

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/21/2016
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NAME OF PROVIDER OR SUPPLIER NANAS ASSISTED LIVING FACILITY # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 2270 OAKLAND ROAD FOREST CITY, NC 28043
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(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
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C 000	<p>Initial Comments</p> <p>Report of Complaint Survey by Dennis Harrell on 7-21-2016.</p> <p>Records indicate that this facility was first licensed on 8-1-1968, for 44 residents. Based on this information, we are requiring the facility to meet the 1967 Edition of the North Carolina State Building Code, the 1971 Rules for the Licensing of Adult Care Homes, and the applicable portions of the 2006 Regulations for Adult Care Homes of Seven or More Beds.</p> <p>The complaint alleged that bed bugs were present in 15 rooms.</p> <p>The complaint was substantiated and deficiencies were cited that will require a plan of correction.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean; Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <ol style="list-style-type: none"> (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on interview with staff, the facility was not maintained clean due to the presence of bed bugs.</p> <p>Findings include:</p> <ol style="list-style-type: none"> a. Bed bugs had been seen in 15 resident bedrooms. b. The facility either did not have or did not follow 	C 164	<p><i>The treatment has been done and rest home is free from bed bugs and protocol is followed.</i></p>	<p><i>10/11/2016</i></p>

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

Olivia Peppy TITLE *Owner* DATE *10/6/2016*

STATE FORM 695 GYZW21 If continuation sheet 1 of 2

Division of Health Service Regulation

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C 164	Continued From page 1 their bed bug protocol in that the bugs first were introduced in bags of donated clothing that were immediately distributed to the same 15 rooms. Note: A Plan of Protection to help prevent residents from being bitten was accepted.	C 164		