

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-160	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/18/2021
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NAME OF PROVIDER OR SUPPLIER CARING WAY 114	STREET ADDRESS, CITY, STATE, ZIP CODE 114 CARING WAY SHELBY, NC 28150
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(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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on June 18, 2021. The complaint was substantiated (intake #NC00176676). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility was not kept free from insects. The findings are:</p> <p>Interview with facility Director on 6/15/21 revealed: -[Local Pest Control Company] provided treatment for bed bugs after bugs were discovered in the facility. The pest control company provided multiple treatments. -After the first treatment the bugs were still not gone. -On 4/15/21, the facility discovered more bugs after the initial treatment on 4/8/21. -The facility moved all residents to a hotel until treatment was successful and no other bed bugs were found in the facility.</p> <p>Record review on 6/16/21 of treatment provided</p>	V 738		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 738	<p>Continued From page 1</p> <p>by the local pest control agency revealed: -The pest control company provided routine quarterly pest control service on 2/3/21. No bed bugs were noted. -A Pest Control Service Agreement signed 4/8/21 with a proposal for the facility to have bed bug treatment services, which also occurred on 4/8/21. -A service report dated 4/19/21 of a bed bug inspection of the facility -A service report dated 4/26/21 of bed bug treatment services provided at the facility. -A service report dated 4/28/21 of a bed bug inspection at the facility that showed no further evidence of bed bugs.</p> <p>Interview with the facility Director on 6/18/21 revealed: -After the final bed bug treatment was conducted and he facility was cleared of bed bugs, the agency replaced all furniture in the facility, including bedding, and also purchased all new clothing for the residents.</p>	V 738		