

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/20/2018
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NAME OF PROVIDER OR SUPPLIER **OLD FARM HOME** STREET ADDRESS, CITY, STATE, ZIP CODE
1510 FARMGATE ROAD
KINSTON, NC 28504

(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
V 000	INITIAL COMMENTS	V 000	RECEIVED JUL 31 2018 DHSR Licensure section	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 7/16/18 at approximately 9:30 am revealed:</p> <ul style="list-style-type: none"> - The ceiling fan light fixture in Client #1's bedroom was broken; only one light bulb in the three light fixture worked; there were no globes covering the light bulb or empty sockets. - One light bulb in the two light fixture in Client #2's bedroom worked. - Nails in the hall bathroom wall. - The finish on the bureau in Client #5's bedroom was worn. <p>Interview on 7/16/18 the House Manager stated some of the light bulbs were burned out and were to be replaced.</p>	V 736	<p>Replace globe or ceiling fan and light bulbs will be placed in all sockets. Light bulbs will be changed in Client #2's bedroom. Nails in hall bathroom wall will be removed. Client #5's bureau will be replaced.</p> <p>QP and/or GHM will monitor monthly</p>	9/18/18

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

Judy K. Howell

TITLE *Member* (X6) DATE *7/30/2016*

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V 738	Continued From page 1	V 738		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the Licensee failed to keep the facility free from insects. The findings are: Observation on 7/16/18 at approximately 9:30 am revealed several ants crawling on the top of the dining room table. Interview on 7/16/18 the House Manager stated they sometimes saw ants in the facility. The ants would disappear after the exterminator sprayed, but they always returned.	V 738	Exterminator will be called to treat the home for ants. Staff will be in-serviced on reporting insects and rodents. GHM will monitor.	9/18/18