STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MHL011-103 NAME OF PROVIDER OR SUPPLIER STRE			B. WING		C		
					04/	04/23/2021	
			DDRESS, CITY, ST ERVIEW DRIVE				
RIVERVI	EW GROUP HOME	ASHEVI	LE, NC 28806	3			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	A complaint survey was completed on April 23, 2021. The complaint was substantiated (Intake #NC00174523). Deficiencies were cited.						
		sed for the following service C 27G.5600A Supervised h Mental Illness.					
V 738	27G .0303(d) Pest Control		V 738				
	EXTERIOR REQUI	03 LOCATION AND REMENTS be kept free from insects and					
		et as evidenced by: views and interviews, the t free from insects. The					
	-Date of Admission -Diagnoses: Bi-Pola	ar Disorder; Attention Deficit der; Post Traumatic Stress					
	Review on 4/14/21 -Date of Admission -Diagnoses: Schizo Unspecified.						
	-Date of Hire: 7/23/	of Staff #1's record revealed: 12. ct Support Associate.					

Division of Health Service Reg           STATEMENT OF DEFICIENCIES           AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		MHL011-103	B. WING		04/23/2021	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
RIVERVI	EW GROUP HOME		RVIEW DRIVE LE, NC 28806			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLET THE APPROPRIATE DATE	
V 738	Continued From page 1		V 738			
	Review on 4/14/21 of Staff #2's record revealed: -Date of Hire: 12/15/20. -Title/Position: Direct Support Associate.					
	Interview on 4/23/21 with Client #1 revealed: -She stated, "Somebody said they found a couple of bed bugs, but I don't know who it was." -She did not have any bed bug bites and did not see anyone else with bedbug bites. -Pest Control treated the house twice.					
	-Pest control came two heat treatments -Dogs were brough -He stated, "The fir something. The sec first treatment, I say anybody."	It to the facility twice. st time, the dogs smelled cond time they didn't. After the w only two bugs but didn't tell ny bugs since the second heat				
	-She saw one bed I -Staff called the ext a treatment. -The facility was re- and sniffed someth -Staff have been co for bugs with a fine -No staff or clients for a few weeks.	onducting walk through checks toothed comb and flashlights. have reported seeing any bugs reported any bug bites at any				
	found the first bug.		/			

STATE FORM

9GTR11

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:		COMPLETED	
		MHL011-103			C 04/23/2021	
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S			
			RVIEW DRIVE			
RIVERVII	EW GROUP HOME		LE, NC 28806			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE DATE	
V 738	Continued From page 2		V 738			
	-Maintenance set traps and pest control was contacted.					
		reatment was performed.				
	-All recommendations were followed which					
	included keeping clients outside during treatments, changing clothes and laundering					
	everything. -The dogs were triggered during re-inspection					
	even though bugs were not observed.					
	-Pest control re-treated the facility with heat and					
	then re-inspected. -Pest control sent confirmation that there was no					
	evidence of bed bugs.					
	-There have been no further reports of staff, or					
	clients seeing any bed bugs.					
	-Nobody had any bed bug bites at any time.					
	Interview on 4/14/21 with the Department					
	Manager of the local pest control company					
	revealed: -Pest control staff confirmed that there were bed					
	bugs at the facility and the first treatment was					
	performed on 2/24/	21.				
		d heating the facility to 120				
	degrees and applyi	ng insecticide. es within 15 minutes and does				
	not pose a danger					
		d a post treatment inspection				
		st; however, the facility chose				
		bection because they had no				
	visible signs of bed bugs since the treatment. -On 3/30/21 the facility contacted pest control and		1			
	requested a post treatment inspection because					
	the state licensure division was conducting a					
	survey. Dogs were brought to the facility on $4/2/21$ and					
	-Dogs were brought to the facility on 4/2/21 and alerted in one of the bedrooms.					
	-Dogs are trained to	o react to live bed bugs, or to				
	viable bed bug egg					
	-The facility was re- ealth Service Regulation	-treated on 4/6/21.				

STATE FORM

9GTR11

If continuation sheet 3 of 4

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE			(X3) DATE SURVEY COMPLETED	
MHL011-103		IDENTIFICATION NOWIDER.	A. BUILDING:			
		B. WING		C 04/23/2021		
AME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
RIVERVI	EW GROUP HOME		RVIEW DRIVE			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 738	Continued From page 3		V 738			
	could react to the second react to the second second give a far they could give a far Review on 3/30/21, reports from the loc revealed: -A Pest Control Ser 2/18/21 with a propibug treatment servite. -The Pest Control Ser "recommendation for inspection for bed by treatment to ensure no longer present." -A Detailed Service included a description of re-tat the facility. -A Service Inspection confirmed the facility presence of the odd	logs come in too soon, they cent of the chemical. People mical, but the dogs do and ilse reaction." 4/15/21 and 4/21/21 of cal pest control company vice Agreement signed osal for the facility to have bed ices on 2/24/21. Service Agreement had a or a follow up canine ougs two weeks following a all stages of bed bug life are Report dated 2/24/21 ion of treatment services which				

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