STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041003	A. BUILDING: _____ B. WING _____	R 04/15/2016

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{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on 04/13/16 and 04/14/16 with an exit conference via telephone on 04/15/16. The complaint investigation was initiated by the Guilford County Department of Social Services on 03/08/16.	{D 000}	In 10A NCAC 13F. 0306 on the Bed Bug issue PMI was contacted and came out to due an inspection on the facility after the inspection the decided to do a heat treatment in room 206 and one other room that showed evidence wich was room 102 chemical and heat treatments	
{D 079}	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: FOLLOW-UP TO A TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observations, interviews, and record reviews the facility failed to maintain a clean and orderly environment, free of hazards related to bedbugs on the 200 hall resulting in 1 resident (Resident #2) sustaining bedbug bites. The findings are: Review of Resident #2's current FL2 dated 7/7/15 revealed: -Diagnoses included encephalopathy, chronic obstructive pulmonary disease, depression and	{D 079}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 5-17-16

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{D 079}	Continued From page 1 shortness of breath. Review of Resident #2's record revealed: -A signed physician order dated 03/29/16 for hydrocortisone cream 2.5% (used for the temporary relief of itching) apply to affective area two times daily and as needed until cleared. -An order for benedryl 25 mg (used to treat allergic reactions and allergy symptoms) take 1 tablet three times daily for itching for 5 days. Interview on 4/13/16 at 2:10 pm with Resident #2 revealed: -He told the staff and his family 2 weeks ago he had been bitten in the facility by something. -He had seen the physician who came to the facility on 3/29/16 about the bites to his arms and abdomen area. -"The cream is not working, I am still getting bit by something." -He had used 2 tubes of hydrocortisone cream since 3/29/16. -His head was itching and when he slept at night the itching was worse. -He found 2 bugs on his jacket yesterday, but did not show them to anyone. -The Administrator had sprayed his room on 4/12/16, but he was unsure what the Administrator had sprayed. Telephone interview on 4/13/16 at 12:10 pm with Resident #2's physician office triage nurse revealed: -The Nurse Practitioner (NP) had seen Resident #2 in the facility on 3/29/16. -He had written the order for the hydrocortisone cream and the benedryl for Resident #2. -He had documentation Resident #2 had multiple lesions on bilateral forearms and the abdomen area.	{D 079}	where done for Both rooms and and a follow inspection was done on 5-18-16 gnother chemical treatment is scheduled to be done for added measure. that treatment will be done on 5-21-16 and then they will come back out with a follow up to ensure the problem is solved Managment and Administrator will continue to do	

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{D 079}	Continued From page 2 -He could not say if the lesions were "bedbug bites or just a rash". -No other resident in the facility had complained of bites to him. Telephone interview on 4/14/16 at 9:50 am with the facility pharmacy revealed one tube of hydrocortisone cream was dispensed on 3/29/16 and one tube was dispensed on 4/6/16 for Resident #2. Observation on 4/13/16 at 2:15 pm of Resident #2's arms and abdomen revealed several small red areas on both arms and on the upper abdomen region. Observation on 4/13/16 at 2:30 pm of Resident #2's room, room 206, revealed next to Resident #2's roommate's bed on the floor near the baseboard was a bug approximately 2 millimeters in diameter. Interview on 4/13/16 at 2:35 pm with Resident #2's roommate revealed he had not been bitten or had no complaints of itching or scratching. Interview on 4/13/16 at 2:35 pm with the professional pest control inspector who was present in the facility for a quarterly routine visit revealed she identified the bug on the floor in room 206 as a bedbug. Observation on 4/13/16 between 2:55 pm and 3:10 pm revealed: -The professional pest control inspector, Administrator, and the state surveyors where present with the inspection of Resident #2's room. -Resident #2's roommate's top sheet was stained with multiple blood tracts.	{D 079}	Monthly inspections and all staff has been told that if any is seen to notify management immediately. I have enclosed the copies for PMI and what steps they have taken the issue should Be complete and taken care of By 5-28-16 monitoring will be done weekly By Administrator	5-28-16

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{D 079}	Continued From page 3 -The roommate's mattress near the top seam area on the side of the mattress had several "casings" (bedbugs had shed their skin). -On the floor near the wooden headed board were 5-6 dead bedbugs. -One live bedbug was seen on the rail on the bed at the bottom near the foot of the bed. -On Resident #2's bed quilt there was a live bedbug. -Dried blood smears were on the top plastic casing between the mattress and the box springs. -Multiple dead bedbugs on the floor under Resident #2's the bed. -Blood spots behind Resident #2's head board. -Blood spots on Resident #2's coat on the inside and outside of the right coat pocket. Interview with the pest control inspector on 04/13/16 at 3:10 pm revealed the professional pest control inspector rated the room on a scale of 1-10, (with 10 being the worst) as a 5. Interview on 4/13/16 at 9:30 am with the Business Office Manager (BOM) revealed: -She had informed the physician that Resident #2 had bites on his arms and abdomen on 3/29/16. -She had checked Resident #2's room on 3/29/16 and had treated the room with a chemical spray and powder for killing the bedbugs. -She and the Administrator had thrown Resident #2 headboard and bedding away on 3/29/16. -She placed a new plastic cover on the mattress and the box springs. -She had not removed nor treated the headboard or bedding from the roommate's side of the room. -No other residents had complained of bites or itching. -She and the Administrator inspected all the rooms weekly and treated if a resident or staff saw a bedbug.	{D 079}	to ensure that all residents have a safe environment.	

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{D 079}	Continued From page 4 -A local pest control company had treated three rooms in the facility in November 2015, but she had not called on 3/29/16 when she had treated Resident #2's room. -She said Resident #2 continued to complain of itching but she thought it was dry skin. Interview on 4/13/16 at 11:00 am and on 4/14/16 at 10:00 am with the Administrator revealed: -He was aware the professional pest control had come to the facility to treat bedbugs in November 2015. -"The pest control professional comes out quarterly to do a general spray." -The pest control professional had "heat" treated 2 rooms (203 and 205)and chemically treated one room (103) in November 2015. -The professional pest control service had not been used for bedbug treatment in the facility since November 2015. -He found a chemical online that was used for bedbugs and had gone to the local store and purchased it for the use in the facility. -He and the BOM inspected the rooms weekly and treated the rooms if a bedbug was seen. -He mixed the liquid chemical and sprayed the baseboards, cracks, wall seams and crevices. -He applied the powder on the floors around the baseboards. -When he treated a resident's room they could not return to the room for 1 hour. -He had thrown all Resident #2's bed linens and headboard away on 3/29/16. -He had not thrown any items of the roommates away on 3/29/16. -The professional pest control inspector informed him on 4/13/16 she had identified a bedbug in Resident #2's room. -The residents were not in the rooms "when we treat the rooms, they were kept out for 1 hour"	{D 079}		

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{D 079}	Continued From page 5 before they could return. Telephone interview on 4/14/16 at 11:15 am with the family of Resident #2 revealed: -Resident #2 had told them he was getting bitten in his room at the facility about 2 weeks ago. -They had not seen any bites on Resident #2, but called the BOM with their concerns. -The BOM told the family, Resident #2 had dry skin and she had inspected his room on 3/29/16 and there were no bugs. -They were not aware Resident #2 moved to another room on 4/13/16. Review of the label on the chemical product used by the Administrator and the BOM in the facility to treat bedbugs revealed: -The active ingredient was Bifenthrin 7.9%. -When used for bedbug treatment it was not recommended for use as a sole protection against bedbugs. Telephone interview on 4/15/16 at 10:08 with a representative from the chemical product used by the facility to treat bedbugs revealed: The product can be used to treat bedbugs but to be more affective you need to use a booster (another chemical with it). -Bedbugs were hard to kill and the chemical must be mixed correctly. -Recommended use was by a professional with protective wear when using the product. -When treatment involved an area with multiple residents together in a room all areas needed to be treated to assure the bedbugs and eggs were killed. -It was highly recommended to discard everything in the affected room including linens, mattress, box springs, clothes and old furniture. -Every 30 days was recommended for treatment	{D 079}		

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{D 079}	Continued From page 6 and prevention of bedbugs. -If used in areas with pets and humans, they recommended not to return to the area for 4 hours. -Bifenthrin was the active ingredient that kills the bedbugs. Interview on 4/14/16 at 8:30 am with a representative from the North Carolina Department of Agriculture and Pesticide Division revealed: -The chemical used by the facility did kill bed bugs but you must follow the directions correctly. -The chemical was not recommended as a sole source to treat and kill bedbugs. -The facility would need to spray directly on the eggs to kill the bedbugs that had not already hatched. -Heat treatment was the most effective treatment that kills the adult bedbug as well as the eggs. -Professional pest control services were the best practice for the treatment of bedbugs. Review of the facility log book for the treatment of bedbugs in the facility for the month of January 2016 revealed: -The chemical was used via spray (mixed with water) as well as the powder and applied in multiple rooms on the 100 hall, 200 hall, and on the 300 hall. -Each room had a second treatment with the Bifenthrin applied during the month either the following day or two days after the initial treatment. -The living room area had been sprayed on 1/18/16. Review of the facility log book for the treatment of bedbugs in the facility for the month of March 2016 revealed:	{D 079}		

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{D 079}	Continued From page 7 -On 3/9/16 the 200 and the 400 halls (all rooms on the halls) were treated -On 3/10/16 the 100 and the 300 halls (all rooms on the halls) were treated. -On 3/23/16 the 200 and the 400 halls (all rooms on the halls) were treated. -On 3/24/16 the 100 and the 300 halls (all rooms on the halls) were treated. Review of the facility log book for the treatment of bedbugs in the facility for the month of April 2016 revealed: -On 4/8/16 the 200 and the 400 halls (all rooms on the halls) were treated with over the counter Bifenthrin by facility staff. -On 4/12/16 the 100 and the 300 halls (all rooms on the halls) were treated with over the counter Bifenthrin by facility staff. Review of the facility pest control professional statement revealed the professional pest company had serviced the facility for bed bugs on 11/5/15 with follow ups services on 11/25/15, 12/08/15 and 12/15/15, no other documentation the professional pest control company had treated the bedbugs in the facility in 2016. Confidential interviews with 8 staff members revealed: -The facility had bedbugs since last summer 2015. -Other residents in the past complained of itching and bites, but only Resident #2 complained now. -Resident #2 had complained of itching and bites for about 2 weeks. -The Administrator and the BOM were aware Resident #2 had itching and had been bitten. -The staff were told if they saw a bedbug to immediately tell the Administrator or the BOM. -Three staff were did not know what a bedbug	{D 079}		

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{D 079}	Continued From page 8 looked like. -Staff were concerned they would take the bedbugs home to their family. -In November 2015 the facility had bedbugs on the 300 hall. -In November 2016 the professional pest control came to treat for bedbugs, but they have not been back "I think it cost too much money". -The BOM and the Administrator treated the rooms themselves with a spray and powder. -Residents stayed out of the room after the room had been treated for about 1 hour. -One staff said she had seen bedbugs in Resident #2's room and told the BOM. -Resident #2's headboard was thrown away but not his clothes or mattress. -Staff washed Resident #2 clothes, dried them, and then returned them to Resident #2. -Resident #2's roommate's bed was not treated for bedbugs and his personal items were not destroyed or treated. -One staff said the bedbugs may be coming from the old furniture. -Four staff said the bed bugs had decreased and thought the treatment (chemical) the facility was using was working. Interview on 4/14/16 at 1:20 pm with the owner of the professional pest control company revealed: -The company had serviced the facility for bedbugs in November 2015. -They had heat treated 2 rooms (203 and 205) and chemically treated another room (103). -They had returned to follow-up on the bedbugs 3 times after the initial treatment. -The chemical the facility used for treatment of bed bugs was not recommended by his office. -The pest control company did not use that certain chemical to treat or kill the adult bed bugs or the eggs.	{D 079}		

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{D 079}	Continued From page 9 -Heat treatment was the recommended treatment for bed bug infestation along with the trained dogs to smell out the live adult bed bugs. -The company offered free education on bed bugs, but the facility had not requested the education. -The facility had not contacted the office with a request to treat the bedbugs found in the facility on 4/13/16. -The trained professional pest control inspector had contacted the company on 4/13/16 when the bed bug was identified. -The facility must call and request services other than the quarterly treatment spray which did not include bed bug treatment. Based on interviews the facility did not have a bed bug policy for review on 4/1/3/16. The Administrator provided a Plan of Protection on 04/14/16 as follows: -The professional pest control company had been notified and awaiting scheduled date for treatment of room and inspection of neighboring rooms. -Residents in affected room were relocated to another room. -Resident #2's room had been closed and taped off for no allowance of staff or residents. -The Administrator and the BOM will be responsible for following up with the pest control company to provided inspection and treatment of bed bugs in the facility. -The Administrator and the BOM will continue to inspect the halls and rooms weekly doing preventive measures to assure residents are maintained in a safe environment. The Facility Provided A Correction Date Of May 2, 2016.	{D 079}		

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D 087	Continued From page 11 Interview on 4/14/16 at 8:45 am with residents that occupied room #101 revealed: -They were cold last night with only a top sheet for covers. -Both residents had a shower on 4/13/16. -The staff had washed only one set of clothes and given them to wear on 4/13/16. -The staff had not offered a blanket to either of them on the night of 4/14/16 after they moved out of their room on the 200 hall. -The staff turned the heat up in their room sometime during the night when they both complained of being cold. -They wanted a blanket last night but neither had requested one from the staff. Observation on 4/14/16 at 9:00 am of one of the residents that occupied room #101 revealed he laid down on the bed, pulled the top sheet up to his neck with his hands tucked into the sheet holding on to it. Interview on 4/14/16 at 10:00 am with the Administrator revealed: -He was aware Resident #2 and #6 were relocated to room #101 on 4/13/16. -The staff washed and dried one set of clothes to give them after each resident had showered. -He was unaware the residents had only a top sheet for covers on 4/14/16. -He would provide a blanket immediately for both residents in room #101. Confidential interviews on 4/14/16 and 4/15/16* with staff revealed: -Resident #2 and #6 were moved to room #101 after they showered and applied clean clothes. -One staff could not recall if the residents were given a blanket or not. -One staff said the blankets were probably in the	D 087		

MAKE CHECK PAYABLE TO:

PMi
PEST MANAGEMENT SYSTEMS INC.

Po Box 29147
Greensboro, NC 27429
336-272-4400, Fax:336-230-0989

PLEASE FILL OUT BELOW IF PAYING BY CREDIT CARD

VISA MasterCard

CARD NUMBER	EXP. DATE
SIGNATURE	AMOUNT PAID

Invoice 247101
Purchase order

ADDRESSEE

Please check if address below is incorrect and indicate change on reverse side

GREENSBORO RETIREMENT CENTER
3301 Gar Pl
Greensboro, NC 27406

ACCOUNT NUMBER	STATEMENT DATE	BALANCE
17470	5/10/2016	$750.00

Terms : Due Upon Receipt **Due date : 5/7/2016**

Pest Management Systems
Po Box 29147
Greensboro, NC 27429

00000000174707002000000014545750000007500002

Please Return this portion with your payment

Invoice 247101

Date	Description	Quantity	Amount	Tax	Total
GREENSBORO RETIREMENT CENTER | 3301 Gar Pl Greensboro, NC 27406					
5/7/2016	Bed Bug Heat Treatment		$750.00	$0.00	$750.00

Thank you for your business. Overdue invoices will be charged an interest fee of 1.5% per month. Visa, MasterCard & EFT accepted.

Discount	$0.00
Adjustment	$0.00

*CONVENTIONAL & HEAT TREATMENT FOR BED BUGS IN RM #206, PER SPECIFICATIONS.

Account # 17470 Online Registration # 6BBA4041 Lic#: 1847PW

AMOUNT DUE
$750.00

336-272-4400 info@pestmgt.com Registration #: 6BBA4041

Justin Harris | 5/7/2016 | 8:00 AM | Confirmed | Acct # 17470

Map 06A
Directions

Target Pest(s):
Print Date 5/5/2016 | Lic#: 1847PW | Sold By Don Summey

Service Address GREENSBORO RETIREMENT CENTER
3301 Gar Pl Greensboro, NC 27406
Ph: 336-852-5810

Bill To: GREENSBORO RETIREMENT CENTER
3301 Gar Pl Greensboro, NC 27406

Instructions : BED BUG HEAT AND CONVENTIONAL TREATMENT FOR ROOM 206

INV # 247101

This work order	Amount	Adj Total	Tax	Total
(247101) Bed Bug Heat Treatment	$750.00	$750.00	$0.00	$750.00

Active Programs
Quarterly Pest Control 5/30/2003
Bed Bug Program 5/9/2013

History	Program	Employee	Completed	Prod $	Inv $
Bed Bug Inspection	Bed Bug Program	Summey	5/2/2016	$0.00	$0.00
Bed Bug Follow up	Bed Bug Program	Purvis	12/15/2015	$0.00	$0.00

Balance all sites $125.00 30 days $0.00 60 days $0.00 90 days $0.00 120 Days $0.00 Prepay $0.00 Total Prev $125.00

Bal this site as of 5/5/2016: $125.00
Production Value $750.00

Pest Management Systems
Po Box 29147
Greensboro, NC 27429
336-272-4400
Lic#: 1847PW

Acct # 17470 INV # 247101
GREENSBORO RETIREMENT CENTER
3301 Gar Pl Greensboro, NC 27406

Terms : Due Upon Receipt
(247101) Bed Bug Heat Treatment

Pd _____ ☐ Cash ☐ Check # _____
Date 5/7/16 Time 8:00am-3:30
Tech Justin H. Richard P.

Cust. Sig. Ramona Meade, SIC

WE PROVIDED THE FOLLOWING SERVICES TODAY
1. ☐ Inspected/Treated lower perimeter
2. ☐ Treated entry points for pests
3. ☐ Treated and Inspected attic/bathrooms(s)
4. ☐ Treated and Inspected kitchen/laundry
5. ☐ Treated and inspected garage/harborage areas
6. ☐ Treated entry eaves, windows/doorways
7. ☐ Other _____
8. ☐ Other _____
TODAY WE OBSERVED THE FOLLOWING
9. ☐ Harborage elimination needed
10. ☐ Evidence of activity found
11. ☐ Conditions permitting pest entry
12. ☐ Conditions promoting pest population
13. ☐ Other _____
14. ☐ Other _____
15. ☐ Other _____

MATERIAL	AMOUNT	MIXTURE RATE	UOM	% A	PEST
1. ☐ Bedlam Plus (mattress, furniture)	10oz				Bed bug
2. ☐ Transport (baseboard, boxspring)	2qt.	1.25oz/gal			"
3. ☐ Cimexa (outlets)	.25oz				"
4. ☐ Nuvan (closets)	2	16g/strip			"
5. ☐ Bedlam (furniture)	6oz				"
6. ☐		(247101) Bed Bug Heat Treatment			$750.00

COMMENTS & RECOMMENDATIONS
reached 120° at 11:00
pulled units at 3:30
follow up in 7-14 days

		Tax	Total
This INV	$750.00		
Adj Total	$750.00	$0.00	$750.00
Prepay	($0.00)		
Amount Due This INV			$750.00
Total Due This Site			$875.00

Acct # 17470 INV # 247101
GREENSBORO RETIREMENT CENTER
3301 Gar Pl
Greensboro, NC 27406

Please return this portion

Check# _____ $ _____
Card# _____
Type _____ Exp _____
Signature _____
Comments _____

(247101) Bed Bug Heat Treatment $750.00
Bal this site as of 5/5/2016 $125.00

		Tax	Total
This INV	$750.00		
Adj Total	$750.00	$0.00	$750.00
Prepay	($0.00)		
Amount Due			$750.00
Total Due This Site			$875.00

Please pay by this invoice

Does your home have moisture problems? We can Help!

Form WEB11

MAKE CHECK PAYABLE TO:

PMI PEST MANAGEMENT SYSTEMS INC.
Po Box 29147
Greensboro, NC 27429
336-272-4400, Fax:336-230-0989

PLEASE FILL OUT BELOW IF PAYING BY CREDIT CARD

VISA MasterCard

CARD NUMBER | EXP. DATE

SIGNATURE | AMOUNT PAID

Invoice 247100
Purchase order

ADDRESSEE

☐ *Please check if address below is incorrect and indicate change on reverse side*

GREENSBORO RETIREMENT CENTER
3301 Gar Pl
Greensboro, NC 27406

ACCOUNT NUMBER	STATEMENT DATE	BALANCE
17470	5/10/2016	$750.00

Terms : Due Upon Receipt **Due date : 5/7/2016**

Pest Management Systems
Po Box 29147
Greensboro, NC 27429

00000000174707002000000014545520000007500004

Please Return this portion with your payment

Invoice 247100

Date	Description	Quantity	Amount	Tax	Total
GREENSBORO RETIREMENT CENTER | 3301 Gar Pl Greensboro, NC 27406					
5/7/2016	Bed Bug Heat Treatment		$750.00	$0.00	$750.00

Thank you for your business. Overdue invoices will be charged an interest fee of 1.5% per month. Visa, MasterCard & EFT accepted.

Discount $0.00

Adjustment $0.00

*CONVENTIONAL & HEAT TREATMENT FOR BED BUGS IN RM102, PER SPECIFICATIONS.

Account # 17470 Online Registration # 6BBA4041 Lic#: 1847PW

AMOUNT DUE
$750.00

336-272-4400 info@pestmgt.com Registration #: 6BBA4041

Richard Purvis | **5/7/2016** | **8:00 AM** | **Confirmed** | **Acct # 17470**

Map 06A
Directions

Target Pest(s):
Print Date 5/5/2016 | Lic#: 1847PW | Sold By Don Summey

Service Address GREENSBORO RETIREMENT CENTER
3301 Gar Pl Greensboro, NC 27406
Ph: 336-852-5810

Bill To: GREENSBORO RETIREMENT CENTER
3301 Gar Pl Greensboro, NC 27406

Instructions : BED BUG HEAT AND CONVENTIONAL TREATMENT FOR ROOM 102

INV # 247100

This work order	Amount	Adj Total	Tax	Total
(247100) Bed Bug Heat Treatment	$750.00	$750.00	$0.00	$750.00

Active Programs

Quarterly Pest Control	5/30/2003
Bed Bug Program	5/9/2013

History	Program	Employee	Completed	Prod $	Inv $
Bed Bug Inspection	Bed Bug Program	Summey	5/2/2016	$0.00	$0.00
Bed Bug Follow up	Bed Bug Program	Purvis	12/15/2015	$0.00	$0.00

Bal this site as of 5/5/2016: $125.00
Production Value $750.00

Balance all sites $125.00 30 days $0.00 60 days $0.00 90 days $0.00 120 Days $0.00 Prepay $0.00 Total Prev $125.00

Pest Management Systems
Po Box 29147
Greensboro, NC 27429
336-272-4400
Lic#: 1847PW

Acct # 17470 INV # 247100
GREENSBORO RETIREMENT CENTER
3301 Gar Pl Greensboro, NC 27406

Terms : Due Upon Receipt
(247100) Bed Bug Heat Treatment

Pd _____ ☐ Cash ☐ Check # _____
Date 5-7-16 Time 8:00-4:00
Tech Richard P Justin H

WE PROVIDED THE FOLLOWING SERVICES TODAY
1. ☐ Inspected/Treated lower perimeter
2. ☐ Treated entry points for pests
3. ☐ Treated and Inspected attic/bathrooms(s)
4. ☐ Treated and Inspected kitchen/laundry
5. ☐ Treated and inspected garage/harborage areas
6. ☐ Treated entry eaves, windows/doorways
7. ☐ Other _____
8. ☐ Other _____
TODAY WE OBSERVED THE FOLLOWING
9. ☐ Harborage elimination needed
10. ☐ Evidence of activity found
11. ☐ Conditions permitting pest entry
12. ☐ Conditions promoting pest population
13. ☐ Other _____
14. ☐ Other _____
15. ☐ Other _____

Cust. Sig. Jovonna Meade ISIC

MATERIAL	AMOUNT	MIXTURE RATE	UOM	% A	PEST
1. ☐ Bedlam Plus - 100z - mattress/furniture			OC		bedbugs
2. ☐ Transport Micron 2g/s 125 oz per gal					" "
3. ☐ baseboards/box springs					
4. ☐ Cimexa Dust 1/30z - outlets			OC		" "
5. ☐ Nuvan Strips 2-16 gms closets					" "
6. ☐ Bedlam - 100z - mattress SS		(247100) Bed Bug Heat Treatment			$750.00

COMMENTS & RECOMMENDATIONS
Conventional Heat
treatment per contract
Reached 120° at 11:30
Nuvan units at 3:30
Follow up in 2 wks
JOB COMPLETED

		Tax	Total
This INV	$750.00		
Adj Total	$750.00	$0.00	$750.00
Prepay	($0.00)		
Amount Due This INV			$750.00
Total Due This Site			$875.00

Acct # 17470 INV # 247100
GREENSBORO RETIREMENT CENTER
3301 Gar Pl
Greensboro, NC 27406

Please return this portion

Check# _____ $ _____
Card# _____
Type _____ Exp _____
Signature _____
Comments _____

Please pay by this invoice

(247100) Bed Bug Heat Treatment $750.00
Bal this site as of 5/5/2016 $125.00

		Tax	Total
This INV	$750.00		
Adj Total	$750.00	$0.00	$750.00
Prepay	($0.00)		
Amount Due			$750.00
Total Due This Site			$875.00

Does your home have moisture problems? We can Help!

Form WEB11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041003	A. BUILDING: _____ B. WING _____	R 04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENSBORO RETIREMENT CENTER	3301 GAR PLACE GREENSBORO, NC 27406

(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 087	10A NCAC 13F .0306(b)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility facility to assure appropriate bedding (bedspread) for Resident #2 and Resident #6 after moving residents to another room. The findings are: Observation on 4/14/16 at 8:00 am of room #101 revealed: -Two unmade beds each had a top sheet, a bottom sheet, and one pillow on each bed. -The heat was on "high" in the room. -The residents were not in the room.	D 087	In rule 10A NCAC 13F.0306 The housekeeper for that hall was verbally warned She stated it was a simple oversight that the room was not occupied so comforters where not put on those beds but the where reminded that all beds are to have fitted, and top sheet, clean pillow case, pillow and comforter as stated in policy The supervisors will	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041003	A. BUILDING: _____ B. WING _____	R 04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 087	Continued From page 12 dryer and maybe someone forget to take them out of the dryer and place on the beds. -One staff said, "I offered to turn on the heat but neither ask for a blanket."	D 087	monitor and follow up to ensure the housekeepers stay on top of this.	4-20-16
{D 137}	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the Type B Violation was not abated. Based on observations, interviews, and record reviews the facility failed to ensure 4 of 5 sampled staff (Staff A, B, D, E) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) prior to hire according to G. S. 131E-256. The findings are: A. Review of Staff A's personnel records revealed: -Staff A was hired on 05/23/09. -Staff A worked as a Supervisor and as a Medication Aide (MA). -There was no HCPR check in Staff A's file. Interview on 04/14/16 at 4:10 pm with Staff A	{D 137}	In rule area 10A NCAC 13F .0407(a)(5). All Health care personal registry's have been obtained on all employee's and a new system has been put into place on all new hired employee's	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041003	A. BUILDING: _____ B. WING _____	R 04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENSBORO RETIREMENT CENTER	3301 GAR PLACE GREENSBORO, NC 27406

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{D 137}	Continued From page 13 revealed: -She had worked as a Supervisor/MA for about 7 years. -The Business Office Manager (BOM) was responsible for performing the HCPR checks and placing them in the personnel records. The BOM provided a HCPR check for Staff A which had been completed 04/14/16, with no findings. Refer to interview with another Supervisor/MA. Refer to interview with the Business Office Manager. Refer to interview with the Administrator. B. Review of Staff B's personnel records revealed: -Staff B was hired on 02/25/16. -Staff B worked as a housekeeper. -The HCPR check had been performed yesterday on 04/13/16, with no findings. Interview on 04/14/16 at 2:50 pm with Staff B revealed: -She had worked at the facility for a few weeks. -She did not know if a HCPR had been performed. Interview with the Business Office Manager on 04/14/16 at 10:15 am revealed: -She had checked some of the employee records yesterday because she knew we would be checking some records. -She performed Staff B's HCPR check yesterday, when she realized that it had not been done. -The HCPR check performed 04/13/16 on Staff B had no findings.	{D 137}	an orientation is which indades all New hires to fill out paper work Have criminal back graund check, HCPR, T.B skin test and educated and signed off on Blood Borne Pathogens before starting work on the floor, The SIC's and Administrator will follow up and make sure. An employee cannot start working until all back graund checks are turned	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041003	A. BUILDING: _____ B. WING _____	R 04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENSBORO RETIREMENT CENTER	3301 GAR PLACE GREENSBORO, NC 27406

(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 137}	Continued From page 14 Refer to interview with another Supervisor/MA. Refer to interview with the Business Office Manager. Refer to interview with the Administrator. C. Review of Staff D's personnel records revealed: -Staff D was hired on 05/05/15. -Staff D worked in the kitchen as a Dietary Aide. -There was no HCPR check in Staff D's file. Interview on 04/14/16 at 4:05 pm with Staff D revealed: -He worked in the kitchen. -He had worked at the facility "for a year in May 2016". The BOM provided a HCPR check for Staff D on 04/14/16 at 4:00 pm, which was dated 04/14/16, with no findings. Refer to interview with another Supervisor/Medication Aide (MA). Refer to interview with the Business Office Manager. Refer to interview with the Administrator. D. Review of Staff E's personnel records revealed: -Staff E was hired on 09/29/15. -Staff E worked as a housekeeper. -There was no HCPR check in Staff E's file. The BOM provided a HCPR check for Staff E on 04/14/16 at 4:00 pm, which was dated 04/13/16,	{D 137}	in with T.B. test and they have been signed off for Blood Borne Pathogens training. 5-3-16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041003	A. BUILDING: _____ B. WING _____	R 04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENSBORO RETIREMENT CENTER	3301 GAR PLACE GREENSBORO, NC 27406

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{D 137}	Continued From page 15 with no findings. Interview with Staff E on 04/15/16 at 8:40 am revealed: -She had worked at the facility as a housekeeper since "last year". -She did not know what a HCPR check was or who was responsible for performing it. Refer to interview with another Supervisor/Medication Aide (MA). Refer to interview with the Business Office Manager. Refer to interview with the Administrator. Interview with another Supervisor/MA on 04/14/16 at 1:10 pm revealed: -She and the other Supervisor/MA were responsible for setting up the employee personnel records when there was a new hire. -The Business Office Manager (BOM) was responsible for performing the HCPR checks for each employee and placing the form into the Personnel records. -There was no double check of the personnel records to make sure all the required records are present. Interview with the BOM on 04/14/16 at 11:20 am revealed: -The supervisors complete the employee personnel records. -She is responsible for performing the HCPR checks on each employee. -She must have forgotten to perform the HCPR checks on Staff A and Staff D. -She performed the HCPR checks on Staff B and	{D 137}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041003	A. BUILDING: _____ B. WING _____	R 04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENSBORO RETIREMENT CENTER	3301 GAR PLACE GREENSBORO, NC 27406

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{D 137}	Continued From page 16 Staff E yesterday because she couldn't find them in the records. -She was not sure she had performed the HCPR on Staff A, B, D or E in the past. Interview with the Administrator on 04/14/16 at 11:32 am revealed: -The Supervisor/MAs are responsible for completing the employee records. -The BOM was responsible for performing the HCPR checks on each new employee. -He was not aware the HCPR checks had not been performed on Staff A, B, D or E. -He did not know why the HCPR checks had not been completed by the BOM. The Administrator provided a Plan of Protection on 04/14/16 as follows: -A meeting will take place with the BOM and Supervisor/MAs. -A new policy will be enacted which will require new hires to have all required paperwork completed before start date. -All employee files will be checked for accuracy. -This will be monitored by the administrator. The facility provided a correction date of May 2, 2016.	{D 137}	In 10A NCAC 13F .0407(a)(7). the Staff police report was here the problem was our record keeping the other supervisor had it placed else where so we have made a new record keeping policy that copies will be made on the criminal background checks and	
{D 139}	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: TYPE B VIOLATION	{D 139}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041003	A. BUILDING: _____ B. WING _____	R 04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENSBORO RETIREMENT CENTER	3301 GAR PLACE GREENSBORO, NC 27406

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{D 139}	Continued From page 17 Based on record reviews, observations and interviews, the facility failed to assure a Criminal Background check was completed prior to hire for 2 of 5 sampled staff (Staff B and Staff E). The findings are: A. Review of Staff B's personnel record revealed: -Staff B was hired on 02/15/16. -Staff B worked as a housekeeper. -There was no documentation of a criminal background check. Interview on 04/14/16 at 11:20 am with Staff B revealed: -She had been told by the Supervisor/MA to get the criminal background check performed. -She had not had the background check performed yet, but she would take care of it next week. Interview on 04/14/16 at 1:10 pm with the Supervisor/MA revealed: -She was aware the background check needed to be performed before new staff began to work. -On more than one occasion, she had asked Staff B to get the background check performed. -She was aware the background check had not been completed for Staff B at this time. Refer to interview with the Administrator. B. Review of Staff E's personnel record revealed: -Staff E was hired on 09/29/15. -Staff E worked as a housekeeper. -There was no documentation of a criminal background check. Interview on 04/15/16 at 8:40 am with Staff E	{D 139}	be kept in the administrators office as well. The administrator will over see that this is carried out.	5-16-16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041003	A. BUILDING: _____ B. WING _____	R 04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENSBORO RETIREMENT CENTER	3301 GAR PLACE GREENSBORO, NC 27406

(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 139}	Continued From page 18 revealed: -She remembered having a criminal background check performed. -The documentation should be in her employee record, because she turned it in to the Supervisor/MA when she was hired. -No one had asked her to have another criminal background check performed. Interview on 04/14/16 at 1:10 pm with the Supervisor/MA revealed: -She could recall a criminal background check for Staff E, when Staff E was hired. -She remembered seeing a criminal background check for Staff E. -The criminal background check may be misfiled somewhere if it is not in Staff E's employee record. Refer to interview with the Administrator. --- Interview with the Administrator on 04/14/16 at 11:32 am revealed: -The Supervisor/MAs are responsible for completing the required information for the employee records. -He was aware that a criminal background check was required prior to hire for each employee. -He was not aware the employee records for Staff B or Staff E were missing the required criminal background checks. The Administrator provided a Plan of Protection on 04/14/16 as follows: -A meeting will take place with the BOM and Supervisor/MAs. -A new policy will be enacted which will require new hires to have all required paperwork	{D 139}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041003	A. BUILDING: _____ B. WING _____	R 04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENSBORO RETIREMENT CENTER	3301 GAR PLACE GREENSBORO, NC 27406

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{D 139}	Continued From page 19 completed before start date. -All employee files will be checked for accuracy. -Any active employee will be given 3 business days to provide a copy of their criminal record. -Any new hires will not begin work until the criminal background check is performed and approved. -This will be monitored by the Supervisor/MAs and followed up by the administrator. The Facility Provided A Correction Date of May 2, 2016.	{D 139}		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to Housekeeping & Furnishings, and Other Staff Qualifications. The findings are: A. Based on observations, interviews, and record reviews the facility failed to maintain a clean and orderly environment, free of hazards related to bedbugs on the 200 hall resulting in 1 resident	{D912}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041003	A. BUILDING: _____ B. WING _____	R 04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{D912}	Continued From page 20 (Resident #2) sustaining bedbug bites. [Refer to tag 0079 10A NCAC 13 F .0306 (a) (5)Housekeeping & Furnishings (Unabated Type B Violation)]. B. Based on record review and interview, the facility failed to ensure 4 of 5 sampled staff (Staff A, B, D and E)) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire according to G.S. 131E-256. [Refer to Tag 0137 10A NCAC .0407(a)(5) Other Staff Qualifications (Unabated Type B Violation)]. C. Based on record reviews, observations and interviews, the facility failed to assure a Criminal Background check was completed prior to hire for 2 of 5 sampled staff (Staff B and Staff E). [Refer to Tag 0139 10A NCAC .0407(a)(5) Other Staff Qualifications (Type B Violation)].	{D912}		