



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

April 30, 2019

Patty Ostapowicz (via e-mail only)
Po Box 339
Kenansville, NC 28349

RE: HA Follow-Up Complaint Construction Survey
FID #920943 Hal054051
Lenior Assisted Living
2773 Pinewood Home Road
Pink Hill Lenoir County

Dear Ms. Ostapowicz:

On **April 17, 2019**, a Complaint Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted May 15, 2019

Your PoC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
CONSTRUCTION SECTION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- o How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR-Construction Section.
 - Corrective action must begin immediately

Your **Signed Plan of Correction** can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Lenoir County DSS - with attachment-(via e-mail only)

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 04/17/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LENOIR ASSISTED LIVING

**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 Report of a Complaint Follow-up Construction Survey by Suzanna Fay conducted on April 17, 2019. Deficiencies were cited that will require a plan of correction.	{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 Institutions". Specifically 15A NCAC 18A .1317 (a)	{C 110}	Facility will continue to contract with pest control company to prevent breeding of vermin. 5/1/19 and ongoing Facility will clean dead bed bugs and any signs of bed bugs as needed. 5/1/19 and ongoing Staff retrained on protocols/ procedures regarding bed bugs. 5/3/19 Executive Director/Designee will inspect rooms and ensure any rooms that have dead bugs or signs of bed bugs be cleaned as often as needed. 5/1/19 and ongoing	

Division of Health Service Regulation

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

Mitchell Moran

TITLE

Director of Maintenance

(X6) DATE

5/15/19

STATE FORM

6899

KLXW27

If continuation sheet 1 of 3

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LENOIR ASSISTED LIVING

2773 PINWOOD HOME ROAD

PINK HILL, NC 28572

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{C 110}	Continued From page 1 [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 April 17, 2019: Interview with staff revealed that they had updated their policies on what staff is required to do should any bed bugs be found. They have also contracted with a new exterminator. An inspection of the following rooms indicate the findings listed below: (c) Room 24 - small, dark spots were observed at the wall/ceiling juncture along the corridor wall. Small dark spots that appear to be fecal stains were found around the top left corner of the door frame. (d) Room 28 - small dark spots were observed at the top left corner of the door frame. (e) Room 44 - one dead bed bug was mound on the mattress. One dead bug and some small black spots were observed on the corridor wall at the wall/ceiling juncture. A cluster of fecal stains were observed on the box spring frame of the far bed. (h) Room 29 - small black stains indicative of fecal stains were observed along the wall/ceiling juncture of the corridor wall and the wall shared with Room 28. (i) Room 42 - one dead bedbug was observed on the box spring of the occupied bed. Possible fecal stains on the shared wall at the ceiling. New observations based on rooms having prior activity: (j) Room 38 - one dead bed bug was found on	{C 110}		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER LENOIR ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2773 PINWOOD HOME ROAD PINK HILL, NC 28572			
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{C 110}	Continued From page 2 the far wall.	{C 110}			