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

PRINTED: 09/17/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		34G006	B. WING				C / <b>12/2024</b>	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRES  5840 GREENWO LA GRANGE,				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	(EACH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
W 000	INITIAL COMMENTS		W 0	00				
W 104	conducted on 9/12 #NC00221030, #N	ΣΥ	W 1	04				
	budget, and operat This STANDARD i Based on observa interviews, the facil	y must exercise general policy, ing direction over the facility. s not met as evidenced by: tion, record review and lity failed to exhaust remedies oring of pests. The finding is:						
	exterminators onsignest control service	2/24 at 2:45pm, revealed the te at the facility, to perform es. The facility was under COVID-19; the exterminators r interior service.						
		9/12/24 of the facility's pest vealed the following details:						
	administrative unit On 6/26/24 roache kitchen and were to On 7/1/24 spiders unit and were treat On 7/9/24 spiders station on Foxes D	s were reported inside the reated. were reported on the yellow ed. were reported at the nurses' en and were treated. were reported in room 426 on						
	invoice reports reve	0/12/24 of the exterminator's ealed the following details:  DER/SUPPLIER REPRESENTATIVE'S SIGN			TITLE		(X6) DATE	

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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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C		
		34G006	B. WING_		09	/12/2024	
NAME OF PROVIDER OR SUPPLIER  BEAR CREEK				STREET ADDRESS, CITY, STATE, ZIP COD 5840 GREENWOOD AVENUE LA GRANGE, NC 28551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETIC DATE		
W 104	and 8/15/24. There on the invoices.  Interview on 9/12/2 and gnats are a reg to the doors openin bug zapper machin problem. Staff A corproblem.  Interview on 9/12/2 though exterminating the facility, there we throughout the facility seeing roaches as facility.  Interview on 9/12/2 bugs were a daily is seeing exterminato.  Interview on 9/12/2 revealed smokey but facility ongoing the facility having the facility having the facility is crawl space exterminators also facility's crawl space exterminators reveal installed on the hall to their sticky pads revealed staff have blue light machines flies. The exterminating had a contract for meaning the service of the	performed on 6/13/24, 7/11/24 were no details of pest activity  4 with Staff A revealed flies pular problem on the units due g. Staff A revealed there was a e by the door but it still was a nfirmed roaches are a daily  4 with Staff D revealed even no services are provided by ere still roaches scattered ity. Staff D acknowledged recently as yesterday in the  4 with Nurse A revealed that saue at the facility despite rs visit the units.  4 with the exterminators rown roaches were treated in because of the factors with ees and leaves close to the ct this insect. The indicated moisture from the e will attract pests. The aled there are blue lights s near the doors to attract flies. The exterminators also been known to unplug the which could rid the units of ators acknowledged the facility nonthly service however, they are also extra charge, with	W 10				

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34G006			B. WING			C <b>09/12/2024</b>	
NAME OF PROVIDER OR SUPPLIER  BEAR CREEK				STREET ADDRESS, CITY, STATE, ZIP 5840 GREENWOOD AVENUE LA GRANGE, NC 28551		112/2024	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 104	Interview on 9/12/24 revealed staff have on the units to gain they forget their key acknowledged not stroaches and even radministrator confirunplugging the blue	ge 2 4 with the Administrator been known to prop the doors entry to the building when y FOB. The Administrator sealing the doors allows flies, nice to enter the building. The med he was aware of staff e light machines on the es, in order to charge their cell	W 1	04			