STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054051	A. BUILDING: **01** B. WING _____	R-C **10/19/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	**2773 PINEWOOD 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 Complaint Follow-up Construction Survey report by Suzanna Fay on October 19, 2018. The original Complaint alleged that the facility had bed bugs. Deficiencies are cited and a Plan of Correction is required.	{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	{C 110}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054051	A. BUILDING: **01** B. WING _____	R-C **10/19/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	**2773 PINEWOOD 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 110}	Continued From page 1 Institutions". Specifically 15A NCAC 18A .1317 (a) [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 October 19, 2018: Interview with staff revealed that the exterminator comes monthly and for inspections and treatment. The last treatment was October 18, 2018. Bedbug activity was found in the same rooms as per previous inspections. Provide a copy of the October report with the signed Plan of Corrections. Findings are as follows: (a) Room 7 - Several dead bugs were observed around the toilet. Dead bugs were found in a dresser drawer. (b) Room 19 - evidence of activity found in the wall/ceiling juncture and corners at floor. (c) Room 20 - evidence of bedbug activity was observed at the wall/ceiling juncture and in the popcorn ceiling texture. (d) Room 24 - bedbug activity was observed at the wall/ceiling juncture of the corridor wall. A family member was visiting at the time. (e) Room 28 - possible evidence of a bedbug. Staff had found activity in the room this week. (f) Room 44 - Several dead bugs were observed on the bathroom floor along the toilet wall. The bathroom floor was not clean. The sheets on the bed nearest the door were not clean. There was debris or bugs on the bedding. (g) Room 45 - Evidence of bedbugs was not found by the surveyor. One bed was occupied and both residents were in the room during the	{C 110}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054051	A. BUILDING: **01** B. WING _____	R-C **10/19/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	**2773 PINEWOOD 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 110}	Continued From page 2 inspection making it difficult to fully investigate. The floors behind the beds were not clean. Review of protocols was discussed. Since the bedbugs are occurring in the same areas, it was discussed that treatment needed to extend into the wall cavities. Staff needed to take additional precautions regarding cleaning and visitors. Staff stated that they had spoken to a different exterminator.	{C 110}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility did not have all walls, floors or floor coverings clean. This can interfere with the effectiveness of visual inspections to determine if protocol and treatments to eradicate bed bugs have been effective. Findings on October 19, 2018: Interview with staff revealed that rooms 7, 19, 20, 24, 28, 44 and 45 had been identified with bed bug activity by the Pest Management Company [PMC] on their last visit (same rooms previously listed as being infested.) The facility's in house	{C 164}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054051	A. BUILDING: **01** B. WING _____	R-C **10/19/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	**2773 PINEWOOD 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 164}	Continued From page 3 protocol includes 'pull furniture out and vacuum under the furniture and around the baseboards' daily for 14 days. Based on this schedule, the daily wipe down and vacuum would be continuous until November 1, 2018. Dead bugs were found in corners, under the bathroom sinks and dust and debris found behind furniture.	{C 164}		