and applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and, the 1978 (w/revsions) North Carolina State Building Code for Group I - Unrestrained Occupancy. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 110	Construction-Meet Sanitary Requirements SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no	C 110		

CONSTRUCTION SECTION
APR 27 2015
RECEIVED

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

015

H5R821

If continuation sheet 1 of 2

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C 110	Continued From page 1 cost. This Rule is not met as evidenced by: 1. Based on observation, and interview with the Administrator the kitchen sanitation was not maintained in a safe manner. This would effect all residents by exposing them to unsanitary conditions. Findings on 03/18/2015: The facility was cited by Onslow County Health Department for a roach infestation, and a bad utensil sink beginning 2-5-15. Since the citation the kitchen has been treated by an exterminator with spray and new roach traps 2 times per week. Sanitarian visited 3-13-15 and while they did not do an inspection, they were pleased with the progress. Walls have been cleaned and painted, and all roach traps inspected were empty. One roach was observed over the kitchen entry door, and one roach was observed in the corner of the pantry. NOTE: Treatment for roaches is ongoing. Utensil sink has been replaced.	C 110	UTENSIL SINK WAS REPLACED ON 2-20-15 FACILITY WAS REINSPECTED BY ONSLOW COUNTY HEALTH DEPARTMENT AND GOT AN 93.5 ON 4-20-15 NO ROACHES WERE FOUND. ORKIN HAS TRYPED H EFFORTS, TO EXTERMINATE ALL ROACHES, "MONITORING EFFORTS ARE IN PLACE"	