

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/15/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LENOIR ASSISTED LIVING

2773 PINWOOD HOME ROAD
PINK HILL, NC 28672

(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 is a Complaint Investigation Report by Frank Strickland and Billy Bryant on 10/15/2015: This facility was first licensed on October 10, 1990 for Sixty (60) residents. A fully sprinkled addition was completed and licensed on February 1, 1996, making a total of Ninety-Four (94) Residents and currently includes Thirty-Two (32) Special Care Unit Beds. Based on this information, we are requiring the original facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1978 North Carolina State Building Code, Section 409- Institutional Occupancy; the addition to meet the 1996 Rules for the Licensing of Adult Care Homes and the 1996 North Carolina State Building Code, Section 409- Institutional Occupancy; and the entire facility to meet the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. The complaint was substantiated by the Pest Control Reports only because there was no physical evidence of bed bug husks or any bed bug activity in any of the resident rooms surveyed.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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.	C 164		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

UUCB51

If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/15/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LENOIR ASSISTED LIVING

2773 PINWOOD HOME ROAD
PINK HILL, NC 28572

(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



Office: 336-985-6433 Toll Free: 844-201-1618 Fax: 336-985-6402

www.PaladinRestoration.com

PO Box 837, King, NC 27021

Service Ticket

NC Pest Control License # 2141PW

Date:11-23-15

Time:10:00am - 3:00pm

Customer: Lenoir Assisted Living

Address: 2773 Pinewood Home Road Pink Hill NC

Target Pest:

☐ cockroaches ☐ ants ☐ spiders ☐ fleas ☐ silverfish ☐ pantry pest ☐ wasp
☐ yellow jackets

☐ hornets ☐ crickets ☐ rats ☐ mice ☐ flies ☐ millipedes ☐ centipedes ☐ earwigs

☒ bed bugs ☒ Household Pests ☐ Other:

Chemicals Applied:

☐ Cyonara: ☒ Zenprox: ☐ Alpine: ☒ Demand: ☐ Gentrol: ☐ CB 80:

☐ Delta Dust: ☐ Invict: ☐ Bait Station: ☒ Exciter: ☐ ULD-BP 300: ☐ Other:

Other Methods Used:

☒ Steam ☐ Mobile Heat Chamber ☒ Vacuum Cleaner ☐ Carpet Cleaner

☒ Other: Inspection

Room/Area: ☐ Apartment ☐ House ☒ Commercial Building ☐ Other:

Notes- Inspected all residents rooms and common areas no live bedbug activity found on this day

Except for rooms 116,212 found live bedbug activity vacuumed and steamed at 315 degrees treated with Zenprox and Exciter per label

Treated all residents rooms and common areas with Zenprox and Exciter per label

Treated kitchen and dining rooms during there shut down period and covered all surfaces per label
Treated kitchen and dining rooms with demand for household pests per label

Authorized Signature: _____

Technician Signature: _____

Print or Type Names: _____

James



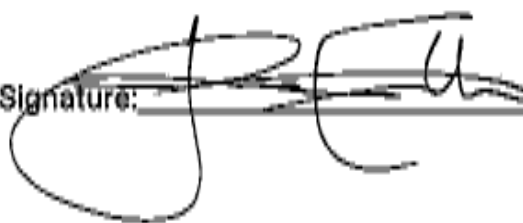
CONDITIONS GOVERNING THIS REPORT

1. This report is based on observations and opinions of the inspector. It must be noted that all buildings have some structural members which are not visible or accessible for inspection. It is not always possible to determine the presence of infestations without extensive probing and in some cases dismantling parts of the structure. Extensive probing and dismantling have not been performed.
2. This inspection and report are made on the basis of what was visible at the time of the inspection. An opinion is not given on areas that were enclosed or not readily accessible: areas concealed by wall coverings, floor coverings, equipment, stored articles, clutter in the home, etc. or any portions of the structure that would necessitate tearing out or marring finished work. Appliances, equipment, insulation, fixed ceilings, etc. were not moved for inspection purposes.
3. Inspection did not include any areas to which visible access would require the use of ladders or drills. Such areas are not considered to be readily accessible.
4. Detached garages, sheds, lean-tos, or other buildings on the property are not included in this inspection report unless specifically noted.

Remarks

This report is for household pests and/or bed bugs only and does not include inspection for any wood destroying insects. Please reference page 1 of the report for the specific target pest requested for this inspection.

This report is not a warranty as to the total absence of bed bugs and/or household pests. Some infestations may not be visible nor detected at the time of inspection!! This report is submitted without warranty, guarantee, or representation as to concealed evidence of infestation or damage or as to any future infestation.

Authorized Signature: 

Date: 11-23-15



Office: 336-985-6433 Toll Free: 844-201-1618 Fax: 336-985-6402

www.PaladinRestoration.com

PO Box 837, King, NC 27021

Service Ticket

NC Pest Control License # 2141PW

Date:12-22-15

Time:2:00pm - 6:15pm

Customer: Lenoir Assisted Living

Address: 2773 Pinewood Home drive pink hill NC

Target Pest:

☐ cockroaches ☐ ants ☐ spiders ☐ fleas ☐ silverfish ☐ pantry pest ☐ wasp
☐ yellow jackets

☐ hornets ☐ crickets ☐ rats ☐ mice ☐ flies ☐ millipedes ☐ centipedes ☐ earwigs

☒ bed bugs ☒ Household Pests ☐ Other:

Chemicals Applied:

☐ Cyonara : ☒ Zenprox :.025% ☐ Alpine: ☐ Demand .060% ☐ Gentrol : ☐
CB 80: 1gallon

☐ Delta Dust : ☐ Invict : ☐ Bait Station : ☐ Exciter : ☐ ULD-BP 300 : ☐
Other :

Other Methods Used:

☒ Steam ☐ Mobile Heat Chamber ☒ Vacuum Cleaner ☐ Carpet Cleaner

☒ Other: inspection

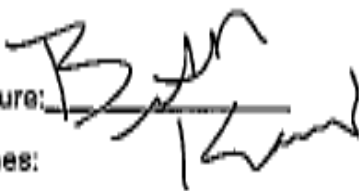
Room/Area: ☐ Apartment ☐ House ☒ Commercial Building ☐ Other:

Notes- Inspected all residents rooms and common areas no live bedbug activity found on this day

Except for rooms 110,114,212 found live bedbugs vacuumed and steamed at 315 degrees treated rooms with Zenprox and Exciter per label

Instructions for 14 day cleanup is as follows - Crack and crevices need to be vacuumed daily with crack and crevice tool for 14 days and all residents clothing and bedding materials need to be dried on high heat for 20 minutes

Jordan on left and cowboy on right

Authorized Signature: 

Print or Type Names:

Technician Signature: 

James



CONDITIONS GOVERNING THIS REPORT

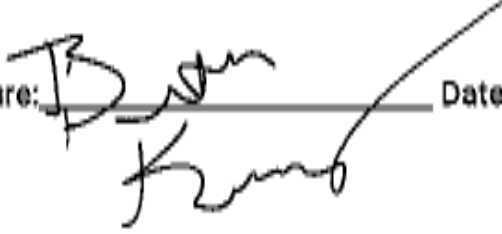
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Authorized Signature: 

Date 12-22-15

Send Result Report



MFP

TASKalfa 3510i

Firmware Version ZNL_2000.002.026 2014.02.26

01/07/2016 14:14
[ZNL_1000.002.001] [ZNL_1100.001.003] [ZNP_2000.002.026]

Job No.: 035782

Total Time: 0'01'29"

Page: 010

Complete

Document: doc03578220160107141148



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Williamston, NC 27892
Telephone: (252)792-8311
Fax: (252)792-4299
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- Assistance with Activities of Daily Living including Dressing, Bathing, Mobility, Eating and Toileting
- Medication Administration
- Specialized Diet
- 24-Hour Emergency Call System
- Coordination with Physicians and Specialists
- Coordination with Nursing Services including Home Health, Physical Therapy, Speech Therapy, Occupational Therapy and Hospice Services
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- Housekeeping Services
- Laundry Services
- Basic Cable
- Activities and Socialization Programs
- Transportation Services
- Salon and Barber Services
- Much More—Contact Us to Learn More or Schedule a Tour

FAX

To: Frank StricklandFrom: Laken QuinnFax: 919.733.6592Date: Jan 7 2016

Phone:

Pages: 10 i coverRe: Poc for Lenoir Assisted Living

Comments:

please call upon receiving
@ 252.214.0242.

Thanks
Laken Quinn

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No.	Date and Time	Destination	Times	Type	Result	Resolution/ECH
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