Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			X3) DATE SURVEY COMPLETED		
		HAL010007	B. WING		08/1	8/2015		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
LELAND HOUSE 1935 LINCOLN ROAD LELAND, NC 28451								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
C 000	Initial Comments		C 000					
	Based on information was first licensed on as a Home for the Aincluding a 24 Bed this information, the meet the applicable Licensing of Adult C Beds and applicable of the North Carolin Institutional Occupations and Reg	a Complaint Investigation Cates on August 18, 2015. on from our files, this facility r submitted on June 25, 1996 Aged, licensed for 78 residents Special Care Unit. Based on a facility is being required to a portions of the 2005 Rules for Care Homes of Seven or More be portions of the 1996 Edition, a Building Code(s), ancy, and the 1996 Minimum ulations for Homes for the ane of initial licensure.						
	2- The facility has b 3- Residents who a	ges: is being renovated at once. led bugs in at least 20 rooms. re able are not allowed to leg to wait for someone to open						
	The Complaint is S	ubstantiated						
		SUBSTANTIATED however, are SUBSTANTIATED.						
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164					
		es shall: ings, and floors or floor n and in good repair;						

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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:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	5. 56.4.25116H	.DERTH TO CHOIN HOMBER.	A. BUILDING: 01			
		HAL010007	B. WING		08/1	; 8/2015
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE		
LELAND HOUSE 1935 LINCOL						
(VA) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	NC 28451	PROVIDER'S PLAN OF CORRECTION	N.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From page 1		C 164			
	(3) have furniture clean and in good repair;(e) This Rule shall apply to new and existing facilities.					
	records, and intervi has failed to mainta hazards. This defici	et as evidenced by: rations, review of facility ew with the staff, the facility in the facility clean and free of ency may affect all residents, ho may come in contact of the				
	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.					
D 338	10A NCAC 13F .09	09 Resident Rights	D 338			
	all residents guaran Declaration of Resident	09 Resident Rights shall assure that the rights of steed under G.S. 131D-21, dents' Rights, are maintained sed without hindrance.				
	staff, the facility has	rations and interviews with the sfailed to allow residents who dire-enter the building freely				
	require a punch coo	T doors are locked and de to open the doors. The to residents, who are e let out of or into the facility.				
	Note: In order to en	sure their dignity, residents				

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GMP121 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED		
						;		
		HAL010007	B. WING		08/1	8/2015		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
LELAND HOUSE 1935 LINCOLN ROAD LELAND, NC 28451								
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D 338	that have the ability the facility and grou hazardous or off lin without need for as The use of special facility or on exit or free movement by t devices or accesso	ge 2 It to move freely through out ands (except areas deemed nits) shall be given that ability sistance from staff or visitors. locking devices within the entrance doors will prevent the residents. Optional ries can be added to the cess without the assistance of	D 338					

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Division of Health Service Regulation STATE FORM