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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 C B. WING HAL099015 12/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **409 HARRISON AVENUE** PATRIOT LIVING OF YADKINVILLE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Complaint Survey by Glenn Hoppin on 12-07-2016. The complaint alleged the facility had bed bugs and was not adequately treating them. Records indicate this 50 bed HA was first licensed on 10-6-1983. The facility is required to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1978 NC State Building Code and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. The complaint was substantiated Deficiencies were cited that require a Plan of Correction. C 110 Construction-Meet Sanitary Requirements C 110 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (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 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

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | | | | | | |
| | | HAL099015 | B. WING | | C 12/07/2016 | | | | | | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET ADI | ORESS, CITY, S | STATE, ZIP CODE | | | | | | | |
| 409 HARRISON AVENUE | | | | | | | | | | | |
| PATRIOT LIVING OF YADKINVILLE YADKINVILLE, NC 27055 | | | | | | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL | PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | | | | |
| C 110 | Continued From page 1 | | C 110 | | | | | | | | |
| | Center, Raleigh, North Carolina 27699-1632 at no cost. | | | | | | | | | | |
| | "Rules Governing the Nursing and Rest H Sanatoriums, and E Institutions" Specific [which requires that | in compliance with The ne Sanitation of Hospitals, omes, Sanitariums, ducational and Other cally 15A NCAC 18A .1317 (a) Effective measures shall be min out of and to prevent their | | | | | | | | | |
| | place describing what taking to prevent be | nave an effective policy in lat measures the facility is led bugs from entering the acility would mitigate a bed | | | | | | | | | |
| | Findings on 12/07/2016 | | | | | | | | | | |
| | 12/07/2016 the facil bedbugs using fogg heat treatment. No | ews with the administrator on ity was self treating for iers, diatomaceous earth, and written documentation of the available at the time of the | | | | | | | | | |
| | with Yadkin County | ews with the administrator and Environmental services, bed esent in the facility since at | | | | | | | | | |
| | interviews with the | nentation reviewed and administrator, the last bedbug sed pest control technician | | | | | | | | | |

6899

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4. Based on direct observation Room 24 was

If continuation sheet 2 of 3 FLKO21

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | | | | | | |
|---|--|---|---------------------|--|--|-------------|--|--|--|--|--|--|
| | | | A. BUILDING: | 01 | | | | | | | | |
| | | HAL099015 | B. WING | | 12/0 | ; 7/2016 | | | | | | |
| NAME OF I | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | | | | | |
| PATRIOT LIVING OF YADKINVILLE 409 HARRISON AVENUE | | | | | | | | | | | | |
| YADKINVILLE, NC 27055 | | | | | | | | | | | | |
| (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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY) | RECTIVE ACTION SHOULD BE COMPLETE RENCED TO THE APPROPRIATE DATE | | | | | | | |
| C 110 | Continued From page 2 | | C 110 | | | | | | | | | |
| C 110 | heavily treated with bedbug and flea foot treatment was performed and not a lice. 5. Based on observing the mist from the formigrate into occupie. 6. Based on direct of were observed in received in received and the compart of the debugs (droppings found through out the separation of clean or other measures with bedbugs (foggers acaused the bedbugs (and the bedbugs). | diatomaceous earth and ggers. Interviews revealed the ormed by the maintenance nsed pest control professional. Vation and interview there was cility took measures to ensure orgers in room 24 did not ed areas. Observations live bedbugs from 8, room 23, room 3, room Observations evidence of and shell casings) were the facility. Observations there is no clear and dirty linen in the laundry to ensure that laundry infected not infect clean laundry. Vation the self treatment of and diatamacious earth), has so flee into the walls at the own molding creating a | C 110 | | | | | | | | | |
| | | | | | | | | | | | | |

6899

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