

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>FCL032096 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>R<br>08/07/2019 |
|-----------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

JONES FAMILY HOME

2122 OVERLAND DRIVE  
DURHAM, NC 27704

| (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>The Adult Care Licensure Section conducted a follow-up survey on August 7, 2019.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | {C 000}             |                                                                                                                          |                          |
| {C 078}                  | 10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings<br><br>10A NCAC 13G .0315 Housekeeping and Furnishings<br>(a) Each family care home shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>This Rule shall apply to new and existing homes.<br><br>This Rule is not met as evidenced by:<br>FOLLOW-UP TO TYPE B VIOLATION.<br><br>The Type B Violation was abated.<br>Non-compliance continues.<br><br>Based on observations, record reviews, and interviews, the facility failed to maintain mattress covers free from bedbug residue in two resident rooms (#3, #4).<br><br>The findings are:<br><br>Review of the Bed Bug Service Agreement dated 05/01/19 revealed the contract was for a standard agreement for bedbugs.<br><br>Observation of resident room #3 on 08/07/19 at 10:00 am revealed:<br>-There were brownish smeared stains that resembled bedbug residue throughout the mattress cover of the first bed. | {C 078}             |                                                                                                                          |                          |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

0399

18CZ12

10-11-2019  
RECEIVED

POC reviewed and  
accepted

OCT 17 2019

10/21/19

ADULT CARE LICENSURE SECTION  
RALEIGH

W Dawson-Rogers



Division of Health Service Regulation

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|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| {C 078}                  | <p>Continued From page 1</p> <p>-There were brownish smeared stains that resembled bedbug residue on the mattress cover near the bottom of the second bed.</p> <p>Interview with a resident who resided in room #3 on 08/07/19 at 10:05 am revealed:<br/>-He had not seen any bedbugs for 3-4 months.<br/>-He did not know the last time the mattress cover on his bed had been changed.</p> <p>Observation of resident room #4 on 08/07/19 at 10:12 am revealed there were brownish smeared stains that resembled bedbug residue throughout the mattress cover of the first bed.</p> <p>Interview with a resident who resided in room #4 on 08/07/19 at 10:12 am revealed:<br/>-He had not seen any bedbugs for 2-3 months.<br/>-He did not know the last time the mattress cover on his bed had been changed.</p> <p>Interview with the medication aide (MA) on 08/07/19 at 10:35 am revealed:<br/>-She did not know the last time the mattress covers had been changed in the residents' rooms.<br/>-She had not seen any bedbugs since she started working in April 2019.</p> <p>Interview with the Director on 08/07/19 at 11:35 am revealed:<br/>-He did know the mattress covers needed to be replaced in resident room #3 and #4.<br/>-He wanted to wait until the bedbug problem was under control before he changed the mattress covers.<br/>-He would change the mattress cover on 08/08/19.<br/>-The exterminator was treating for bedbugs monthly.</p> | {C 078}             | <p>Put New Mattress cover on #3 bedroom. Will keep a daily record 8-8-19 on house keep by the SIC. The Director will check Bedroom #3 monthly for bedbugs and cleanness, Mattress cover. Staff will clean bedroom every day and record.</p> <p>Put New Mattress Cover's on #4 residents beds. Staff will check and clean each bed every day and keep a record. The Director will check Monthly on Mattress Cover, Cleanness, and bed bugs 8-8-19</p> |                          |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>FCL032096              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                            | (X3) DATE SURVEY COMPLETED<br><br>R<br>08/07/2019 |
| NAME OF PROVIDER OR SUPPLIER<br><br>JONES FAMILY HOME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2122 OVERLAND DRIVE<br>DURHAM, NC 27704 |                                                                                                                 |                                                   |
| (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 078}                                               | Continued From page 2<br>-The exterminator's last visit was on 06/03/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | {C 078}                                                                          |                                                                                                                 |                                                   |
| C 256                                                 | 10A NCAC 13G .0904(a)(1) Nutrition and Food Service<br><br>10A NCAC 13G .0904 Nutrition and Food Service<br>(a) Food Procurement and Safety in Family Care Homes:<br>(1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.<br><br>This Rule is not met as evidenced by:<br>Based on observations and interviews, the facility failed to protect the kitchen area from contamination related to live roaches in the kitchen.<br><br>The findings are:<br><br>Observation during the initial tour of the kitchen on 08/07/19 between 9:30 am and 10:00 am revealed:<br>-There was a roach crawling on the wall above the stove.<br>-There was another roach crawling on the floor near the stove.<br>-There was a paper plate sitting on both sides of the stove near the front of the stove which contained a dried brown substance.<br>-There was a paper plate sitting near a trash can in the kitchen near the stove which contained a dried brown substance.<br>-There was a paper plate sitting near the back door of the kitchen which contained a dried brown substance. | C 256                                                                            |                                                                                                                 |                                                   |



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|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| C 256                    | Continued From page 3<br><br>Interview with a medication aide (MA) on 08/07/19 at 9:34 am revealed:<br>-It had been over a month ago when she first saw a roach in the kitchen.<br>-The Director knew there were roaches present in the kitchen.<br>-The Director used the steam cleaner with distilled water to get rid of the roaches in the kitchen.<br>-The dried brownish substance on the paper plates on the floor in the kitchen contained roach powder.<br>-The Director started the treatment on 08/06/19,<br><br>Interview with the Director on 08/07/19 at 11:35 am revealed:<br>-He had noticed roaches in the kitchen, and it had been about three weeks ago.<br>-He used the steam cleaner with distilled water in the kitchen to treat for roaches, but this treatment was not working.<br>The dried brownish substance on the paper plates on the floor in the kitchen contained roach powder mixed with carbonated soft drink.<br>-This treatment for roaches started on 08/06/19.<br>-If this treatment did not get rid of the roaches within two weeks, he would hire a professional exterminator. | C 256               | Director will steam once a month with Distilled water to get rid of the roaches in the kitchen. The Director will keep a record on the dates steam.<br><br>The Director will use roach powder mixed with carbonated soft drink treatment once a week at nite to get rid of the roaches. The Director will check once a month and keep a record monthly on the progress. | 8-8-19                   |