

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/24/2021
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF FOREST GLENN			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 HARTWELL STREET GARNER, NC 27529		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 925 SS=E	<p>Maintains Effective Pest Control Program CFR(s): 483.90(i)(4)</p> <p>§483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and facility record review the facility failed to seal a hole in the kitchen floor to reduce possible food harborage for roaches. Findings included:</p> <p>A facility exterminator invoice was reviewed on 10/23/21. The invoice dated 10/7/21 stated, "Service complete. Light American roach activity in the 100 hallways. Please seal hole in floor in kitchen area to help reduce possible food harborage for roaches."</p> <p>Interview with an alert an oriented resident on 10/23/21 at 5:09 PM revealed that he sees cockroaches at night sometimes. The resident stated he saw a roach the previous night and did not like bugs. He stated that the exterminator had come out to spray but did not believe he did a good job.</p> <p>Interview with an alert and oriented resident on 10/23/21 at 5:14 PM revealed that they had a problem with big roaches recently and that he had seen one that day.</p> <p>Interview with an alert and oriented resident on</p>	F 925	<p>F925 Maintains Effective Pest Control Program</p> <p>The Laurels of Forest Glenn wishes to have this submitted Plan of Correction (POC) to stand as the allegation of compliance. Our allegation date is 11/11/21. Preparation and/or execution of this POC does not constitute admission to, nor agreement with either the existence of, or the scope and severity of any of the cited deficiencies or conclusions set forth in the Statement of Deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirements.</p> <p>The facility will act to protect all residents of the facility by maintaining an effective pest control program so that the facility is free of pests and rodents.</p> <p>The hole in the kitchen was sealed on 10/26/21. The maintenance director was educated by the NHA on 11/11/21 to ensure he monitors for holes in walls</p>	11/11/21	

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

TITLE

(X6) DATE

Electronically Signed

11/17/2021

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.

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F 925	<p>Continued From page 1</p> <p>10/23/21 at 5:27 PM revealed that she saw a big bug crawling near her closet the other day.</p> <p>During observation of the kitchen area at 6:00 PM dietary staff pointed to a hole in the lower side of the wall as the area the exterminator may have been referencing. The staff were not positive if that was hole. The area was the approximate size of a tile that was forming the baseboard at the lower wall.</p> <p>Interview with an alert and oriented resident at 6:06 PM on 10/23/21 revealed that he saw a roach, or a water bug the previous night. He stated that he believed the bugs were coming in around the air conditioner.</p> <p>Interview with the Assistant Director of Nurses (ADON) at 6:13 PM on 10/23/21 revealed that they had a problem with roaches especially during the rainy season and after the exterminator came by, she would see the roach 's dead on the floors. She stated she did have resident complaints about roaches and explained to the residents that they were treating them (roaches).</p> <p>Interview with nurse #1 at 6:26 PM on 10/23/21 revealed that she occasionally saw a bug on wall that looked like a cock roach, but she though was more of a big pimento bug.</p> <p>Interview with maintenance staff on 10/24/21 revealed that he had not sealed the hole in the kitchen referenced by the exterminator. He stated it was only in his second week at the facility and he was not made aware of the issue until yesterday (10/23/21).</p>	F 925	<p>while doing rounds weekly and to review the notes from all pest control visits with the administrator.</p> <p>The NHA will monitor by reviewing the Facility Condition Form weekly for 4 weeks and then monthly for 2 months or until substantial compliance is achieved. The results of the monitoring will be submitted to the QAPI Committee for 3 months or until substantial compliance is achieved.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 925	Continued From page 2 Interview with nurse #2 on 10/24/21 at 8:03 PM revealed that she had seen some roaches in the last couple of weeks, maybe 1 or two. She had not had any resident reports of roaches. She stated that she saw the roaches more after the exterminator came. The nurse stated that the roaches are not bad, but they are at the facility.	F 925			