

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL058010</b>                                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C</b><br><b>10/10/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VINTAGE INN RETIREMENT COMMUNITY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>826 EAST BOULEVARD HWY 17 N BYPASS</b><br><b>WILLIAMSTON, NC 27892</b> |                                                                                                                          |                                                                      |
| (X4) ID<br>PREFIX<br>TAG                                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                                                                                                | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                             |
| {C 000}                                                                     | Initial Comments<br><br>Report of a Complaint Follow Up Construction<br>Survey by Suzanna Fay and Frank Strickland<br>conducted on October 10, 2018.<br><br>Deficiencies remain that require a Plan of<br>Correction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {C 000}                                                                                                            |                                                                                                                          |                                                                      |
| {C 110}                                                                     | Construction-Meet Sanitary Requirements<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND<br>CONSTRUCTION<br>(e) The sanitation, water supply, sewage<br>disposal and dietary facilities shall comply with<br>the rules of the<br>North Carolina Division of Environmental Health,<br>which are incorporated by reference, including all<br>subsequent amendments. The "Rules Governing<br>the Sanitation of Hospitals, Nursing and Rest<br>Homes, Sanitariums, Sanatoriums, and<br>Educational and Other Institutions", 15A NCAC<br>18A .1300 are available for inspection at the<br>Department of Environment and Natural<br>Resources, Division of Environmental Health,<br>2728 Capital Boulevard, Raleigh, North Carolina.<br>Copies may be obtained from Environmental<br>Health Services Section, 1632 Mail Service<br>Center, Raleigh, North Carolina 27699-1632 at no<br>cost.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the facility was not in<br>compliance with The "Rules Governing the<br>Sanitation of Hospitals, Nursing and Rest Homes,<br>Sanitariums, Sanatoriums, and Educational and<br>Other Institutions". Specifically 15A NCAC 18A<br>.1317 (a) [which requires that] Effective measures<br>shall be taken to keep... vermin out of and to | {C 110}                                                                                                            |                                                                                                                          |                                                                      |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| {C 110}                                                                     | Continued From page 1<br><br>prevent their breeding and presence on the premises.<br><br>The facility does not have effective measures to prevent bed bugs from being present on the premises.<br><br>Findings on October 10, 2018:<br>a. Live bedbugs were found in one room of the seven investigated from the previous inspection. That room was Room 26.<br>b. Interview with staff revealed that they have a monthly contract for an exterminator. The exterminator came to the facility on October 10, 2018. The findings were emailed to the surveyor. The results were that live bed bug activity was found in 20 rooms, three of which were previously identified on the DHSR Inspection report. These rooms were:<br>(1) Room 2<br>(2) Room 3<br>(3) Room 5<br>(4) Room 10<br>(5) Room 12<br>(6) Room 14<br>(7) Room 15<br>(8) Room 16<br>(9) Room 17<br>(10) Room 18<br>(11) Room 19<br>(12) Room 21<br>(13) Room 25<br>(14) Room 26<br>(15) Room 34<br>(16) Room 45<br>(17) Room 46<br>(18) Room 47<br>(19) Room 48<br>(20) Lounge Area | {C 110}                                                                                                            |                                                                                                                          |                                                                      |

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| {C 164}                                                                     | Continued From page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | {C 164}                                                                                                            |                                                                                                                          |                                                                      |
| {C 164}                                                                     | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND<br>FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor<br>coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing<br>facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, this facility has failed to<br>floors kept clean and in good repair.<br><br>Findings on October 10, 2018:<br>a. Dead insects and debris was found in the<br>corners of one resident room at the floor level.<br>Small holes were found at the base of the wall in<br>two corners which may allow pests to enter the<br>room. All other areas previously listed were<br>found to be clean and orderly.<br>(1) Room 43 | {C 164}                                                                                                            |                                                                                                                          |                                                                      |