

PRINTED: 09/22/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL010007

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING _____

(X3) DATE SURVEY
COMPLETED

C
08/18/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LELAND HOUSE

1935 LINCOLN ROAD
LELAND, NC 28451

(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

This is a Report of a Complaint Investigation conducted by Greg Cates on August 18, 2015.

Based on information from our files, this facility was first licensed or submitted on June 25, 1996 as a Home for the Aged, licensed for 78 residents including a 24 Bed Special Care Unit. Based on this information, the facility is being required to meet the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.

The Complaint alleges:

- 1- Every bathroom is being renovated at once.
- 2- The facility has bed bugs in at least 20 rooms.
- 3- Residents who are able are not allowed to come and go, having to wait for someone to open the locked door.

The Complaint is Substantiated

Complaint 1 is UNSUBSTANTIATED however, Complaints 2 and 3 are SUBSTANTIATED.

C 164 Housekeeping and Furnishings-Clean, Repaired

C 164

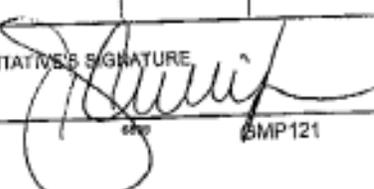
SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0306 HOUSEKEEPING AND
FURNISHINGS

- (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;

See attached
POC

CONSTRUCTION SECTION
OCT 05 2015
RECEIVED

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

ED

(X6) DATE

10/05/2015

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL010007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/18/2015
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NAME OF PROVIDER OR SUPPLIER

LELAND HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE

1935 LINCOLN ROAD
LELAND, NC 28451

(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 1 (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 observations, review of facility records, and interview with the staff, the facility has failed to maintain the facility clean and free of hazards. This deficiency may affect all residents, staff, and visitors who may come in contact of the affected areas. a- Approximately 20 resident rooms have been treated off and on for bed bugs over the last 10 months, including several rooms more than once, and including resident rooms in the SCU Wing as well as the AL wing.	C 164		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: 1- Based on observations and interviews with the staff, the facility has failed to allow residents who are able, to exit and re-enter the building freely and without staff assistance. a- All entrance/ EXIT doors are locked and require a punch code to open the doors. The codes are not given to residents, who are required to ask to be let out of or into the facility. Note: In order to ensure their dignity, residents	D 338		

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NAME OF PROVIDER OR SUPPLIER LELAND HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1935 LINCOLN ROAD LELAND, NC 28451
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D 338	Continued From page 2 that have the ability to move freely through out the facility and grounds (except areas deemed hazardous or off limits) shall be given that ability without need for assistance from staff or visitors. The use of special locking devices within the facility or on exit or entrance doors will prevent free movement by the residents. Optional devices or accessories can be added to the system allowing access without the assistance of the staff.	D 338		

Leland House:

Plan of Correction

Section .300 – Physical Plant

10A NCAC 13F .0306 Housekeeping and Furnishings

Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiency; the Plan of Correction is prepared solely as a matter of compliance.

It is the policy of Leland House to assure the facility maintains an environment that is clean and free of hazards.

Facility has been professionally treated by a licensed pest control company since first suspicious sightings. **Completed 8/19/15 Follow up treatment and inspection ongoing**

Facility continues to follow deep cleaning protocol for any rooms of concern. **Complete Date: 10/31/15**

Visual checks are conducted daily and any suspicious areas are being reported to management and a licensed pest control professional. **Complete Date: 10/31/15**

Upon identification/confirmation facility will follow recommendations from licensed pest control company that is considered a pre-treatment and part of the overall treatment process. **Complete Date: 10/31/15**

Facility staff will monitor/inspect any items coming in the facility as a proactive procedure to ensure facility is clean and free of hazards. **Complete Date: 10/31/15**

10A NCAC 13F .0909 Resident Rights

It is the policy of Leland House to assure the facility maintains the Rights of all Residents.

Leland House Adult Care Home shall assure that the rights of all residents is guaranteed under G.S. 131 D-21 Declaration of Resident Rights, are maintained and may be exercised without hindrance.

Leland House continues to allow residents who are able, to exit and re-enter the building freely. **Completed 10/1/15**

Receptionist personnel have been hired for after hours and weekend monitoring for safety of those coming into and exiting the facility. This will also allow monitoring for families and visitors bringing items to the building without being inspected as stated in POC. **Completed 10/15/15**

CONSTRUCTION SECTION

OCT 05 2015

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