

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL073005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2015
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NAME OF PROVIDER OR SUPPLIER JONES FAMILY HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 2437 EPHEBUS CHURCH ROAD SEMORA, NC 27343
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(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	{C 000}		
{C 078}	<p>10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home 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 homes.</p> <p>This Rule is not met as evidenced by: The Type B Violation was abated. Non-compliance continues.</p> <p>Based on observation and interview, the facility failed to assure the facility was maintained in a clean and orderly manner and free of hazards as related to live and/or dead bedbugs observed in three of seven facility rooms. The findings are:</p> <p>Observation of resident Room #1 and the residents residing in the room on 3/11/15 at 11:30 a.m. revealed:</p> <ul style="list-style-type: none"> - One dead bed bug on the floor behind one of the beds. - One of the large upholstered chairs in the room had evidence of bed bug shedding. - The large upholstered chair had one live bed bug on it. - The other large upholstered chair had dried blood smears and a very small 3 millimeters in diameter red bed bug was observed on the quilt 	{C 078}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 078}	<p>Continued From page 1</p> <p>covering the chair crawling away when touched.</p> <ul style="list-style-type: none"> - Observation of both residents residing in this bedroom revealed neither had bites on face, arms or legs. <p>Interview on 3/11/15 at 11:35 a.m. with the two residents residing in resident Room #1 revealed:</p> <ul style="list-style-type: none"> - They had not seen or been bitten by any bed bugs for two - three weeks. - Bites they had before were healed. - One resident he had seen the bed bugs occasionally but was not concerned. - Another resident residing in the room was very glad the bed bugs were gone. - They said they went out one cold night and stayed in a hotel and the facility sprayed the rooms for bed bugs. <p>Observation 3/11/15 at 11:45 a.m. of resident Room #2 revealed:</p> <ul style="list-style-type: none"> - One dead bed bug was seen in on the carpet near the head of one of the beds. - A dead bed bug was observed on the carpet near an upholstered chair. - The electric plug behind one of the beds revealed signs of bed bug blood/excrement smears on the plug plate. - One resident residing the room showed his arms face and legs without bites. <p>Interview on 3/11/15 at 11:45 a.m. with one of the residents residing in resident Room #2 revealed:</p> <ul style="list-style-type: none"> - The resident had been in the facility for a short while and had not seen or been bitten by any bed bugs. - The facility was very clean and well cared for. <p>Interview on 3/11/15 at 12:15 p.m. with a second resident residing in resident Room #2 revealed:</p> <ul style="list-style-type: none"> - Bed bugs had been crawling all over before. 	{C 078}		

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{C 078}	<p>Continued From page 2</p> <ul style="list-style-type: none"> - They had been coming out of his clothing. - The facility had sprayed for the bed bugs and it was working. - The resident had not had not seen nor been bitten by any bed bugs for about one month. - His bed bug bites were healed. <p>Observation on 3/11/15 at 11:58 a.m. of resident Room #3 and it's residents revealed:</p> <ul style="list-style-type: none"> - Only one dead bed bug was observed behind one of the beds. - Old blood spots were on the comforter that appeared to have been washed. - Neither of the residents residing in the room had any observed bites on their arms, legs or faces. <p>Interview on 3/11/15 at 11:58 a.m. with the residents residing in resident Room #3 revealed:</p> <ul style="list-style-type: none"> - They had no current bites for 2-3 weeks. - Their old bites were healed now. - Bed bugs had previously been crawling all over. - The facility had sprayed for the bed bugs. <p>Interview on 3/11/15 at 12 p.m. with the Supervisor-In-Charge (SIC)revealed:</p> <ul style="list-style-type: none"> - She thought facility had some company spray on a night the owner took residents out to a hotel. - The SIC had not seen any bed bugs and residents had not reported any bites recently. - The SIC had not noticed any bites on the residents. <p>Telephone interview on 3/11/15 at 12:31 p.m. with the facility owner revealed:</p> <ul style="list-style-type: none"> - He had not had a professional extermination company come out to spray for the bed bugs. - He had called several professional companies in the area and one in a larger city to set up extermination but after speaking with them no 	{C 078}		

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{C 078}	<p>Continued From page 3</p> <p>one had called him back.</p> <ul style="list-style-type: none"> - He thought no one would call him back when they realized the facility was "...too far out." - The Adminsitrator had been treating the facility on his own with sprayed alcohol and the use of a powder that was organic and not harmful to the residents. - In January 2015 on a very cold night he took all residents out to a hotel and then sprayed the facility very well and then opened the windows to air it out. - He sprays the facility every other week now with the alcohol. - Residents had not seen any bed bugs and had not had bites on them. - He had not seen any live bed bugs on his inspection last week. - He would seek another another professional company to exterminate to prevent the escalation of the bed bugs. <p>Telephone interview on 3/11/15 at 3:37 p.m. with the owner revealed:</p> <ul style="list-style-type: none"> - He had located the powder used to deter bed bugs in residents rooms at a local home store. - The organic powder used was diatomaceous earth which kills bed bugs and was not harmful to humans. <p>Diatomaceous earth is a naturally occurring soft, siliceous, sedimentary rock used as a mechanical insecticide and is considered to be relatively low risk.</p> <p>Review of the diatomaceous earth brand used by the owner revealed:</p> <ul style="list-style-type: none"> - There was a skin irritation caution on the bag. - Directions to wash and rinse the skin exposure were documented. - Vacuuming was recommended after use. 	{C 078}		
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{C 078}	Continued From page 4 - No other harmful cautions were listed.	{C 078}		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number FCL073005	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/11/2015
Name of Facility JONES FAMILY HOME #1	Street Address, City, State, Zip Code 2437 EPHEBUS CHURCH ROAD SEMORA, NC 27343	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix C0912	Correction Completed 02/01/2015	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # G.S. 131D-21(2)		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____	Reviewed By _____	Date:	Signature of Surveyor:	Date:
State Agency				
Reviewed By _____	Reviewed By _____	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on: 12/18/2014	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		