

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/30/2016
NAME OF PROVIDER OR SUPPLIER CLAYTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 145 DAIRY ROAD CLAYTON, NC 27520		
(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 Complaint Follow Up Construction Survey by Billy S. Bryant conducted on 11/30/2016. Deficiencies from the 09/12/2016 Construction Section Complaint Survey remain to be addressed.	{C 000}	<i>Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the facts alleged or conclusions set forth in the statements of deficiencies or corrective action report; The plan of correction is solely prepared as a matter of compliance with state law.</i>	
{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. 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 breeding and presence on the premises. Findings on 11/30/2016: a. The provider does not have established policies in place describing what measures the facility is taking to prevent bed bugs from being introduced into the facility. The facility's plan as submitted entails only inspection of rooms to identify suspicious activity and communicating this information to pest control company.	{C 166}	<i>Facility has implemented a protocol 9/16/16 and prevention in the event of seeing bed bugs. Staff is to inspect, dry-wash-dry laundry upon new residents entering the building. Staff is to monitor rooms for activities and report to management any activities. Management is required to contact professional pest control to treat facility. Treatment is ongoing.</i>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Cornelius Hobbs

Executive Director

2/18/17

STATE FORM

6899

TMHL22

If continuation sheet 1 of 2

Division of Health Service Regulation

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STREET ADDRESS, CITY, STATE, ZIP CODE

CLAYTON HOUSE

**145 DAIRY ROAD
CLAYTON, NC 27520**

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{C 166}	Continued From page 1 b. The DHSR surveyor inspected the rooms that were previously identified as having bed bugs including Rooms 101, 102, 104, 202, 203, 204, 205, 206, 208, 209, 211, 213, 215, 300, 302, 311, 313 - . No evidence of bed bugs activity was found. Finding on 11/30/2016: c. Rooms 103 and 105 - One molted exoskeleton of a bed bug was found in each of these two rooms.	{C 166}	Facility will implement a bed bug daily log in monitoring activities of bed bugs. BMS Canine will be used in tracking bed bug activities. This will be ongoing.	12/9/16