

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 R-C 11/19/2015
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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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(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}	<p>Initial Comments</p> <p>This Report by Chris Sluder is of a Followup Complaint Survey done by Bob Getchell and Ed Miller on November 19, 2015.</p> <p>The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.</p>	{C 000}		
{C 164}	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>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.</p> <p>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 subject all residents, staff, and visitors who may come in contact with the affected areas to bed bug bites.</p> <p>Findings on November 19, 2015: Review of trained canine and handler inspections and pest management company service records indicate there has been bed bug activity documented as recently as November 18, 2015.</p> <p>The records provided, show the facility altered the original plan and began preventative treatment in 100 % of the rooms. As of the date of survey, there were approximately 17 rooms remaining to</p>	{C 164}		

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

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{C 164}	<p>Continued From page 1</p> <p>receive the preventative treatment. The log of daily visual checks by the Executive Director show no new sightings have occurred in rooms receiving the new treatment.</p> <p>The documentation indicates the facility ' s management is tracking the treatment of each resident room and common area. Interview with facility personnel reveal that, upon completion of the preventative treatment, they will begin to track any suspicious sightings and confirmations by pest management company by individual resident bed and document these through time.</p>	{C 164}		