PRINTED: 08/24/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054051	A. BUILDING: 01 B. WING	R-C 08/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	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 Complaint Follow-up Construction Survey report by Suzanna Fay on August 10, 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, Sanatoriums, and Educational and Other	(C 110)		9-12-18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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{C 110}	Continued From page 1 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 August 10, 2018: At the time of the Follow Up Survey, the room numbers had been revised. A copy of the revised floor plan was requested on August 14, 2018. The pest control company was observed leaving the facility at the time of the surveyor's arrival. A copy of the previous pest inspection dated July 30, 2018 indicated six rooms with a Scale 1 (1-10 bugs or less in an individual room in one location.) Interview with staff revealed that the inspection today found bedbugs. Provide a copy of today's report with the signed Plan of Corrections. 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, replacement of flooring was complete. The surveyor selected a sample of the six rooms that the PMC documented treatment on their most recent service ticket dated 07/30/18 as well as two additional rooms where pests were	{C 110}		

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{C 110}	Continued From page 2 observed on the 02/21/2018 survey. Findings are as follows: (a) Room 7 (previously 112) - one dead bug was observed on the wall. Several dead bugs were observed around the toilet. (b) Room 19 (previously 203) - possibly several dead bugs in the wall/ceiling joint. The right closet had ants. A cup containing a yellow liquid with dead ants floating in the liquid was observed. Staff removed the cup and rinsed it out. (c) Room 20 (previously 205) - a couple of bed bugs were observed at the wall/ceiling juncture. Surveyor was unable to determine if they were alive or dead. (d) Room 24 (previously 213) - evidence of bed bugs was observed. (e) Room 28 (previously 212) - dark stains in the corners appear to be evidence of bed bug activity. (f) Room 44 (previously 305) - stains along the outside wall appear to be fecal matter from bed bugs. One dead bed bug was observed on the floor in front of the tub. Several dead bugs were observed on the bathroom floor along the toilet wall. (g) Room 45 (previously 303) - at least one dead bug was found behind the nightstand. Based on a copy of a protocal from the PMC received on 12/17/2017, item 3 requested that other residents and visitors not spend time in the infected rooms or sit on the furniture. It was observed that the resident in Room 44 had a visitor in the room during the time of survey.	{C 110}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	{C 164}		

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{C 164}	Continued From page 3 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 interfere with the effectiveness of visual inspections to determine if protocol and treatments to eradicate bed bugs have been effective. Findings on August 10, 2018: Record review revealed that 6 rooms [27, 24, 20, 38, 44 and 45] were identified with bed bug activity by the Pest Management Company [PMC] on their service ticket dated July 30, 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 be continuous until August 13, 2018. Under furniture and around the perimeter of all the following rooms were dirty with a buildup of dust and debris. (a) Room 20 (previously 205) dust and debris was found under the beds. (b) Room 45 (previously 303) dead bugs and dust was found behind furniture and around the perimeter of the room. (c) Room 44 (previously 305) the bathroom floor was very dirty and numerous dead bugs were observed.	{C 164}		

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Lenoir Assisted Living
HAL-054-051
Plan of Correction
DHSR Construction Survey/Follow Up

10A NCAC 13F . 0302(e) Design and Construction

Plan of Correction

- Exterminator to treat facility minimally 1x per month. 8/10/18 and ongoing
- The staff will report any bed bug activity or residents concerns to the Executive Director immediately. 8/10/18 and ongoing
- The facility will treat all new residents belonging upon entering the facility. 8/10/18 and ongoing. 8/10/18 and ongoing
- The facility will treat current residents belonging as per the pest management company protocol should bed bug activity be found. 8/10/18 and ongoing

Monitoring System

- Executive Director/Designee will ensure all new residents belongings are treated upon entering the facility. 8/10/18 and ongoing
- Executive Director/Designee will ensure all cleaning measures relating to bed bug control are being performed. 8/10/18 and ongoing

10A NCAC 13F. 0306(a)(1)(2)(3) and (e) Housekeeping and Furnishing

Plan of Correction

- Residents rooms and bathrooms to be thoroughly cleaned/swept, this includes around behind and under furniture and around baseboards and to include bathrooms daily for 14 days. 8/10/18 and ongoing

Monitoring Systems

- Executive Director/Designee will ensure all cleaning measures relating to bed bug control are being performed. 8/10/18 and ongoing

Chief Financial Officer

9-12-18
Date

2016 Lenoir Assisted Living Evacuation Plan