

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/09/2016
NAME OF PROVIDER OR SUPPLIER CUMBERLAND VILLAGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
{C 000}	Initial Comments This report is of a Followup Complaint Survey done by Bob Getchell on June 9, 2016. A biennial followup survey was performed at the same time. The followup revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{C 166}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 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; (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 clean and orderly condition, because bedbugs are present in the facility. Followup Findings on June 9, 2016: a) Exterminator reports dated 4-26-16 indicate bed bug activity. Exterminator reports dated 5-24-16 indicate no bed bug activity.	{C 166}		

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

TITLE

(X6) DATE

[Signature]

Director of Maintenance 6/29/16

STATE FORM

6899

JUL22

If continuation sheet 1 of 1