

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2016
NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF GOLDSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 603 LOCKHAVEN COURT GOLDSBORO, NC 27530		
(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 Report of a Complaint Survey by Billy S. Bryant and Frank Strickland on 09/21/2016. The complaint alleged the facility had bed bugs and was not adequately treating them. Records indicate this facility was first licensed on 10/27/1997. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Rev) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. The complaint was substantiated. Deficiencies were cited that will 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	C 110		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2016
NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF GOLDSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 603 LOCKHAVEN COURT GOLDSBORO, NC 27530		
(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 110	Continued From page 1 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 cost. This Rule is not met as evidenced by: The facility was not in compliance with The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions" Specifically 15A NCAC 18A .1317 (a) [which requires that] Effective measures shall be taken to keep... vermin out of and to prevent their... presence on the premises. The facility did not have established written policies in place describing what measures the facility is taking to prevent bed bugs from coming into the facility or how the facility would mitigate a bed bug infestation were it to occur. Findings on 9/21/16 1. Based on an interview with the Administrator on 09/21/2016, there was evidence of bed bugs observed by the staff on 02/16/2016 and the area was treated successfully. No documentation of this incident was presented to the surveyor for review. 2. Based on an interview with the Administrator on 09/21/2016, Staff observed evidence of bed bugs on 08/15/2016. 3. Based on documentation, on 08/15/2016, Pest Management Company [PMC] performed an inspection of resident rooms & found evidence of	C 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2016
NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF GOLDSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 603 LOCKHAVEN COURT GOLDSBORO, NC 27530		
(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 110	Continued From page 2 live bed bugs in room #131, described in their report as light. 4. Based on documentation, on 08/16/2016 a vendor performed an inspection of resident rooms using canines and the alerts were given for rooms #204, #208, and #210. 5. Based on interview the facility administrator on 09/21/2016, on 08/23/2016 treatment was made for bed bugs. The PMC documents dated the same day show only regular pest extermination services. 6. Based on documentation a contract was signed 08/24/2016 with PMC to treat for bed bugs. Based on interview with administrator, the treatment method was heat treatment for room #131. There was not a Service Report documenting this treatment. 7. Based on documentation a Vendor performed a resident room inspection on 09/13/2016 with canines and no alerts were given. 8. Based on interview the facility administrator on 09/21/2016 treatment was made for bed bugs on 09/20/2016. The PMC documents show only regular pest extermination services. 9. DHSR surveyors direct observation on 09/21/2016 of rooms #131 and all rooms on the same hallway: rooms #125, #126, #127, 128, #129, 130, and #132. No evidence of bed bugs was found. 10. 09/21/2016 - Surveyors inspected rooms #204, #208 and #210 where canines gave alerts on 08/16/2016. No evidence of bed bugs was found.	C 110		