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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NOWBER.	A. BUILDING: _		COMPLETED		
		HAL051061	B. WING		01/22/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ITE, ZIP CODE			
PROVIDENCE ASSISTED LIVING 4302 NC 210 SMITHFIELD, NC 27577							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPL	ĹETE	
D 000	Initial Comments		D 000				
	The Adult Care Licens annual survey on 01/2	sure Section conducted an 22/20.					
D 282	10A NCAC 13F .0904 Service	4(a)(1) Nutrition and Food	D 282				
	(a) Food Procurement Homes:	Nutrition and Food Service at and Safety in Adult Care g and food storage areas y and protected from					
	reviews, the facility fa areas were protected evidenced by the pres the dry goods storage	ns, interviews and record illed to assure food storage from contamination as sence of rodent droppings in					
	01/22/20 at 9:20am re -There were two black windowsillThere were some (5- on the top of a large, sugarThere were a few (10 rodent droppings on t storage container of f -There were several (k rodent droppings on the -10) brown rodent droppings closed storage container of 0-20) brown and black the top of a large, closed lour. greater than 25) black an empty bottom shelf in the ds storage area.					
		ther side of the dry goods					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		
		HAL051061	B. WING		0.	/22/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
PROVIDE	NCE ASSISTED LIVING	4302 NC	210			
		SMITHFI	ELD, NC 27577			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 282	Continued From page	e 1	D 282			
	for January 2020 on 0 -The pantry was to be -The January 2020 cl 01/11/20, 01/18/20, a -There was a column completing the cleani -There were no initial cleaning tasks on 01/ -There were initials de cleaning tasks on 01/ -The Kitchen Manage documented for the concept of the co	for staff to initial after ng tasks. s documented for the 04/20 and 01/18/20. ocumented next to the 11/20 and 01/25/20. er's (KM) initials were leaning tasks on 01/11/20. from a pest control company was treated for rats, mice, 0/24/19.				
	revealed: -She had not seen an storage areaShe had cleaned the -She had not noticed she cleaned the shelt -The staff who docum mopping the dry good made a mistake and sol/18/20 column.	nented sweeping and ds storage area on 01/25/20 should have initialed in the ted the facility, but she could				
	the exterminator who 10/24/19 revealed: -In October 2019, he Administrator regarding the building.	on 01/22/20 at 10:40am with treated the facility on received a call from the ng seeing rodents outside placed rat poison around				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		1 ' '	E SURVEY PLETED		
		HAL051061	B. WING		01	/22/2020		
	NAME OF PROVIDER OR SUPPLIER PROVIDENCE ASSISTED LIVING STREET ADDRESS, CITY, STATE, ZIP CODE 4302 NC 210 SMITHFIELD, NC 27577							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
D 282	the exterior of the buil in the kitchen and dry -He visited the facility -The facility was due -He or the Administral schedule his quarterly -His next visit to the face scheduled yet. Interview with the Adr 1:57pm revealed the sto be at the facility on Interview with the Adr 4:37pm revealed: -She went into the dry monthShe could not rement into the dry goods sto -She did not know abdroppings in the dry goods and droppings in the dry goodsA resident had report hallway in October 200 -She called the extern treat the facility for pe	Iding, and placed glue traps goods storage area. every three months. for a visit this month. tor placed the call to visits. acility had not been ministrator on 01/22/20 at exterminator was scheduled 01/24/20 at 1:00pm. ministrator on 01/22/20 at visits at 1:00pm. ministrator on 01/22/20 at 1:00pm.	D 282					

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