

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/14/2017
NAME OF PROVIDER OR SUPPLIER LENOIR ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2773 PINEWOOD HOME ROAD PINK HILL, NC 28572		
(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 Construction Section Complaint Survey report by Frank Strickland and Billy Bryant on 12/14/2017: The complaint alleged that the facility has bed bugs. This facility was first licensed on 10/10/1990 for Sixty (60) residents. A fully sprinkled addition was completed and licensed on 02/01/1996, making a total of Ninety-Four (94) Residents including Thirty-Two (32) Special Care Beds. Based on this information, we are requiring the original facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1978 North Carolina State Building Code, Institutional Occupancy; the addition to meet the 1996 Rules for the Licensing of Adult Care Homes and the 1996 North Carolina State Building Code, Institutional Occupancy; and the entire facility to meet the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. The Complaint was substantiated. Deficiencies have been cited and a Plan of Correction is required.	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	C 110		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Mitchell Moran

Maintenance Director

2/15/18

STATE FORM

500

KLXV121

Continuation sheet 1 of 4

Division of Health Service Regulation
STATE FORM

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C 165	Continued From page 3 Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to provide a sanitation report that has a score of 85 or above at all times. Findings on 12/14/2017: There is not a current sanitation report that reflects a score of 85 or above.	C 165	Sanitation Report attach report was done 11/8/17	12/15/17	

LENOIR ASSURED LIVING

Date: 12/4/2017

Cleaning Procedures for Bed Bugs

Thorough cleaning is essential when bed bugs are found. All housekeepers are required to use the following procedures for fourteen (14) straight days. Follow all steps below in the order they are written.

1. INSURE ALL CLOTHING AND LINES ARE REMOVED PRIOR TO CLEANING.
2. Pull liners off beds and place in plastic bags. Dry on high heat for twenty (20) minutes, and then wash linens.
3. Vacuum room (including cracks around wall, baseboards, mattresses, box springs, headboards, and all furniture)
4. Steam the mattress, box springs, and bed frames.
5. Mop using 1 cup of vinegar to 1 gallon of warm water.
6. Wipe mattresses and bed frames with vinegar/warm water mixture.
7. Check bed bug trap DAILY.
8. Notify Administrator IMMEDIATELY if bugs are found in the location where they have not been before.

All Rooms Highlighted Until
The 19th are their Last
day

All Furniture Should Be Out From The walls
and Vacuumed
Behind Every day

305
306
110
205
212
104
These Rooms to Continue
until the 28th

Assignment	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Room 104	JE	JE	JE	JE	JE	P	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE
Room 110	JE	JE	JE	JE	JE	P	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE
Room 306	JE	JE	JE	JE	JE	P	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE
Room 310	JE	JE	JE	JE	JE	P	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE
Room 103						P	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE
Room 107						P	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE
Room 205						P	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE
Room 212						P	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE
Room 303						P	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE	JE
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3. Vacuum room (including cracks around wall, baseboards, mattresses, box springs, headboards, and all furniture).

4. Steam the mattress, box springs, and bed frames.

5. Mop using 1 cup of vinegar to 2 gallon of warm water.

6. Wipe mattresses and bed frames with vinegar/warm water mixture.

7. Check bed bug trap DAILY.

Please Vacuum Behind Furniture + Beds Daily

8. Notify Administrator IMMEDIATELY if bugs are found in the location where they have not been before.

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Assignment	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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1-25-18

<Insert facility Name>

Housekeeping Daily Duties

1. Vacuum, mop and dust all rooms daily.
2. Vacuum and dust all common areas.
3. Clean offices, break room and all bath rooms.
4. Replace toilet paper, paper towels and soap in residents' rooms.
5. Mop all shower rooms and clean with vinegar and warm water mixture.
6. Check trash cans in all rooms. Empty as needed.
7. Check "red" rooms daily for bed bugs.
8. If bed bugs are found, notify Administrator IMMEDIATELY.
9. Keep up to date list of "red" areas.

Assignment	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
25-18 25-18 25-18 302	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
302																															
302																															

302/14

Handwritten initials

1-29-18

<Insert facility Name>

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5. Mop all shower rooms and clean with vinegar and warm water mixture.
6. Check trash cans in all rooms. Empty as needed.
7. Check "red" rooms daily for bed bugs.
8. If bed bugs are found, notify Administrator **IMMEDIATELY**.
9. Keep up to date list of "red" areas.

Handwritten initials

Assignment	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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311																															

Lenoir Assisted Living

Daily Laundry Procedures

FOLLOW ALL STEPS BELOW IN THE ORDER THEY ARE WRITTEN BEFORE GOING TO NEXT STEP!

1. Collect all dirty items
2. Inspect items for bed bugs
3. Any items that are suspicious for bed bugs should be dried for 20 minutes on high heat before washing and notify Administrator immediately.
4. All items that were with the suspicious clothing should be dried for 20 minutes on high heat before washing.
5. **DO NOT RETURN ITEMS TO THE RESIDENTS ROOM UNTIL ALL CLEAR HAS BEEN GIVEN BY THE ADMINISTRATOR**
6. Insure clothing that is not suspicious for bed bugs is labeled and returned to the appropriate residents
7. Insure laundry room is kept clean and organized.
8. Insure chemicals are stored and used appropriately.
9. Immediately report any broken equipment to the Administrator/Designee

Delaney

Laundry Procedures for Clothing/Linen Items brought in

1. Insure clothing/linen is labeled.
2. Dry on high heat for twenty minutes
3. Return to Resident Room

Assignment	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<i>104</i>																															
<i>109</i>																															
<i>114</i>																															

2-27-18

Lenoir Assisted Living

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3023																															
305																															
3070																															

Revised 12-13-13

Laundrycleaningproceduresform.doc

7-18-18 <INSERT FACILITY NAME>

Housekeeping Cleaning Procedures
For
Bed Bugs

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7. Check bed bug trap DAILY.

Follow
New York

8. Notify Administrator IMMEDIATELY if bugs are found in a location where they have not been before.

2-5-18 - 2-18-18

Assignment	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
207																															
203																															



N.C. DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF HOSPITALS, NURSING HOMES, ADULT CARE HOMES AND OTHER INSTITUTIONS

LENOIR

ESTABLISHMENT	LENOIR ASSISTED LIVING	ID	054400020
PERMITTEE	VICTORIAN SENIOR CARE	DATE	11/08/2017
STREET1	2773 PINEWOOD HOME DR	TIME	11/1/2017 9:45:00AM
CITY	PINK HILL	SCORE POSTED	93.50
ZIP	28572-0000 Activity Type: Inspection		
WATER	Municipal/Community	STATE	NC
WASTE	Municipal/Community	SAMPLE	NO

ITEM	SPECIFIC VIOLATIONS AND COMMENTS	PTS DED
01	Floors easy to clean, no obstacles, drains where needed (.1309, .1310) Some carpet in rooms had runs in it.	1.0
02	Floors clean, carpet clean, dry, odor free (.1309, .1310) Some carpet needs cleaning.	2.0
05	Ambient air temperature 65° to 85° F, equipment clean (.1311) Filters and vents in rooms throughout facility were dirty. Need additional cleaning	2.0
08	Facilities conveniently located, clean and in good repair (.1312) Shower chairs on 100 hall need to be cleaned and disinfected.	1.0
28	Adequate storage, area clean, items properly stored (.1318) Items in storage areas need to be stored off the floor to permit easy cleaning. Cardboard in janitor's closet on 300 hall needs to be removed.	0.5

GENERAL COMMENTS: 13. Water heater on 300 hall needs to be turned down. Water temp was 121. Temperature shall be 100-116. Currently painting/replacing flooring and baseboards

TEMPERATURE OBSERVATIONS:

INSPECTED BY: WILLIAM, WADE JR.

Page 1 of 1

William Wade, RCHS

Rikki Sanderson

Rikki Sanderson

SIGNATURE OF ENV. HEALTH SPECIALIST

SIGNATURE OF REPORT RECIPIENT