PRINTED: 07/26/2018 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345416	B. WING _			l	C 22/2018	
NAME OF P	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE			
				14	2 BERMUDA VILLAGE DRIVE			
BERMUDA	A VILLAGE RETIREMEN	T CENTER		В	ERMUDA RUN, NC 27006			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	3	F	000				
F 812 SS=F	complaint investigation	e cited as a result of the on Event ID# QCCX11. tore/Prepare/Serve-Sanitary 2)	F 8	312			7/20/18	
	§483.60(i) Food safe The facility must -	ty requirements.						
	state or local authorit (i) This may include fifrom local producers, and local laws or regi (ii) This provision doe facilities from using p gardens, subject to co safe growing and foo (iii) This provision doe	red satisfactory by federal, ies. ood items obtained directly subject to applicable State ulations. es not prohibit or prevent roduce grown in facility ompliance with applicable						
	serve food in accorda standards for food se This REQUIREMENT by: Based on observation facility failed to label a failed to discard expir maintain a maintain to refrigerators, filed to a space and failed to p	is not met as evidenced on and staff interviews the and date open food items, red food items, failed to hermometers in maintain a clean working rotect food from possible denced by the failure of male ing chin guards and tivity.			1. In response to alleged Deficiencies E, K, of pest presence. Dietary Staff wi inform Pest Control Company within 24 hours of observance of any pests in an area of Dietary Services. The Dietary Swill keep a log of all Requests made to pest control company made to include date and time of occurrence. This log vimplemented July 1st 2018. These logs will be filed for one (1) year to insure pecontrol company is meeting the needs	II J y Staff vas s est		
ADODATODY	NIDECTOR'S OR PROVINER!	SUPPLIER REPRESENTATIVE'S SIGNATUR			TITLE		(X6) DATE	

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

Electronically Signed

07/11/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
		345416	B. WING _			06/22/2018	
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, C	CITY, STATE, ZIP CODE		
DEDMUD	A VIII LAGE DETIDEM	ENT OFNIED		142 BERMUDA VILL	AGE DRIVE		
BEKWUDA	A VILLAGE RETIREM	ENI CENIER		BERMUDA RUN, N	NC 27006		
(X4) ID PREFIX	(EACH DEFICIE	SUMMARY STATEMENT OF DEFICIENCIES ID EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX			PROVIDER'S PLAN OF CORRECTION		
TAG	REGULATORY (OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-RE	EFERENCED TO THE APPROPRIA DEFICIENCY)	NTE DATE	
F 812	Continued From pa	age 1	F 8	12			
				the Facility. D	Derek Cress (Dietary		
	1. During an initial	tour of the facility kitchen on		manager) will	l ensure these logs are		
	6/19/18 at 10:14ar	n revealed:		accurate and location.	kept in an accessible		
	A. Upon using	the hand wash station #1, the					
		l to clog. Tiny ants were		Who will Mon	nitor the situation to ensure	; it	
		floating in the water that was not			pen again and frequency of	of	
		sink. 4 tiny ants were observed		monitoring.			
	_	around the sink. Below hand			(Dietary Manager) will		
		as a dried French fry and a			ections of all areas of the		
	rolled dried piece of	of food.			(2) a week for one (1)		
	D. E made etc	ff abancad activaly managina			est problem is controlled.		
		ff observed actively preparing the use of chin guard.			ager will Communicate with company each week to	1	
	1000 items without	the use of chill guard.			control needs are being me	ot	
	C. A strong o	dor of garbage was present			oblem is under control the	, i.	
		then while food was being			ager will check once (1) a		
	prepared.	mon mine roca mae zemig		-	g for pests and report any		
					st control company.		
	D. A service e	levator was observed as open					
	with boxes and a c	cart. The floor and walls of the		These checks	s will be documented and	will	
	service elevator v	was observed to have spills and		be reviewed i	in the QA committee X6		
	dirt. The outside of	of the service elevator was		months.			
		have missing tile that exposed					
	dirt build up where	the tile was missing.			nse to alleged Sanitation		
	F T. G				B, D, F, J. Dietary Staff is		
		insects and fly's activity was			aintain all Sanitation and		
	observed on the se	ervice elevator and the kitchen.			itions at all times. ust wear proper hair		
	F Δ dried sols	attered substance at service			ile in food preparation area	ae	
	1	1 behind the meat slicer and			rvisor will ensure all staff is		
	' '	The dried substance was			m to include proper hair		
		e wall and a across a dry eraser			ore entering any food		
		above a meat slicer and the food		preparation a	9		
	steamer.				nitor the situation to ensure	; it	
				does not happ	pen again and frequency of	of	
	G. The ice cre	eam refrigerator reveled no		monitoring.	•		
	temperature log ar	nd was observed to have no		Dietary Mana	iger and Dietary Superviso	ors	
	visible thermome	eter.		will require all	I staff to wear proper Hair		

OLIVILIV	O I OIT MEDIO/TITE &	WEDIO/ ND OLIVIOLO				CIVID IVC	7. 0000 000 1
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			7 t. BOILD	_		، ا	С
		345416	B. WING				22/2018
NAME OF PI	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PEDMIID	A VILLAGE RETIREMEN	T CENTED		14	42 BERMUDA VILLAGE DRIVE		
BERMODA	A VILLAGE RETIREMEN	TGENTER		В	ERMUDA RUN, NC 27006		
(X4) ID		FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 812	Continued From pag	e 2	F	812			
					restraints while in any food service area	a.	
	H. Observation of	of reach in refrigerator #1			Any Employee not wearing proper hair		
		ure log located on the outside			restraints will be asked to leave food		
		ature log located on the door			service area until they have proper Hai	r	
	_	corded a temperature of 38			restraints are on.		
	•	6/20/18 on 6/19/18. Reach in			D,F)A Deep clean was conducted durin	g	
	_	bserved to not have a visible the inside. The following items			the survey over two days		
				(6/20/18-6/21/18). All Surfaces must be Cleaned and Sanitized on a Daily Basis			
		were observed out of date; 1 carton of butter milk with an expiration date of 6/14/18, 4 containers of			An In-service was conducted on 7/6/18		
	-	a preparation date of			with entire staff to go over new		
		e by date of 6/17/18, 2			procedures and to educate each staff		
	containers labeled "c				member on proper sanitation procedure	es.	
	preparation date of 5				A Daily Maintenance of Sanitation and		
	of 6/15/18, whipped t	topping in a bag that was			Safety procedures has been implement	ted	
	open and not sealed	• •			and is to be followed daily. Deep cleani	ng	
		by date of 6/17/18 and a			will happen on a Monthly Basis on the		
	pack of gouda chees				third Sunday and Tuesday of each mor		
	of 5/31/18 and no us	e by date.			This deep cleaning will be monitored by		
	I Proporation of	station #1's refrigerator			the Dietary supervisors and checked by	/	
		station #1's refrigerator nermometer. 2 zip lock bags			Derek Cress (Dietary Manager).		
		vith a preparation date of			Who will Monitor the situation to ensure	ı it	
		by date. It further revealed			does not happen again and frequency		
		ms unlabeled and undated. A			monitoring.		
		ondiments in squeeze			Dietary Manager will conduct inspection	าร	
	bottles had no expira				of kitchen twice (2) a week for a month		
	were observed as sti	cky and unclean.			Once (1) a Week thereafter to ensued a	all	
					proper sanitation and safety procedure		
	_	od over the grill was observed			are being maintained. All Surfaces mus		
		r of grease. The dark brown			be cleaned and Sanitized Daily. Dietary	/	
		ed to drip from the walls of the			Manager will Check all Daily Cleaning		
	range hood and drip	ONIO THE HOOF.			Checklist to ensure their accuracy.		
	K. The stairwell	leading to the compactor, dry			These checks will be documented and	will	
		refrigerator and walk in			be reviewed in the QA committee X6		
	freezer had areas o	f black substance underneath			months.		
	the second set of sta	irs. A strong odor of					
	garbage could be	smelled when the stairwell			J) The Range Hood System will be		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345416	B. WING	 	0	C 6/22/2018	
	ROVIDER OR SUPPLIER	T CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 142 BERMUDA VILLAGE DRIVE PERMUDA PUN NC. 27006		·	
				BERMUDA RUN, NC 27006			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 812	Continued From page	e 3	F 81	12			
F 812	was entered. Small f present in the stairwed. L. Dry food storat the door open and fly smaller flying insect flying in the hallway a area. The dry sto penne noodles that we it was opened or date. M. The double do compactor was observed to be tween the doors. The dry sto between the doors. The dry sto between the doors. The dried brown substantial bags and items in the covered in many small flying observed to be landing compactor and entering compactor and entering compactor shoot observed to be in a post of the building. The contained a shoot to was observed to the pit containing the substance covering of standing water. The observed in the pit	ge area was observed with activity was present. The and flies were observed be and in the dry food storage rage area had one bag of vere sealed but had no date it would expire. The and flies were observed be and in the dry food storage rage area had one bag of vere sealed but had no date it would expire. The cors leading to the facility rved as not fully close as doors not joining leaving a gap of the area surrounding the evealed a blue cart with the sing in the laundry bags were enging from the bags and had a see on them. The laundry is bags were observed be all flying insects and flies. Ing insects and flies were any on items around the ng and exiting the it. The compactor was it located in the basement of mpactor had no cover and dispose of waste. The shoot be covered in food items. It is compactor had a black is given items were also around and under the	F 81	professionally cleaned every the Months. If more maintenance is we will change the frequency or professional cleaning to ensure cleanliness at all times. The Rasystem has been Professionall on 7/23/18 Who will Monitor the situation to does not happen again and free monitoring. Derek Cress (Dietary Manager) the Range hood system month. 3. In response to alleged importence of perfection of the importance of perfection of the importance of perfection of the importance of perfection. All Staff Attended the in-service. All Staff Attended the in-service. All refrigeration units maintain a working visible them All Dietary Staff must label all of food items with a start or prepared in the proper label of the importance of perfigeration tempored items. Supervisor check all coolers for proper label dating and refrigeration tempored accuracy each shift ongoing. Desired in the professional coolers for proper label dating and refrigeration tempored accuracy each shift ongoing.	s required of the of proper onge Hood of Cleaned of Cle		
	area had a sign on th door closed". These open and lead outside	doors were observed be		(Dietary Manager) will check eatwice a week to maintain accurate labeling and dating and refriger temperature accuracy. All Logs filed for the period of one (1) years.	acy of ation will be		

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
				_		، ا	c
		345416	B. WING				22/2018
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	22/2010
					42 BERMUDA VILLAGE DRIVE		
BERMUDA	A VILLAGE RETIREMEN	T CENTER			SERMUDA RUN, NC 27006		
0401-	CUMMA DV CT	CATEMENT OF DEFICIENCIES			<u> </u>		0/5)
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFI	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	E	(X5) COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRI	ATE	DATE
					DEFICIENCY)		
F 812	Continued From page		F	812			
		he was responsible for			Who will Monitor the situation to ensure	e it	
		rage. He indicated dietary			does not happen again and frequency	of	
		evening manager and			monitoring.		
		ility of removing expired			Dietary Supervisors will Monitor all		
		s a week. He stated any item			Temperature Logs, Proper Labeling an		
		uld be resealed and dated.			Dating, Proper Stock Rotation and Fric	lge	
		on for the fly activity in the			temperatures and Thermometers on a		
		naintenance staff, facility staff			Daily Basis. Dietary Manager will chec		
		ould come through the			Temperature logs, Proper Labeling and		
		Dating and Proper Stock rotation Twice	9				
		sing the exterior doors			(2) a week for one (1) month and then		
		the compactor area. He			once (1) a week thereafter.		
		the compactor was strong			These shocks will be decumented and	will	
		son for the odor in the revealed the laundry bags			These checks will be documented and be reviewed in the QA committee X6	WIII	
	•	plue container were from the			months.		
	kitchen. He stated that				monuis.		
		n Thursdays and would			4. In response to alleged Deficiencie	s C	
		e indicated the compactor			L, M of proper well maintained Facilitie		
		that the kitchen laundry had			The Maintenance crew has removed a		
	always placed after u				stored equipment and cleaned all facili		
	, ,				leading downstairs and in the vicinity o		
	During an interview a	and observation with the			the compactor. The Maintenance crew	is	
		DON) and the Assistant			repairing all necessary facilities to rem	ove	
	Director of Nursing (A	ADON) on 6/19/18 at 11:27			waste smell. New doors were installed	on	
		aff were without chin guards			7/11/2018, this will prevent the waste		
	that should have bee				smell and any pest from coming inside		
		in refrigerator #1 and the ice			facility. The Stairwell is being sanded a	and	
	cream refrigerator re				repainted to maintain facilities. All		
		ON and the ADON revealed			downstairs facilities are being sanded		
		t required removal from the			repainted. All parts and materials have		
	_	e food items identified as			been ordered and work will be well	_	
		date and use by date. The			underway by 7/20/2018. A Wall is bein	g	
		s in laundry bags located			built around the waste compactor to	or	
	,	r were not residents clothing			separate the waste compactor from oth	IEI	
		revealed there was insect			areas of the facility. All parts and materials have been ordered and this		
	_	e of the laundry bags and gs. They indicated the dirty				ho	
	misiue me iaununy Da	go. They indicated the difty			work will be underway by 7/20/2018. T	11 C	1

kitchen supplies shouldn't have been in the area

Laundry bags will be stored in area beside

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION		SURVEY PLETED
		345416	B. WING			1	C / 22/2018
NAME OF P	ROVIDER OR SUPPLIER	0.0	<u> </u>	STF	REET ADDRESS, CITY, STATE, ZIP CODE	1 00	12212010
	10115211 011 001 1 21211				2 BERMUDA VILLAGE DRIVE		
BERMUDA	VILLAGE RETIREMEN	T CENTER			ERMUDA RUN, NC 27006		
				DL			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 812	Continued From page	e 5	F 8	12			
	around the compacto	r.			the compactor, the addition of new doc and cleanliness of compactor area will	ors	
During an interview with the facility Maintenance Assistant #1 on 6/20/18 at 8:15am an observat					limit any exposure to pests.		
	was conducted of the facilities compactor and double doors leading to the compactor.				Who will Monitor the situation to ensure does not happen again and frequency		
	Maintenance Assistar	nt #1 revealed he did not			monitoring.		
	provide any maintenance regarding the facility				Dietary Manager will check on all Facil	ities	
		ot been made aware of the			once (1) a week for one (1) month and		
		ing. Maintenance Assistant			Twice (2) a month thereafter to ensure		
		the laundry bags placed			Maintenance has repaired all necessar		
	outside the compacto				Facilities. Dietary Manager will report a	ıny	
		nt #1 described the rag as and had food on them. He			Maintenance issues immediately to	20	
	_	tor did not have a cover but		Maintenance Supervisor and Monitor the progress of each issue. Dietary Manager			
	a drop slot that remai				will check that laundry storage area is	Ci	
		ash bags were located			clean and free of pests once (1) a wee	k	
		ontaining the laundry directly			for one (1) month and every two (2)	•	
		in front of the compactor			weeks thereafter.		
		ing insects and flies were					
	present.				These checks will be documented and be reviewed in the QA committee X6	will	
	During an Interview w	vith the Maintenance Director			months.		
	on 6/20/18 at 8:30am	an observation was					
	conducted of the facil	ities compactor. The					
		stated he was not made					
		eading to the compactor					
		on observation of the double					
		ce director stated that the					
	_	replaced. The facility had					
	•	ervices but he was unaware					
	if pest control treated						
		indicated the items in the					
	, , , , ,	ed to be towels. He stated if lad been brought down for					
	_	they should not have					
		He sated they cleaned the					
		npactor every 2 months and					
	wash it down every 4						

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3	, ,	TE SURVEY MPLETED
		345416	B. WING			C 6/22/2018
	ROVIDER OR SUPPLIER	NT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 142 BERMUDA VILLAGE DRIVE BERMUDA RUN, NC 27006	, ,	0/22/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 812	Continued From page		F 8 ⁻	12		
	· ·	ed up for servicing. The or stated he was not made activity.				
		ervation of the facilities meal rom 11:30am to 12:01pm				
	Staff #3 and Dietary to have facial hair a	#1, Dietary Staff #2, Dietary Assistant #1 were observed and no chin guards were worn. staff were observed to actively				
	covered in a layer of	nood was observed as figrease to be dripping from pors.				
	2:45pm revealed all to have a thermome a thermometer on the The temperature log was an oversight by that he filled in the detemperature log and temperature on the Assistant stated that facial hair had not be he did not think it was indicated it was suppand in restaurants the guards. He further slaundry bags located items that were support in outside agency pick up the ones use	ry Assistant #1 on 6/20/18 at refrigerators were supposed ter. He stated there was not be sandwich line refrigerator. In dated for 6/20/18 on 6/19/18 dietary staff. He indicated ate of 6/20/18 on the staff had placed the incorrect date. The Dietary is the male dietary staff with een wearing chin guards and as required. He further cosed to be restaurant style ney don't have to wear chin stated the laundry collected in the dietary staff with end to be incorrected in the stated the laundry collected in the dietary staff with end to be incorrected in the dietary staff with each wear chin stated the laundry collected in the dietary staff with end to be incorrected in the stated the stated in the stated in the stated, it them down there". He				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION	· '	TE SURVEY MPLETED
		345416	B. WING			C 6/22/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC 142 BERMUDA VILLAGE DRIVE BERMUDA RUN, NC 27006	•	0/22/2016
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 812	facility had implem bug zapper in the has tared a mixture a attracted the insect revealed hand was clogged and he has tated pest control regularly bug activithe dishwashers to daily. Dietary Assigarbage had alway unaware of the cleacompactor. Interview with the I 3:41 pm revealed increation date and a opened items. He observation for expand his staff monitor revealed that once should be labeled indicated dietary standed to be fixed make a maintenan. Interview with the oprovider on 6/20/18 provided services are identified the srungus gnat". He fly light that was plated that upon remoted that the light inquired why the light inquired why the light inquired that facility	t issue. He indicated the ented interventions to include a nallway and dietary staff had and placed it the kitchen that its. The Dietary Assistant th station #1 tended to get do not notified maintenance. He had come out and sprayed ity. It was the responsibility of clean the service elevator stant #1 stated the odor of its been an issue and he was aning schedule for the facility. Dietary Manager on 6/20/18 at it was expectation that a it was expectation t	F &	312		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	(X:	3) DATE SURVEY COMPLETED
		345416	B. WING_			C 06/22/2018
NAME OF PR	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, Z	IP CODE	00/22/2010
DEDMUD/	VII I ACE DETIDEMEN	TOFNITED		142 BERMUDA VILLAGE DRIVE		
DEKINUUF	A VILLAGE RETIREMEN	CENTER		BERMUDA RUN, NC 27006		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN ((EACH CORRECTIVE CROSS-REFERENCED DEFICE)	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 812		not fully close. He further	F 8	312		
	collected in the comp commonly placed the the laundry bags with flies due to the moist would breed in moist food. He stated he harea eating food item kitchen floor. He furt had no lid and as a re had an easy way in a stated that due to the adequately closing the migrate into other are storage, and the servi-	e flying insects would eas to include the dry food rice elevator that he spills from trash being				
F 814 SS=F	revealed it was her e be in refrigerators an visible. She further s that staff would have that the double doors were not adequately measures to prevent activity. The DON remaintenance or pests front desk so that a rethe appropriate deparevealed it was her e with facial hair wear a kitchen and soiled lat around the compactor.		F 8	314		7/20/18
SS=F	UFK(5). 403.0U(1)(4)					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345416	B. WING		C 06/22/2018
NAME OF PI	ROVIDER OR SUPPLIER		<u>'</u>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/11/10
DEDMIID	VIII LACE DETIDEMEN	IT CENTED	'	142 BERMUDA VILLAGE DRIVE	
DEKINUUA	A VILLAGE RETIREMEN	II CENTER	1	BERMUDA RUN, NC 27006	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	
F 814	Continued From pag	e 9	F 814	ı	
	properly.	se of garbage and refuse T is not met as evidenced			
		on and staff interviews the		In response to alleged deficiencience	29 A
		re garbage and refuse was		B, C of proper maintenance of garbag	
		and failed to maintain the		facilities. The Maintenance crew has	
		or 1 of 1 trash compactors.		removed all stored equipment and	
		·		cleaned all facilities leading downstain	rs
	The findings included	d:		and in the vicinity of the compactor. T	he
				Maintenance crew is repairing all	
	1. During an initial tour of the facility kitchen on			necessary facilities to remove waste	
	6/19/18 at 10:14am r	revealed:		smell. New doors were installed on	
				7/11/2018, this will prevent the waste	
		r of garbage was present		smell and any pest from coming insid	
	_	en while food was being		facility. The Stairwell is being sanded	and
	prepared.			repainted to maintain facilities. All	
	D. The etainmell	1		downstairs facilities are being sanded	
		leading to the compactor, dry		repainted. All parts and materials have	
	freezer had areas of	refrigerator and walk in black substance		been ordered and work will be under	·
		nd set of stairs. A strong		by 7/20/2018. A Wall is being built are the waste compactor to separate the	Julia
		d be smelled when the		waste compactor from other areas of	the
		tered. Small flying insects		facility. All parts and materials have b	
	and flies were presen			ordered and this work will be underwa	
	aaooo. p. ooo.			7/20/2018. The Laundry bags will be	-, -,
	C. The double d	oors leading to the facility		stored in the new area beside the	
		erved as not fully close as		compactor, the addition of new doors	and
	evidenced by the do			cleanliness of compactor area will lim	
		The area surrounding the		any exposure to pests. The Laundry I	
	facility compactor rev	vealed a blue cart with		will be picked up on a weekly basis by	y
		ems in the laundry bags were		outside agency. The area around the	
		ing from the bags and had a		compactor and main drain will be pow	
		tance on them. The laundry		washed and cleaned every two month	-
	_	e bags were observed be		the maintenance crew beginning July	
	covered in many sma			2018. All Doors will remain closed at	all
	-	ing insects and flies were		times unless waste management	
	observed to be landi	_		company is collecting waste. All Dieta	
	compactor and enter	ing and exiting the		staff will report all Facility maintenance	e

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7 50.25			С	
		345416	B. WING _			06/22/2018	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS	S, CITY, STATE, ZIP CODE	1 00:22:20:0	
				142 BERMUDA V	/ILLAGE DRIVE		
BERMUDA	A VILLAGE RETIREME	NT CENTER		BERMUDA RUI	N, NC 27006		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PI	ROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG	,	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI) TAG		CH CORRECTIVE ACTION SHOULD E S-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	
F 814	Continued From page	ge 10	F 8	14			
	compactor shoot. To be in a pit lobuilding. The comp contained a shoot to shoot was observed. The pit containing the substance coverareas of standing wobserved in the pit compactor. An outstarea had a sign on a door closed". The sopen and lead outsing the kitchen was defacility staff and delight through the basement Dietary Assistant indexterior doors allow compactor area. He compactor was strought for the odor in the under the laundry bags state container were from an outside agency of Thursdays and wou indicated the compactor.	The compactor was observed ocated in the basement of the actor had no cover and odispose of waste. The of to be covered in food items. The compactor had a black ering the ground along with ater. Trash items were also around and under the ide door to exit the compactor the door with the words "keep the doors were observed be ide. Dietary Assistant #1 on 6/19/18 of the reason for the fly activity like to maintenance staff, weries that would come ent door entrance. The dicated that not closing the		issue to a swill report a maintenan (Dietary Maup with Macompletion requests words). Who will Madoes not have monitoring Dietary Maonce (1) a Twice (2) a Maintenan Facilities. If Maintenan Maintenan progress owill check to clean and for one (1) weeks their monitor ear collection a cleanliness.	supervisor. Dietary supervisall maintenance issues to the ce crew and Derek Cress lanager). Derek Cress will for aintenance Manager after the of work. All Maintenance will be logged and Filed for or donitor the situation to ensurate a manager will check on all Facilian week for one (1) month and a month thereafter to ensure the ce has repaired all necessary Manager will report a month the ce supervisor and Monitor the situation to the ce supervisor and Monitor the feach issue. Dietary Manager will report a month and every two (2) reafter. Dietary manager will ach scheduled cleaning of water a to ensure proper is is maintained.	ollow e one re it of lities d e any the ger ek l aste	
	use.				ed in the QA committee X6	Will	
	Director of Nursing Director of Nursing am stated the items beside the compact or linen. She furthe	and observation with the (DON) and the Assistant (ADON) on 6/19/18 at 11:27 in laundry bags located or were not residents clothing ir revealed there was insect de of the laundry bags and					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	IPLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		345416	B. WING _				22/2018
	ROVIDER OR SUPPLIER	r center		STREET ADDRESS, CITY, STATE, ZIP CO 142 BERMUDA VILLAGE DRIVE BERMUDA RUN, NC 27006	DDE	, 00	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BI HE APPROPRIA		(X5) COMPLETION DATE
F 814	kitchen supplies shou around the compactor around the compactor. During an interview was Assistant #1 on 6/20/was conducted of the double doors leading Maintenance Assistant provide any maintenance compactor and had not double doors not closs #1 stated it appeared outside the compactor Maintenance Assistant containing moisture as indicated the compact a drop slot that remain observation 3 black to beside the blue bin compact to be side the safety gaint shoot. Many small fly present. During an Interview whom 6/20/18 at 8:30 am conducted of the facil maintenance director aware that the door lewould not close. Upon doors, the maintenance hinges needed to be routine pest control streated maintenance director laundry bags appeared.	gs. They indicated the dirty aldn't have been in the area or. With the facility Maintenance 18 at 8:15am an observation facilities compactor and to the compactor. In #1 revealed he did not unce regarding the facility of been made aware of the ing. Maintenance Assistant the laundry bags placed or contained rags. In #1 described the rag as and had food on them. He tor did not have a cover but ned open. During the rash bags were located ontaining the laundry directly in front of the compactor ing insects and flies were with the Maintenance Director an observation was ities compactor. The stated he was not made eading to the compactor on observation of the double oce director stated that the replaced. The facility had ervices but he was unaware	F	314			
	the agency to pick up	they should not have He sated they cleaned the					

		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345416	B. WING			C 06/22/2018		
NAME OF PROVIDER OR SUPPLIER BERMUDA VILLAGE RETIREMENT CENTER				142	REET ADDRESS, CITY, STATE, ZIP CODE 2 BERMUDA VILLAGE DRIVE ERMUDA RUN, NC 27006	1 00	22/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SH		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 814	Continued From page		F	314				
	wash it down every 4 compactor was picke	d up for servicing. The stated he was not made						
	2:45pm revealed the bags located beside that were supplied fro outside agency would pick up the ones used "we have always put revealed he had com there was an insect is facility had implement bug zapper in the hall created a mixture and attracted the insects. the odor of garbage h	Assistant #1 on 6/20/18 at laundry collected in laundry the compactor were items on an outside agency. The dibring new supplies and don Thursday's. He stated, them down there". He municated to the facility that issue. He indicated the seue. He indicated the ted interventions to include a laway and dietary staff had diplaced it the kitchen that Dietary Assistant #1 stated and always been an issue of the cleaning schedule for						
	provider on 6/20/18 a provided services at a He identified the sma "fungus gnat". He ha fly light that was place the large number of further revealed he was collected in the commonly placed the the laundry bags with flies due to the moisti would breed in moisti food. He further state and as a result flies at	side pest control service at 4:16 pm revealed he the facility every Thursday. Il flying insect to as a d provided the facility with a ed in the hallway to prevent ungus gnats and flies. He as aware of the laundry that compactor area and it was are by the facility. He stated a soiled items would keep ure. He stated the insects ure and had a source of ed the compactor had no lid and other insects had an of the compactor. He stated						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345416	B. WING		1	C 06/22/2018	
NAME OF PROVIDER OR SUPPLIER BERMUDA VILLAGE RETIREMENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 142 BERMUDA VILLAGE DRIVE BERMUDA RUN, NC 27006			
(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 CORRECTIC X (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 925 SS=F	closing the flying inseareas to include the conservice elevator that I from trash being transfer and the conservice with DON of it was her expectation maintenance aware to the compactor were implement measures gnat activity. The DC regarding maintenance provided to the front of be submitted to the and DON further revealed soiled laundry not be compactor. Maintains Effective PCFR(s): 483.90(i)(4) §483.90(i)(4) Maintain program so that the farodents. This REQUIREMENT by: Based on observation facility failed to put into prevent insect activity area and compactor at the findings included. 1. During an initial to 6/19/18 at 10:14am reservices.	e doors not adequately acts would migrate into other lary food storage, and the ne described as having spills apported to the compactor. In 6/21/18 at 11:54 am stated in that staff would have made that the double doors leading the not adequately closing and to prevent the large number to prevent the large nu		1. In Response to Alleged Deficien A, B, C, D, E, F of proper pest controprogram in place. We have contacted pest control company on 7/5/2018 to inform them of any pests in the kitched area. The pest control company has checked all pest control equipment to ensure each device is working proper They maintain a schedule of each Thursday to do pest control at the fact Dietary Staff will inform Pest Control Company within 24 hours of observations.	cies ol l our en ly.	7/20/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245440	D WING			С	
345416			B. WING _			6/22/2018	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	Ē		
REDMIID/	VILLAGE RETIREME	NT CENTED		142 BERMUDA VILLAGE DRIVE			
BEKINODA	A VILLAGE RETIREWE	NICENIER		BERMUDA RUN, NC 27006			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 925	Continued From page	ge 14	F 9	025			
F 925	draining from the sit to be crawling a wash station #1 was rolled dried piece of B. A strong od throughout the kitch prepared. C. Tiny flying in observed on the second storage, walk i freezer had areas the second set of st garbage could be was entered. Small present in the stairvent E. Dry food sto the door open and f smaller flying in sec flying in the hallway area. F. The double of compactor was obsevidenced by the gap between the dotted the facility compactor.	oating in the water that was not nk. 4 tiny ants were observed round the sink. Below hand is a dried French fry and a food. or of garbage was present then while food was being sects and fly's activity was revice elevator and the kitchen. I leading to the compactor, dry in refrigerator and walk in of black substance underneath airs. A strong odor of smelled when the stairwell of flying insects and flies were well. I rage area was observed with the dry activity was present. The cet and flies were observed be and in the dry food storage doors leading to the facility erved as not fully close as ne doors not joining leaving a pors. The area surrounding or revealed a blue cart with items in the laundry bags were	FS	of any pests in any area of Die Services. The Dietary Staff wil of all Requests made to pest of company made to include date of occurrence. This log was im July 1st 2018. These logs will one(1) year to insure pest con company is meeting the needs Facility. Derek Cress (Dietary will ensure these logs are according to the pest in an accessible location. Maintenance Crew has cleare Sink from any clogs. If any furtioccur they will be reported to reand logged in maintenance log Maintenance crew has remove equipment and cleaned all fact leading downstairs and in the the compactor. The Maintenance repairing all necessary facilities waste smell. New doors were 7/11/2018, this will prevent the smell and any pest from coming facility. The Stairwell is being serepainted to maintain facilities All downstairs facilities are being and repainted. All parts and mental have been ordered and work wounderway by 7/20/2018. A divide being built around the waste compactor areas of the facility. All parts and materials have been ordered as be well underway by 7/20/2018.	Il keep a log control e and time aplemented be filed for trol s of the manager) urate and The d the Hand ther clogs maintenance g book. The ed all stored illities vicinity of ace crew is sto remove installed on e waste ag inside the sanded and cleanliness. Ing sanded aterials will be well ision wall is ompactor to from other and work will		
dried brown substance on them. The laundry bags and items in the bags were observed be covered in many small flying insects and flies. Numbers of small flying insects and flies were observed to be landing on items around the			Laundry bags will be stored in area beside the compactor, the new doors and cleanliness of area will limit any exposure to Laundry bags will be picked up	e addition of compactor pests. The			

AND PLAN OF CORRECTION IDENTIFICATION NUMB		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
		345416	B. WING _		0	6/22/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	P CODE		
REDMIID	A VILLAGE RETIREME	ENT CENTED		142 BERMUDA VILLAGE DRIVE			
BERNIODA	A VILLAGE RETIREWIE	ENI CENTER		BERMUDA RUN, NC 27006			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 925	compactor sho observed to be in a the building. The contained a shoot to was observed The pit containing to substance cover of standing water. observed in the pit compactor. An outs area had a sign on door closed". Thes open and lead outs Interview with the I at 11:00 pm stated the kitchen was du staff and deliveries basement door ent indicated that not c allowed flies to ent stated the odor froi and that was the re upstairs kitchen. H stacked in the large kitchen. He stated removed the items deliver new items. area was the locati always placed after During an Interview Director of Nursing Director of Nursing am revealed there	ering and exiting the pot. The compactor was a pit located in the basement of compactor had no cover and to dispose of waste. The shoot to be covered in food items. The compactor had a black ring the ground along with areas. Trash items were also around and under the side door to exit the compactor the door with the words "keep se doors were observed be side. Dietary Assistant #1 on 6/19/18 the reason for the fly activity in the to maintenance staff, facility that would come through the trance. The Dietary Assistant closing the exterior doors er the compactor area. He in the compactor was strong the exterior doors er the compactor was strong the extended the laundry bags to blue container were from the that an outside agency on Thursdays and would he indicated the compactor on that the kitchen laundry had ruse. In and observation with the (DON) and the Assistant (ADON) on 6/19/18 at 11:27 was insect activity on the	F	weekly basis by outside around the compactor at be power washed and cl months by the maintena beginning July 2018. All closed at all times unless management company is waste. Who will Monitor the situ does not happen again a monitoring. Derek Cress (Dietary Maconduct inspections of a Kitchen twice (2) a week month until pest problem Dietary Manager will Compest control company earsure pest control need After pest problem is und Dietary Manager will che week ongoing for pests a finding to pest control company earsure pest control earsure pest con	agency. The area and main drain will eaned every two noce crew Doors will remain is waste is collecting. The stand frequency of an ager) will areas of the for one (1) in is controlled. If and is controlled, is are being met. If the stand frequency of the eck once (1) a find and report any impany. All the followed up by an ager) with The followed up by an ager)		
	outside of the laund bags. They indicat	dry bags and inside the laundry ted the dirty kitchen supplies		These checks will be do			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			74 BOILBING			С		
		345416	B. WING				22/2018	
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00.		
				1	42 BERMUDA VILLAGE DRIVE			
BERMUDA	A VILLAGE RETIREMEN	T CENTER		В	BERMUDA RUN, NC 27006			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 925	Assistant #1 on 6/20/observation was concompactor and double compactor. Maintenance and facility compactor and of the double doors in Assistant #1 stated it placed outside the compactor and indicated the compactor and indicate	vith the facility Maintenance	F	925	months.			
	on 6/20/18 at 8:30 ar conducted of the faci maintenance director aware that the door lead of the maintenance director. Upon doors, the maintenance hinges needed to be routine pest control sif pest control treated maintenance director laundry bags appears the items in the bag I the agency to pick up remained in the area	restated he was not made eading to the compactor on observation of the double not director stated that the replaced. The facility had ervices but he was unaware the compactor. The indicated the items in the ed to be towels. He stated if nad been brought down for othey should not have. He sated they cleaned the inpactor every 2 months and						

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILI		PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345416	B. WING _			C 06/22/2018	
NAME OF PROVIDER OR SUPPLIER BERMUDA VILLAGE RETIREMENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 142 BERMUDA VILLAGE DRIVE BERMUDA RUN, NC 27006		10/22/2010	
(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 S	DER'S PLAN OF CORRECTION PRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIATE DEFICIENCY)		
F 925		ge 17 ed up for servicing. The or stated he was not made	F 9	25			
	aware of the insect and aware of the insect and 2:45pm revealed the bags located beside that were supplied froutside agency wou pick up the ones use "we have always purevealed he had conthere was an insect facility had impleme bug zapper in the had created a mixture and attracted the insects come out and spray was the responsibility the service elevator stated the odor of garage.						
	provider on 6/20/18 provided services at He identified the sm "fungus gnat". He h fly light that was plathe large number of stated that upon retuncted that the light hinquired why the light notified that facility r to another location. the double doors did revealed he was aw	lity compactor. Itside pest control service at 4:16 pm revealed he the facility every Thursday. all flying insect to as a ad provided the facility with a ced in the hallway to prevent fungus gnats and flies. He urn for a follow up visit he had been removed. He hat was removed and was naintenance had removed it He stated he was aware that I not fully close. He further are of the laundry that was pactor area and it was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		((X3) DATE SURVEY COMPLETED	
		345416	B. WING			C 06/22/2018	
NAME OF PROVIDER OR SUPPLIER BERMUDA VILLAGE RETIREMENT CENTER				STREET ADDRESS, CITY, STATE, ZIF 142 BERMUDA VILLAGE DRIVE BERMUDA RUN, NC 27006	CODE	00/22/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	*	CTION SHOULD BE O THE APPROPRIAT		
F 925	commonly placed the the laundry bags with flies due to the moist would breed in moist food. He stated he harea eating food item kitchen floor. He furthad no lid and as a rehad an easy way in a stated that due to the adequately closing the migrate into other are storage, and the serv described as having transported to the collinterview with DON crevealed it was here have made maintenad doors leading to the adequately closing a prevent the large nur revealed concerns repests should be proved request could be stidepartment. The DO	ere by the facility. He stated in soiled items would keep ture. He stated the insects ture and had a source of lad saw ants in the kitchen insects that ware left on the either stated the compactor result flies and other insects and out of the compactor. He is double doors not the flying insects would leas to include the dry food wice elevator that he spills from trash being impactor. On 6/21/18 at 11:54 am expectation that staff would hance aware that the double compactor were not ind implement measures to make grading maintenance or ided to the front desk so that submitted to the appropriate on for the spill in the land of the second of the propriate on for for the second of th	F	925			