

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-256	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER ASBURY HOMES - PEMBROKE		STREET ADDRESS, CITY, STATE, ZIP CODE 300 RUTH DIAL STREET PEMBROKE, NC 28372		
(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 An annual survey was completed on August 27, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
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 record review and interviews the facility failed to keep the facility free of insects. The findings are: Review on 6/6/25 of a the facility's records for a local pest control revealed: -A receipt dated 4/3/25 for services. -No documentation provided to show the facility was free of bedbugs. Interview on 8/27/25 a local pest control provider stated: -Pest control services were last provided on 6/11/25 and live bedbugs were found. -The pest control company had not returned to the facility for treatment.	V 738		

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

TITLE

(X6) DATE

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V 738	Continued From page 1 -The pest control company last communication with the facility was on 7/21/25 and the facility planned to cancel services and go with another company. Interview on 8/27/25 client #1 stated: -There were no bedbugs at the facility. -She had not been bitten by any bedbugs. Interview on 8/27/25 client #2 stated: -She saw bedbugs but was unsure where they came from. -She was bitten by bedbugs a while ago. -She was not bit by bedbugs recently. -She had not seen any bedbugs. -"Someone came and checked" and saw bedbugs but she had not seen there. Interview on 8/27/25 client #3 stated: -She found 1 bedbug in her bedroom on yesterday. -She informed the staff who sprayed her mattress. -She had not seen the bedbugs before. -She was not bit by any bedbugs. Interview on 4/27/25 staff #2 stated: -The facility had active bedbugs. -A local pest control company completed a heat treatment the prior week. -The pest control company returned this morning for a revisit for found more bedbugs and treated the facility. -The bedbugs were found in client #2's bedroom. Interview on 8/27/25 staff #2 stated: -She was unsure of the last time the facility was professionally treated for bedbugs. -The facility had decreased the number of home visits in attempt to contain bedbugs.	V 738		

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V 738	Continued From page 2 -Staff had to check for bedbugs every other day and wash the client's bedding weekly. -A couple of bedbugs were seen around the beginning of August in client #3's bedroom. -Denies any clients had been bit by bedbugs. Interview on 8/27/25 the Executive Director stated: -The local pest control company refused to provide additional bedbug treatment at the facility. -The staff at the facility checked the facility regularly and provided bedbug treatment. -Staff had not seen any recent bedbug activity. -The facility did not have any documentation to show it was free of bedbugs or insects.	V 738		