

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ONSLOW HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE JACKSONVILLE, NC 28546
---	--

(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 Complaint Survey by Ed Miller on September 20, 2016.</p> <p>The Complaint alleged that the facility had roaches in the resident's area.</p> <p>Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about September 18, 1986 for One-Hundred Sixty (160) Beds. Based on the above information, the facility is required to meet the 1984 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Revision 5) Section 409- Institutional Occupancy- Unrestrained Deficiencies were cited during the Survey and further action is required.</p> <p>The Complaint was substantiated.</p> <p>Deficiencies were cited during the Survey and further action is required.</p>	C 000		
C 110	<p>Construction-Meet Sanitary Requirements</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>(e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and</p>	C 110		

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: HAL067023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2016	
NAME OF PROVIDER OR SUPPLIER ONSLOW HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE JACKSONVILLE, NC 28546		
(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 110	<p>Continued From page 1</p> <p>Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost.</p> <p>This Rule is not met as evidenced by: 1- Based on observations, the facility was not in compliance with The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions" Specifically 15A NCAC 18A .1317 (a) [which requires that] Effective measures shall be taken to keep... vermin out of and to prevent their... presence on the premises.</p> <p>Findings on September 20, 2016</p> <p>a. Exterior Mech Room near Kitchen - the metal doors won ' t close tightly and are rusted out in several areas. Gaps and holes in the building envelope allows pests and vermin an easy entry place.</p> <p>b. Exterior Mech Room near Kitchen - the exterior wall has many holes and gaps around pipe and electrical installations. Gaps and holes in the building envelope allows pests and vermin an easy entry place.</p> <p>c. Entire Building - most of the PTAC units have not been sealed against pest and vermin entry.</p> <p>d. Courtyard - the double doors into the courtyard had gaps between their leafs. Gaps and holes in the building envelope allows pests and vermin an easy entry place.</p>	C 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ONSLOW HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE JACKSONVILLE, NC 28546
---	--

(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 166	Continued From page 2	C 166		
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, the facility failed to keep the facility free of obstructions and hazards. Findings on September 20, 2016:</p> <p>a. Dining Room - there was a floor drain near the back Kitchen door had a grate at least 3/4 inch below the finish floor, creating a tripping hazard.</p> <p>2. Based on observation, review of documentation and interview of Executive Director, the facility failed to keep the facility uncluttered and clean resulting in the presence of roaches and vermin in multiple locations in the facility.</p> <p>Findings on September 20, 2016:</p> <p>a. Corridor near Managers Offices - there were dead roaches in the ceiling light fixture.</p> <p>b. Break Room - the vending machines had food debris in there dispensing ports.</p> <p>c. Corridor handrails - the space between the wall and the handrail had food debris build-up.</p> <p>d. .Kitchen - mice and roach dropping were noted in the Pantry.</p> <p>e. Kitchen - drawers with utensils have food debris in them.</p> <p>f. Kitchen - plastic tubs need through cleaning.</p>	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ONSLOW HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE JACKSONVILLE, NC 28546
---	--

(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 166	<p>Continued From page 3</p> <p>g. Kitchen - trash on table shelf instead of trash can.</p> <p>h. Pantry - the supply of cooking oil was leaking on to the floor for some time.</p> <p>Based on observation, the facility failed to keep the facility clean and orderly.</p> <p>Findings on September 20, 2016:</p> <p>a. Dining Room - the large HVAC returns are all most completely closed up with lint.</p> <p>b. Dining Room - there was a floor drain was over 50 percent closed.</p>	C 166		