STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046004	A. BUILDING: _____ B. WING _____	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE HOUSE	407 LOFTIN LANE AHOSKIE, NC 27910

(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 conducted an annual survey and complaint investigation from 03/06/24 through 03/07/24.	D 000		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) Facilities with a licensed capacity of 13 or more residents shall ensure food services comply with Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food and beverage under sanitary conditions. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to ensure the refrigerator, freezer, ice machine, kitchen floors, walls, drains and pantry and dining room floors were kept clean, sanitized, and free of contamination including the presence of bugs in the kitchen and dining room. The findings are: Review of the facility's County Food	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046004	A. BUILDING: _____ B. WING _____	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE HOUSE	407 LOFTIN LANE AHOSKIE, NC 27910

(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 283	Continued From page 1 Establishment Inspection Report dated 02/13/24 revealed: -An inspection was completed and had a total of 3 demerits. -There was 1 demerit for the presence of insects. -There was 1 demerit for contamination in food storage areas. -It was noted there were dead bugs throughout the kitchen under the kitchen sink and food not being stored 6 inches from the floor. Observation of the kitchen on 03/06/24 at 9:21am revealed: -There was an exposed cable hanging along side the right front wall that was covered with small black particles. -There was a metal shelf placed beside the stove that stored several cookie sheets on the bottom shelf that were less than 6 inches from the floor. -There was a plastic container full of uncovered kitchen cooking utensils placed on the bottom shelf that were less than 6 inches from the floor. Observation of the ice machine on 03/06/24 at 9:23am revealed: -There was condensation on the inside of the ice machine that was dripping on the ice. -There were white stains on the bottom front and the side of the ice machine. -There were white and brown stains on the outside of the ice machine door. -There was a small open hole inside of the door that exposed brown particles. -There were black and brown stains on the middle section on the outside of the machine. -There were black stains inside of the ice machine door. -There were brown stains inside the top of the ice machine.	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046004	A. BUILDING: _____ B. WING _____	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE HOUSE	407 LOFTIN LANE AHOSKIE, NC 27910

(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 283	Continued From page 2 Observation of the freezer on 03/06/24 at 9:24 am revealed: -There were white stains on the outside of the freezer doors. -There was a blue plastic bag of corn that had holes and splits. -There were corn kernels on the bottom of the freezer. -There was a frozen red substance on the bottom of the freezer. -There were black sticky particle substances on the floor under and around the freezer. Observation of the kitchen stove on 03/06/24 at 9:25am revealed: -There were thick brown and black substances around the stove knobs. -There was a brown substance on the handle of the stove door. -There were particles of black and gray sticky substances under and around the stove. Observation of the kitchen refrigerator on 03/06/24 at 9:28am revealed: -There were white stains on the outside doors. -There was a bug glue trap under the refrigerator that contained several dead and live bugs. Observation of the pantry on 03/06/24 at 9:32am revealed: -There was a bug glue trap placed on the floor under a shelf. -There were sticky black and gray particles in various places on the floor. -There were 5 covered plastic containers of unlabeled food placed on a crate that was not at least 6 inches from the floor. -There was 1 covered plastic container of unlabeled food placed directly on the floor.	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046004	A. BUILDING: _____ B. WING _____	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE HOUSE	407 LOFTIN LANE AHOSKIE, NC 27910

(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 283	Continued From page 3 Observation of the kitchen floors and walls on 03/06/24 at 9:35am revealed -There was a buildup of thick black, red, and white stains on the walls. -There was a bug glue trap under the first prep table that contained several dead and live bugs. -There was a bug glue trap under a second prep table that contained several dead and live bugs. -There was a bug glue trap placed on the floor alongside the right side of the front wall that contained dead bugs. -The floor had a black sticky substances in various placed throughout the floor. -Under the kitchen sink, there were two floor drains that had thick buildup of black and gray substances. -There were small bugs flying around the top of the floor drains. Observation of the dining room floor on 03/07/24 at 7:27am revealed: -The dining room floor had white, brown, and yellow food particles throughout the dining room floor. -There was a clear sticky substance in various spots on the dining room floor. Interview with the Dietary Manager on 03/07/24 at 7:33am revealed: -She had swept and mopped the dining room floor the night before. -She noticed she had missed some spots on the floor. Observation of the dining room floor on 03/07/24 at 7:47am revealed: -There were residents being served and eating their breakfast meal. -There was a dead bug on the floor.	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046004	A. BUILDING: _____ B. WING _____	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE HOUSE	407 LOFTIN LANE AHOSKIE, NC 27910

(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 283	Continued From page 4 Telephone interview with the contracted exterminator on 03/07/04 at 3:37pm revealed: -The facility was last serviced on 02/22/24. -The facility was scheduled to receive monthly services, but the services were changed to quarterly due to billing issues. -He had first noticed an infestation of roaches in the kitchen during the October 2023 treatment. -The kitchen was treated with a liquid bait. -The kitchen was not cleaned very well on the floors around the food prep tables, refrigerator, freezer, and floor drains. -There was an issue with drain flies around the two drainage under the sink. -During the 02/22/24 visit, it was recommended to pour boiling hot water down the two-sink floor drains to get rid of drain flies because he did not have the chemical to treat the flies. -Because of the level of drain flies, it proved the drains were not being cleaned. -There were twenty extra bug glue traps left and the facility were to change the glue traps out biweekly or as needed when the glue traps was filled with bugs. -The next treatment was scheduled for 03/08/24 to treat the kitchen only. -Staff had not prepared the kitchen previously recommended fog termination treatment because tables and other items would not be covered. -As long as the food and cooking items were properly sealed it would limit cross contamination. -The bugs would feed off of the grease and debris on the floor when the gel was no longer working. Interview with a Cook on 03/07/24 at 3:28pm revealed: -He swept and mopped the kitchen floors daily. -He cleaned the stove, and prep tables daily by wiping them down.	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046004	A. BUILDING: _____ B. WING _____	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE HOUSE	407 LOFTIN LANE AHOSKIE, NC 27910

(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 283	Continued From page 5	D 283		

-The kitchen floor was pressure washed at least once a month.
-The kitchen floor was last pressure washed in February 2024.
-Maintenance was responsible for pressure washing the kitchen floor.
-When the kitchen floor was pressure washed the extra dirt and grease would come up.
-He had not noticed the flying bugs around the floor drains, but the floor drains had not been cleaned in weeks.
-The dining room was swept and mopped three times daily after each meal serving.
-The brooms were old and would leave some debris on the dining room floor.

Interview with the Dietary Manager on 03/06/24 at 9:31am revealed:
-She broke down the stove and cleaned it at least twice monthly.
-She did not know when the last time the stove was deep cleaned.
-The kitchen floor was swept and mopped daily.
-Maintenance pressure washed the kitchen floor once a month.
-She did not know when the last time the kitchen floor was pressure washed.
-The kitchen was deep cleaned once a month.
-The floors and walls were part of the deep cleaning.
-The last deep cleaning of the kitchen was a partial deep cleaning on 03/04/24.
-There was not a cleaning schedule, but all dietary staff were to clean daily.
-The bug glue traps were removed and changed out by the exterminator.
-The next extermination for the kitchen was scheduled on 03/09/24.

Interview with the Administrator on 03/06/24 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046004	A. BUILDING: _____ B. WING _____	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE HOUSE	407 LOFTIN LANE AHOSKIE, NC 27910

(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 283	Continued From page 6 9:42am revealed: -The Dietary Manager was responsible for completing the kitchen cleaning schedule. -She did not know if there was a paper form cleaning schedule. -She completed walkthroughs of the kitchen daily and looked to ensure the kitchen was cleaned. -If she noticed any issues with the kitchen she informed the Dietary Manager. -Food items were not stocked on the floor. -The exterminator was scheduled for treatment on a quarterly basis. -The kitchen was scheduled for a special treatment on 03/08/24. _____ The facility failed to ensure the ice machine, kitchen freezer, refrigerator, kitchen floors and walls and dining room floors were kept cleaned and free of contamination including the presence of live bugs in the kitchen and dining room and removal of the bug traps in the kitchen. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/07/24 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 21, 2024.	D 283		