PRINTED: 04/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026062	A. BUILDING: _____ B. WING _____	C 04/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERLAND VILLAGE ASSISTED LIVING	1124 CEDAR CREEK ROAD FAYETTEVILLE, NC 28301

(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) COMPLETN DATE
C 000	Initial Comments This report is of a Complaint Survey done by Bob Getchell on April 5, 2016. A biennial followup survey was performed at the same time. The complaint alleged that there are bedbugs in the facility. This facility was first licensed as a Home for the Aged serving 183 residents on November 11, 1984. Therefore, the facility must meet the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 (Revision 5) North Carolina State Building Code, Group I, Institutional Occupancy. The complaint was substasntiated. Deficiencies were noted which will require a new plan of correction.	C 000		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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. Based on observation, the building was not maintained in a safe and operating condition, because bedbugs are present in the facility. Findings on April 5, 2016: a) Exterminator report dated 3-22-16 indicates bedbugs are present in room 51 and 55.	C 166 A	still working on will be reinspect on 5/26/16	5/26/16

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

Maintenance 5/4/16

STATE FORM 6899 IUIJ21 If continuation sheet 1 of 2

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	HAL026082	A. BUILDING: 01 B. WING	C 04/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERLAND VILLAGE ASSISTED LIVING	1124 CEDAR CREEK ROAD FAYETTEVILLE, NC 28301

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