PRINTED: 10/25/2017 FORM APPROVED

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 10/04/2017 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 Construction Section Complaint Survey report by Frank Strickland on 10/04/2017: The complaint alleged that this facility has bed bugs. This facility was first licensed on 10/06/1983 for (50) FIFTY RESIDENTS. This 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

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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) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED							
			B. WING		(							
		HAL099015	<u> </u>		10/0	4/2017						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  409 HARRISON AVENUE												
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(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE						
C 110	Continued From page 1		C 110									
		ction, 1632 Mail Service orth Carolina 27699-1632 at no										
	compliance with Th Sanitation of Hospit Sanitariums, Sanat Other Institutions" S .1317 (a) [which red shall be taken to ke	et as evidenced by: ation, this facility is not in the "Rules Governing the tals, Nursing and Rest Homes, oriums, and Educational and Especifically 15A NCAC 18A quires that] Effective measures the pure seep vermin out of and to ing or presence on the										
	place describing what taking to prevent be	have an effective policy in nat measures the facility is ed bugs from entering the facility would mitigate a bed										
	appears that the me	2017: a Bed Bug Policy. However, it easures have not beem bed bugs were observed in										
	10/04/2017, this fac	iews with the administrator on cility has a contract with a Pest cany [PMC] to chemically treat										
	and Yadkin County bugs have been pre	views with the administrator Environmental services bed esent in the facility since at and continue to be present to										
	(d) Based on an in	terview with the administrator,										

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DIVISION	Division of Health Service Regulation										
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY							
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED						
				С							
HAL099015		B. WING		10/04/2017							
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TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROP		DATE					
				DEFICIENCY)							
C 110	Continued From page 2		C 110								
	the last bedbug treatment by the PMCwas										
	09/13/2017.										
	(a) Dacad an direct	observations Deems									
		observations, Rooms									
	3,7,9,12,13,17,18,24,25 & 26 that were reported in the 09/01/2017 Yadkin County Environmental Services Report have been chemically treated.										
	•	d casings were present in all of									
	the noted rooms.										
	f) Based on direct observations, Rooms 20 & 23										
	that were reported in the 09/01/2017 Yadkin										
	County Environmental Services Report still have										
	live bed bugs at the	time of survey.									
C 165	Housekeeping and	Furnishings-Sanitation Grade	C 165								
	FURNISHINGS (a) Adult care home (4) have a North C	06 HOUSEKEEPING AND es shall:									
	classification at all to or less and North C Environmental Hea	times in facilities with 12 beds									
	more; (e) This Rule shall facilities.	apply to new and existing									
		et as evidenced by: ation, this facility has failed to on score that is in compliance									
	Findings on 10/04/2 The current sanitati has a score of 80.5	ion report dated 09/01/2017									

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