

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/18/2021
NAME OF PROVIDER OR SUPPLIER WAYNE COUNTY REST VILLA NO. 1		STREET ADDRESS, CITY, STATE, ZIP CODE 305 VANCE STREET FREMONT, NC 27830		
(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
{D 000}	Initial Comments The Adult Care licensure section completed a follow-up survey on 11/18/21.	{D 000}		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, interviews and review of county inspection report the facility failed to ensure the environment was free of hazards as evidenced by active roaches in the facility. Review of the facility's current NC Division Environmental Health inspection report dated 11/17/21 revealed: -There were 9 demerits and the classifications was approved. -There were 6 demerits for vermin control on the premises. -There were live roaches in the kitchen drawers and under the counter near the sink and dishwasher. -There were live roaches in the medication room. Observation of the kitchen on 11/18/21 at 1:10pm revealed there were live roaches in the cabinets by the stove used to store clean pots and pans. Telephone interview with the pest control	D 079		

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

TITLE

(X6) DATE

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D 079	Continued From page 1 technician on 11/18/21 at 3:15pm revealed: -He was contacted by the facility for initial and monthly services on 10/23/21 or 10/24/21 but was unsure of the exact date. -He completed the initial treatment of the facility on 11/02/21 or 11/03/21 for bed bugs and roaches. -He completed a follow-up service on 11/16/21 specifically for other pests but not roaches. -He would expect to still see some active roaches in the facility since the chemicals he used were designed to kill slowly and allowed pests to carry the chemical back to the nest. -He would return to the facility by 12/16/21 for routine treatment unless he was contacted by the facility regarding ongoing pest activity before then. Interview with the Resident Care Coordinator (RCC) on 11/18/21 at 2:15pm revealed: -A new exterminator had been contracted by the facility for the control of pests. -She could not remember if the initial service was on 11/02/21 or 11/03/21 but there was a recheck by the pest control technician on 11/06/21. -The pest control technician re-sprayed some areas of the facility on 11/16/21 during his follow-up but she was unsure what areas were re-sprayed for pests and which pests were specifically targeted on the follow-up. -She had not recieved any complaints of pests from residents. Telephone interview with the Administrator on 11/18/21 at 2:55pm revealed: -The facility had contracted with a new pest control company for monthly service to treat roaches. -The pest control technician completed an initial treatment on 11/02/21 or 11/03/21.	D 079		

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D 079	Continued From page 2 -The pest control technician completed a follow-up treatment on 11/16/21 for roaches on 11/16/21.	D 079			