

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 R-C 02/21/2018
NAME OF PROVIDER OR SUPPLIER LENOIR ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2773 PINWOOD 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 Complaint Follow-up Construction Survey report by Frank Strickland and Chris Sluder on 02/21/2018: The original Complaint alleged that the facility had bed bugs. Deficiencies are 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 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 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: 1. Based on observation, interview and review of records, the facility was not in compliance with The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums,	{C 110}		

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

TITLE

(X6) DATE

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{C 110}	Continued From page 1 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. The facility did not have effective measures to prevent bed bugs from being present on the premises. Findings on 02/21/2018: Interview with facility staff and record review indicated that the facility has been taking measures to eradicate bed bugs for more than 6 months. The facility had received an updated protocol from the Pest Management Company [PMC] with a revision date of 01/22/2018. Interview with facility staff revealed that the revised protocol removed some of the burden/workload without diminishing the effectiveness. I.E. If bed bug activity is suspected, the resident's clean clothes would only have to be heat treated in the dryer and not washed too. At the time of survey, all rooms in the facility had places where bed bugs could harbor to avoid detection and treatment. Approximately 40% of rooms had carpet as floor covering providing harborage at the edges. Observation and interview revealed the facility was in the process of removing the carpeting and replacing with a vinyl flooring system and was approximately 60% complete. In all the rooms where the flooring had been replaced, the cove base (trim) had not yet been re-installed along the base of the walls, providing harborage at the base of the walls. The surveyors selected a sample of rooms to include the eight rooms that the PMC	{C 110}		

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{C 110}	Continued From page 2 documented treatment on their most recent service ticket dated 02/06/18. Special attention was given to rooms where PMC documented two consecutive treatments on the two most recent service tickets. (Rooms 203, 212 and 104) An additional sample of rooms included any room where PMC documented treatment on the service ticket prior to the most recent dated 01/10/2018, the facility had implemented and completed the in-house protocol and bed bugs were not identified and documented as treated on the most recent service ticket. Out of that sample of 16 rooms. Live bed bug were observed in the following Resident rooms. All of the live bed bugs observed were harboring on the ceilings in the popcorn finish. (a) Room 104 (b) Room 109 (c) Room 112 (closet ceiling) (d) Room 203 (e) Room 212	{C 110}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility did not have all walls, floors or floor coverings clean. This can	{C 164}		

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{C 164}	Continued From page 3 interfere with the effectiveness of visual inspections to determine if protocol and treatments to eradicate bed bugs have been effective. Findings on 12/14/2017: Record review revealed that 8 rooms [104, 109, 203, 212, 303, 305, 306, 311] were identified with bed bug activity by the Pest Management Company [PMC] on their service ticket dated 02/06/2018. The facility's in house protocol includes 'pull furniture out and vacuum under the furniture and around the baseboards' daily for 14 days. Based on this schedule, the daily wipe down and vacuum would have been completed up until the day before the survey, 02/20/2018. Under furniture and around the perimeter of all the following rooms were dirty with a buildup of dust and debris. (a) *Room 104 (b) *Room 109 (c) Room 112 (unoccupied at time of survey) (d) Room 205 (was on the list but was unable to be inspected during 02/21/2018 survey) (e) *Room 212 (bed bug carcass was found on the floor under the bed on the window side of the room) (f) *Room 303 (in addition to dirty floor coverings, ther were approximately 50 'fruit flies' on the wall on the corridor side of the room) (g) *Room 305 and 306 were only given cursory inspections. 2. Based on observation, this facility did not have all walls, floors or floor coverings clean and in good repair. Findings on 02/21/2018 Approximately 40% of rooms had carpet as floor covering. Not all of the carpet was clean, however	{C 164}		

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{C 164}	Continued From page 4 all of the carpet was dark and of a pattern to camouflage dirt and debris. The facility was in the process of removing the carpeting and replacing with a vinyl flooring system and was approximately 60% complete. In all the rooms where the flooring had been replaced, the cove base (trim) had not yet been re-installed along the base of the walls.	{C 164}		