

Division of Health Service Regulation

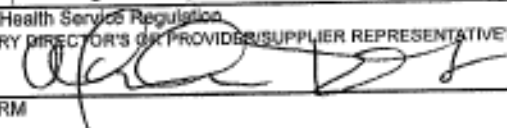
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|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025035 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED C 08/06/2015 |
|--|---|---|---|

NAME OF PROVIDER OR SUPPLIER
NEW BERN HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
**2915 BRUNSWICK AVENUE
NEW BERN, NC 28562**

| (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>Report of a Construction Complaint Survey by Ed Miller and Billy Bryant on August 6, 2015.</p> <p>Records indicate this facility was either first licensed or submitted for licensure as a Home for the Aged on March 1, 1980. The facility underwent an addition of two wings in 1983. Currently the facility is licensed for a total capacity of 108 beds, therefore the facility must meet the 1977 and the applicable components of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 (w/revisions) North Carolina State Building Code for Institutional Occupancy.</p> <p>The complaint alleged that the facility was infested by bed bugs.</p> <p>The complaint was substantiated. Deficiencies were cited which will require a plan of correction.</p> | C 000 | <p>CONSTRUCTION SECTION SEP 17 2015 RECEIVED</p> | |
| C 166 | <p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, record review and interview with Executive Director, and regional Manager the facility failed to provide an environment in accordance with this Rule by having bed bugs in some residents' rooms. Findings on August 6, 2015:</p> | C 166 | | |

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



TITLE: **Executive Director** DATE: **9/17/2015**

SEP 17 2015

PRINTED: 09/04/2015
FORM APPROVED

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER NEW BERN HOUSE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2915 BRUNSWICK AVENUE NEW BERN, NC 28562 | | |
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| C 166 | Continued From page 1 a. Records and interview revealed bed bugs had been previously observed in April 2015. b. The current infestation of bed bugs, discovered by staff, appeared around the end of June. On July 1, staff began looking at every room for signs of bed bugs. c. 26 rooms were initially identified and on July 22, 2015, and July 29, 2015, additional rooms were added. d. The source of the infestation has not been determined. e. The following is a list of treated room that have been deemed clear of bed bugs as of August 6, 2015. i. Bedroom 38, ii. Bedroom 39, f. The following is a list of treated room as of August 6, 2015. i. Bedroom 42, ii. Bedroom 44, iii. Bedroom 45, iv. Bedroom 48, v. Bedroom 49, vi. Bedroom 51, vii. Bedroom 52, viii. Bedroom 56, g. The following is a list of rooms that are actively being treated as of August 6, 2015. i. Bedroom 46, ii. Bedroom 55, iii. Bedroom 63. h. The following is a list of rooms that have been identified with bed bugs and have not been treated as of August 6, 2015 i. Bedroom 40, ii. Bedroom 58, iii. Bedroom 71, iv. Bedroom 72. | C 166 | Rooms with Activity were identified by the buildings pest control company. The mattresses, furniture, bed frames and other items were disposed of when deemed necessary. The facilities pre treatment protocol, as well as, post treatment protocol was followed. In the future, when pests are suspected the pest control company will be notified immediately and treatment will begin as soon as possible. Responses to the cited deficiency does not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set-forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State Law. | 7/30/2015 - 8/25/2015 Ongoing |