

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/24/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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
{D 000}	Initial Comments The Adult Care Licensure section and the Macon County Department of Social Services conducted a follow-up survey and a complaint investigation on 08/24/21.	{D 000}		
{D 079}	<p>10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes 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 facilities.</p> <p>This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION.</p> <p>Based on these findings, the previous Type B Violation was not abated.</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure the residents' rooms were free of hazards for 6 of 10 sampled rooms (Rooms 103, 207, 404, 405, 406 and 410) related to bed bug presence.</p> <p>The findings are:</p> <p>Review of the facility's Infection Prevention and Control Program for Beg Bugs dated 10/21/20 revealed: -Staff will immediately report to the Director of Resident Care if any resident verbalizes the presence of bed bugs or observes any signs of bed bugs in the community. -Signs of bed bug infestation may include: bug</p>	{D 079}		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/24/2021
--	--	---	--

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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
--------------------	--	---------------	---	--------------------

{D 079}	<p>Continued From page 1</p> <p>bites that appear as small itchy red bumps that may occur in a linear or cluster fashion, bug bites occur on skin that is exposed when an individual is sleeping,</p> <p>-Bug bite marks appear anywhere from 1 to 14 days after occurring, dark fecal spots or blood stains on bed sheets and around their hiding place, fecal stains, egg cases and/or shed skins in crevices or cracks on or near beds, and observation of bed bugs themselves which are small, oval, wingless insects that reach about ¼ inch in length, have flat bodies and are reddish-brown in color.</p> <p>-If the presence of bed bugs is suspected or a resident has verbalized a suspected presence of bed bugs in his/her apartment, the Director of Resident Care will notify the Executive Director (ED) and the Maintenance Director (MD).</p> <p>-The MD is responsible to coordinate actions to be taken in the community to minimize the spread of infestation and for extermination.</p> <p>-The MD is responsible to inform the Director of Resident Care of actions to be taken with residents and staff to minimize the spread of infestation.</p> <p>-If the presence of bed bugs is confirmed in a resident's apartment if a resident appears to have any skin lesions that resemble bed bug bites, the resident will be evaluated by a physician and physician's orders will be followed.</p> <p>-If the presence of bed bugs is confirmed, caregivers and housekeeping staff will follow the recommendations of the MD to minimize the spread of infestation.</p> <p>-If the resident is asked to relocate out of his/her apartment, then after the MD confirms that the bed bugs are eradicated the resident may move back to his/her apartment.</p> <p>-The MD, under the supervision of the ED will track and monitor cases of bed bug infestation,</p>	{D 079}		
---------	--	---------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/24/2021
--	--	---	--

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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
{D 079}	<p>Continued From page 2</p> <p>-Infestation eradication is the responsibility of the MD.</p> <p>Interview with a personal care aide (PCA) on 08/24/21 at 5:15am revealed:</p> <p>-She had worked at the facility for about 4 months and had seen bed bugs in various rooms since she started.</p> <p>-The resident rooms kept at warmer temperatures seemed to have the most trouble with bed bug infestation.</p> <p>-She knew of several resident rooms that had bed bug infestations which included rooms 405, 406, and the rooms in the middle of the 200 hallway.</p> <p>-The MD had sprayed different resident's rooms with a bed bug pest control spray purchased at a local retail store for bed bug treatment since she had worked in the facility.</p> <p>Observation in room 410 in the Special Care Unit (SCU) on 08/24/21 at 5:30am revealed:</p> <p>-There was one bed in the room occupied by a resident.</p> <p>-There was a small brownish colored bed bug crawling on the seat of the recliner.</p> <p>-There was a small brownish colored bed bug crawling on the wall between the recliner and the resident's bed.</p> <p>Observation of room 406 in the SCU on 08/24/21 at 5:35am revealed:</p> <p>-The first bed was unoccupied, and one bed bug was seen crawling on the bed sheet and 3 bed bugs were crawling on the wall closest to the unoccupied bed.</p> <p>-The upper corner of the wall separating the two residents beds was covered with dark brown spots of bed bug fecal residue.</p> <p>-The second bed was occupied by a resident who</p>	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/24/2021
--	--	---	--

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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
{D 079}	<p>Continued From page 3</p> <p>was in the bed with their eyes closed, with one bed bug seen crawling on the top sheet and 2 bed bugs crawling on the wall above the bed.</p> <p>Observation of room 405 in the SCU on 08/24/21 at 5:50am revealed a resident was lying in bed with their eyes closed, covered with a pink colored comforter with multiple bed bugs in various sizes crawling on the comforter.</p> <p>Observation of room 404 in the SCU on 08/24/21 at 6:00am revealed: -A resident was lying in the recliner chair with their eyes closed. -The residents bed had blood staining and/or bed bug fecal residue staining on the bottom sheet on the bed. -The second bed in the room was unoccupied.</p> <p>Interview with a Medication Aide (MA) on 08/24/21 at 6:05am revealed: -She saw several bed bugs in the past, but none recently. -An exterminator had been called a few months ago and they were in the facility to spray some of the rooms. -The last time she saw a bed bug in a resident's room was about a month ago. -She saw a bed bug in a resident's laundry hamper when she worked day shift about 3 weeks ago. -She reported both instances of seeing bed bugs to the MD.</p> <p>Observation of a resident in room 406 in the SCU on 08/24/21 at 6:15am revealed: -At least 10 bed bugs were on the resident's comforter, with one crawling on the resident's shirt on the chest area. -The comforter was removed from her lower legs</p>	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/24/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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
{D 079}	<p>Continued From page 4</p> <p>with 2 bed bugs noted on each side of her right leg on the bottom sheet.</p> <ul style="list-style-type: none"> -The left lower leg had multiple red bumps, scabbed areas, and red open sores. -Her right and left legs just below the knees had multiple red, raised bumps that appeared to be bed bug bite marks. -The bottom sheet had multiple blood stains and/or bed bug fecal residue stains. <p>Based on observations, interviews, and record review it was determined the resident in room 406 was not interviewable.</p> <p>Interview with the MD on 08/24/21 at 6:25am revealed:</p> <ul style="list-style-type: none"> -He purchased a bed bud spray from a local store and used it in rooms that he had seen or had reported to have bed bug activity. -The facility utilized a pest control company that came every other month to spray throughout and around the facility for generalized pests but did not include spraying for bed bugs. -A representative from the pest control company informed him that when an over the counter (OTC) product was used the bed bugs would often get immune to it. -The representative from the pest control company also informed him that continuing to use the OTC product would cause the bed bugs to travel from one room to another. -The pest control company came about 2 weeks ago and sprayed 15 rooms for bed bugs. -As soon as he was aware there was an issue of possible bed bugs in a room, staff removed all the linens. -The staff removed all the clothes from the room and dried them for 30 minutes, washed the clothes, then dried the clothes again. -They vacuumed behind the pictures and around 	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/24/2021
--	--	---	--

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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
{D 079}	<p>Continued From page 5</p> <p>the mattresses and bed frames.</p> <p>-Housekeepers wiped down objects in the room and mopped the floor.</p> <p>-He had most recently checked the rooms throughout the facility the previous morning for bed bugs.</p> <p>-He had been checking the rooms once or twice a week since discovery of the bed bugs in June 2021, but he had not checked the rooms during night time hours.</p> <p>-Heat treatment had been used in the facility several years ago, but the facility management was unhappy with the results, so they had not considered this as an option.</p> <p>Observation of room 103 in the Assisted Living (AL) Unit on 08/24/21 at 7:10am revealed:</p> <p>-A resident was observed in her bed with her eyes closed.</p> <p>-There was a small brownish colored bed bug crawling on her fitted bed sheet.</p> <p>-The bed bug was removed from the bed sheet with a tissue.</p> <p>-Staff assisted resident out of bed.</p> <p>-There was a small brownish colored bed bug crawling on her pillow inside the pillowcase.</p> <p>-There were four small dried blood dots and/or bed bug fecal residue staining noted at the bottom of the fitted sheet.</p> <p>-The Supervisor came into the room and observed the bed bug that had been removed from the fitted sheet with a tissue and the bed bug actively crawling on the pillow inside the pillowcase.</p> <p>Interview with the Supervisor in the AL unit on 08/24/21 at 7:13am revealed:</p> <p>-He had observed bed bugs in resident's rooms on the AL unit before.</p> <p>-"Today" was the first day he had seen any bed</p>	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/24/2021
--	--	---	--

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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
{D 079}	<p>Continued From page 6</p> <p>bugs on the AL unit for a few months. -He would notify the MD if he saw bed bugs.</p> <p>Observation in room 207 on the AL side on 08/24/21 at 7:14am revealed there were 2 dead bed bug carcasses lying on the floor behind the headboard of the bed.</p> <p>Interview with the resident in room 207 on 08/24/21 at 7:14am revealed: -He had not noticed any bed bugs "lately" since the facility's contracted local pest control company treated his room in June 2021. -The MD dried his bed linens in the dryer for 10 minutes on high heat before putting linens on his bed and he thought this helped to kill the bed bugs in the linen closet.</p> <p>A second interview with the Supervisor in the AL unit on 08/24/21 at 7:36am revealed: -The MD had been treating bed bugs in the facility for a while. -He had seen bed bugs in the AL unit, but never when in the SCU.. -He was not aware of any residents in the AL or SCU with bug bites or unexplained rashes.</p> <p>Telephone interview with the Environmental Health Program Specialist (EHPS) from the Health Department on 08/24/21 at 8:30am revealed: -She was made aware on 06/30/21 by an anonymous complaint that there were bed bugs in the facility. -She went to the facility on 07/06/21 around 3:30pm and made a full inspection. -She discovered bed bugs in multiple rooms and bed bugs in the facility storage unit. -She saw a large amount of bed bug defecation on the mattresses and in the seams of the</p>	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 08/24/2021
NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734		
(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
{D 079}	<p>Continued From page 7</p> <p>mattresses.</p> <p>-She spoke with the MD and stated that all the mattresses, chairs, cushions and bed frames with any type of tear in the fabric or split in the wood needed to be replaced.</p> <p>-Bed bugs were nocturnal and came out to feed at night.</p> <p>-Bed bugs did not like light so that was why they are not seen during the daytime.</p> <p>-If you find bed bugs during the day, it is most likely an infestation.</p> <p>-The OTC treatment the MD continued to get from a local store would not be effective because bed bugs became immune to it.</p> <p>-She gave the MD a copy of all the rooms where bed bug activity was found but did not keep a copy of it for herself.</p> <p>Interview with the Special Care Coordinator (SCC) on 08/24/21 at 9:49am revealed:</p> <p>-She was aware of the bed bug infestation on the Special Care Unit.</p> <p>-The MD had treated for bed bugs until recently when the facility's local pest control company had sprayed a few rooms.</p> <p>-The facility's policy for bed bugs was for staff to report bed bugs immediately to management, all bed linens were placed in a bag, furniture was moved outside, sprayed, and sat in the sun, and all pictures were removed from the wall.</p> <p>-If there was more than one resident to a room, both sides were treated for bed bugs.</p> <p>-She had never seen any bed bugs herself, but staff had reported bed bug sightings about 2 months ago.</p> <p>-Staff had not reported any bed bug sightings to her in the last 2 weeks.</p> <p>Telephone Interview with a representative from the contracted pest control company on 08/24/21</p>	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 08/24/2021
NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734		
(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
{D 079}	<p>Continued From page 8</p> <p>at 10:30am revealed:</p> <ul style="list-style-type: none"> -They went out to the facility on 06/29/21 specifically for a bed bug call. -Not all rooms were treated with chemicals on 06/29/21, only the specific rooms identified with bed bug activity by the facility or the pest control representative. -They went out to the facility on 07/08/21 specifically for a bed bug call. -Not all rooms were treated with chemicals on 07/08/21, only the specific rooms identified with bed bug activity by the facility or the pest control representative. -The pest control company returned to the facility for a follow up on 07/19/21. -Chemical treatment was required for active bed bugs in several rooms that were all located on one hallway in the SCU. -They returned to the facility on 08/13/21, but had no sign of bed bug activity, so chemical treatment was not required. <p>Interview with the housekeeper on 08/24/21 at 11:07am revealed:</p> <ul style="list-style-type: none"> -She had been treating linens for bed bugs since she started working for the facility just over a year ago. -The MD would instruct her which residents linens needed to be treated for bed bugs. -She recently treated linens in 5 resident's rooms (rooms 306,401, 406,408, and 410) on the SCU. -Treating the linens included drying the linens on high heat for 20 minutes in the dryer, then washing the linens, and placing the linens back in the dryer to dry. -She was not currently treating any linens in resident rooms for bed bugs. -She often found blood stains and/or bed bug fecal residue on the bed linens and pillow cases from the bed bug bites while washing laundry. 	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/24/2021
--	--	---	--

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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
{D 079}	<p>Continued From page 9</p> <p>Interview with the ED on 08/24/21 at 2:40pm revealed: -He had first seen bed bugs at the facility about 4 years ago. -He was not aware of any bed bugs in the facility until June 2021. -He and the MD were checking resident rooms during the day for bed bugs multiple times a week. -He and the MD were not checking resident rooms at night. -The pest control company was most recently at the facility on 08/13/21 and found no problems. -He thought they had resolved this issue. -No staff had reported seeing bed bug activity to him.</p> <p>Interview with the facility's contracted Nurse Practitioner on 08/24/21 at 3:12pm revealed: -She had never seen any bed bugs when she visited the facility. -The facility had texted her a picture the morning of 08/24/21 of sores on a residents leg in room 406 on the SCU. -The open and scabbed sores on the residents left leg in room 406 on the SCU could be caused by scratching from bed bug bites. -Open sores from scratching could cause increased risk of infection.</p> <hr/> <p>The facility failed to ensure resident rooms were free of hazards related to bed bugs by not having all resident rooms professionally treated resulted in continued bed bug activity observed in rooms in the SCU and AL unit which included bed bugs crawling on a resident, on the sheets, inside a pillow case, on a recliner, on the walls, and bed bug residue in the rooms. This failure was</p>	{D 079}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/24/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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
{D 079}	Continued From page 10 detrimental to the health, safety, and welfare of the residents and constitutes an Unabated Type B Violation. _____ The facility provided a plan of protection on 08/24/21 in accordance with G.S.131D-34 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 8, 2021.	{D 079}		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to ensure the residents received care and services that were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to housekeeping and furnishings. The findings included: Based on observations, interviews and record reviews, the facility failed to ensure the residents' rooms were free of hazards for 6 of 10 sampled rooms (Rooms 103, 207, 404, 405, 406 and 410) related to bed bug presence. [Refer to Tag 0079,	{D912}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/24/2021
--	--	---	--

NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
---	--

(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
{D912}	Continued From page 11 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings (Unabated Type B Violation)].	{D912}		