	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL025023	B. WING		06	5/07/2017
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
OOD SH	EPHERD HOME FOR TH	IE AGED	ST STREET ERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
		sure Section conducted an complaint investigation on				
D 072	10A NCAC 13F .0305	5(m) Physical Environment	D 072			
	 (m) The requirement (1) The outside groun facilities shall be main condition; (2) If the home has a the fence shall not pro- or entering freely or b (3) Outdoor walkways illuminated by no less light at ground level. This Rule is not met Based on observation review, the facility fail debris from repairs in removed, that the rott columns were repaire contents and a hole in area and the disrepair secured for facility rest 	s and drives shall be s than five foot-candles of as evidenced by: n, interview and record led to assure trash and				
	The findings are:					
	driveway next to a lar car driving on the left rocked side to side fro	end of the driveway that om the various heights of roken pieces of asphalt with				

TITLE

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL025023	B. WING			6/07/2017
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			50772017
		603 WE	ST STREET	,		
GOOD SH	EPHERD HOME FOR TH	HE AGED NEW BE	RN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 072	Continued From pag	e 1	D 072			
	revealed 2 residents	6/07/17 at 11:20 a.m. walking across the driveway he driveway was raised and ble places.				
	maintenance worker -He started working a	at 12:43 p.m. with the revealed: at the facility recently and lition of the broken and				
	driveway. -He thought the high	nere was a plan to fix the raised and broken asphalt				
	the driveway. -He thought they wo city about the tree ar					
	-No information was protection from the h	provided about the azard for the residents.				
	Interview on 6/07/17 administrator reveale	at 12:45 p.m. with the ed:				
	driveway area were i	t out in the broken and raised independent with ambulation. provided about a plan to				
	repair the driveway a	and to protect the residents king area was provided.				
	revealed:	at 10:48 a.m. with a resident				
	-He had seen some the areas of the brok their way to the store	-				
	-He was not aware o	f anyone getting hurt from t areas in the driveway.				
	Interview on 6/07/17 Resident Care Direct	at 12:45 p.m. with the tor revealed:				
		t outside with walkers would				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING.			
		HAL025023	B. WING		06	6/07/2017
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
OOD SH	EPHERD HOME FOR T	HE AGED	ST STREET			
040 ID	STIMMADA S		RN, NC 28560	PROVIDER'S PLAN OF		(17)
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 072	Continued From pag	je 2	D 072			
	-They would not go	on the driveway with the				
	broken and raised as					
	-Independent reside	nts did not go over to the				
	broken and raised a	rea.				
	B. On 6/07/17 at 10	:48 a.m. a tour of the outside				
	premises at the front	t of the building revealed:				
	-A resident was obse	erved sitting on the front				
	porch.					
		four columns reaching from				
		n to the ceiling with black I wood at each of the four				
	bases.					
		olumn bases with a hole had				
	been repaired with w					
		ding above the front porch				
	-	ling paint throughout.				
		over in the grass on the side				
	of the porch.	around the chair				
	-Foam stuffing was a	6-7 feet from the front porch,				
		attached to a room that was				
	part of the front of th					
		s rusted away all across the				
		ith jagged edges about 10				
	inches up from the b					
		utts were observed scattered				
		front porch stairs among the				
	bushes and bare gro	bserved for the smoking area				
	on the porch and fro					
	Interview on 6/07/17	at 10:48 a.m. with a resident				
	on the front porch re					
	-	red in the building for a long				
	time but did not reca					
		een in that condition the				
	entire time he had liv					
		one of the concrete bases of				
	a column before and	I caught himself on the				

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If continuation sheet 3 of 21

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			
		HAL025023	B. WING		06	6/07/2017
AME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
SOOD SH	EPHERD HOME FOR TH	IE AGED				
			ERN, NC 28560	PROVIDER'S PLAN C		(25)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLE ⁻ DATE
D 072	Continued From page	e 3	D 072			
	column without injury	<i>.</i>				
		on the porch and threw the				
	butts on the ground.					
	0	e of the porch was broken				
	and not able to be sa	-				
	-He did not know how	v it got turned over on the				
		had had been that way.				
	-A door near the from	t porch that led to the				
	basement had the bo	ottom rusted out about 6-8				
	inches up from the be	ottom of the door.				
	-He had not seen res	ident go near the door.				
	Interview on 6/07/17	at 12:43 p.m. with the				
	maintenance worker					
	-	at the facility recently and				
	-	repairs and upkeep as				
	needed.					
		and found the front porch				
		ad a wooden inner support				
	that were in good cor					
	0	nns would not be able to be				
	pushed over nor fall t					
	-	ted to work at this facility and				
		g the columns had been				
	rotting.	s with the rotten wood would				
		ones have been ordered.				
	C. Observation on 6	/07/17 at 10:58 a.m. of the				
		ack of the facility revealed:				
		tten areas on the soffits in				
	several areas of the l					
		g down from a repaired area				
		on the fascia and soffits.				
		nad a nail sticking up on it				
	•••	of the nail visible for about 1				
	inch.					
	-There was a black re	otten area at the gutter near				
	the resident smoking					
		pe and multiple roof shingles				

STATEMENT	of Health Service Regi OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL025023	B. WING		06	6/07/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
GOOD SH	EPHERD HOME FOR TI	HE AGED	ST STREET			
			ERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 072	Continued From pag	ie 4	D 072			
	were found in the gra	ass in the back				
		a in the corner of the building				
		nd rain was dripping through				
	a recently repaired a					
		/ 3 foot deep hole in the back				
		n exit was uncovered and				
	•	ing signs or protection				
	against stepping into the hole.					
		ntainer was tipped over and				
		care gloves were on the				
	ground near it.					
	-A downspout from a	a gutter was found in the				
	grass in the yard.					
	-A bracket to hold a	downspout from the gutter				
	was broken and half	off of the building.				
	-The separated shar sticking out from the	p edge to the bracket was building wall.				
		acility exit was in the grass				
		the walkway at the exit.				
		age building in the back yard				
	of the facility was op					
		other debris were sitting on				
	the ground half insid	e and the rest outside of the				
	building.					
		ng grill was sitting up against				
	the storage building.					
		the facility was an opening in				
		by 3 feet from the ground				
	level up.					
	-	had a piece of wood over the				
		ompletely cover the opening.				
		3 of the wood piece in the 3				
	foot by 3 foot hole wa					
		a space of the hole in the ot covered with the wood.				
	wan inal was was no					
	Interview on 6/07/17	at 10:59 a.m. with three				
	residents in the smol					
		residents who went around				
		ack and the side yards.				
	alth Service Regulation					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL025023	B. WING		06	07/2017
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SOOD SH	EPHERD HOME FOR TH	HE AGED	ST STREET RN, NC 28560			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET DATE
D 072	Continued From pag	e 5	D 072			
	-One resident went a exercise.	around the building for				
		le and shed areas but stayed				
		of any injuries from the				
	hazardous areas in t facility.	he back or the front of the				
	facility resident revea	at 11:03 a.m. with another aled he had seen several to the back of the facility.				
	·	at 12:43 p.m. with the				
	maintenance worker					
		ng on fixing the repairs since nat had been left from the				
	previous maintenanc					
		e rotten areas and boards on vould get to those when the				
		ak and ceiling/floor repairs				
	-	ompleted in the dining room.				
	-	and dining room repairs				
	should be completed -He did not know who completed.	l that week. en all of the repairs would be				
	-The shed should be	locked at all times				
		the shed that day and had				
	left it open so he cou needed.	ld go back and forth as				
		ping snake on the ground				
		shed would go back inside.				
	-The old grill was to be	e ground near the kitchen exit				
	door was a grease tr	•				
	-There had been a co	•				
		ver it over permanently and				
	have another grease	drop area.				
		at 12:47 p.m. with the				
	administrator reveale	ed:	1			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL025023	B. WING		06	6/07/2017
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	, ZIP CODE		
GOOD SH	EPHERD HOME FOR TH	IE AGED	ST STREET ERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 072	Continued From page	e 6	D 072			
	hard rain and the ceil -The previous mainten new one was finishin floors then the rotten repaired soon. -There was no plan fe -There was not a plan residents with the equilibrium building nor with the given -Something would be	enance worker left and the g up with the ceiling and wood areas would be or clean up around the yard. In for the protection of uipment from the storage				
D 074	10A NCAC 13F .0306 Furnishings	6(a)(1) Housekeeping And	D 074			
	10A NCAC 13F .0306 Furnishings (a) Adult care homes (1) have walls, ceilin coverings kept clean	s shall: gs, and floors or floor				
	failed to maintain wal and in good repair ind	ns and interviews the facility Is, ceiling, and floors clean cluding walls that were d up, and floors that were				
	The findings are:					
	hall women's side on revealed:					
	-There were 4 of 4 wa	alls that had orange spots				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL025023	B. WING		06	6/07/2017
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		0112011
GOOD SH	EPHERD HOME FOR TH	HE AGED	ST STREET ERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 074	Continued From page	e 7	D 074			
	cracked on the floor.	over them. les that were broken and coft and when walked on				
	at 10:05 AM revealed -There were several cracked paint all ove -There was 1 of 4 was brownish black subst hanging on the wall. -There was an area of the room that had a se floor flex in over that -The entry door to the scratches all over the	cracks in the ceiling and				
	hall men's side on 06 revealed: -There were 3 out of scratched up all over baseboard of the wal -The entry door to the	4 walls scuffed and the				
		lent room 12 of the facility on / revealed there were 25 floor tiles.				
	06/06/17 at 10:22 AN	lent room 9 of the facility on / revealed the entry door atched up all over the front,				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL025023	B. WING		06/07/2017	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	• • •	
	EPHERD HOME FOR T	603 WES	ST STREET			
5000 31		NEW BE	RN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 074	Continued From page	ge 8	D 074			
	Observation of room at 10:25 AM reveale -The private bathroo when walked on. -The private bathroo scratched. -The baseboard on a brownish black bu Observation of Resi 06/06/17 at 10:30 A -The private bathroo around the toilet. -The floor around th when walked on. -The floor around th when walked on. -The rewere 2 of 4 w scratched up paint o -The baseboard on built up brownish bla -There was 1 of 4 w a baseball in it. Observation of the o 9:20 AM revealed: -There were 2 spots patched but not pain -All of the tile in the torn up and there w	 an 10 of the facility on 06/06/17 ad: bom floors were soft and flexed bom door was scuffed and 4 of 4 walls was dirty and had uild up. adent room 7 of the facility on M revealed: bom floor had 6 tiles broken ae toilet was soft and flexed walls that had scuffed and for them. 4 of 4 walls was dirty and had ack dirt on them. 4 of 4 walls was dirty and had ack dirt on them. a in the ceiling that had been nted. dining room floor had been as just wood floor. 				
	repair the floor.	naterials that are used to				
	AM of the right hall - The ceiling sprink thick cover of gray of - The baseboards h moveable to touch.	ler pipe was rusted and had a dust. nad a layer of gray dust por were cracked and broken				

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STATEMENT	of Health Service Regination of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
			B. WING	/ING		
	ROVIDER OR SUPPLIER	HAL025023	DDRESS, CITY, STATE,		06	5/07/2017
		603 WES	ST STREET			
GOOD SH	EPHERD HOME FOR TI	HE AGED NEW BE	RN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 074	Continued From pag	e 9	D 074			
	grout of the tiles in fr - Another common of right hall had a red ru under the sink area of paint on the floor and - A men's bathroom multiple deep scuff a wooden baseboards - The walls had multi- floor up 4 feet on the - Beige stains were - Behind the sink the about 10 inches in le - There was a hazar entrance to the bathr - The floor of the thr broken and cracked, wood edges. - The threshold was area. - The women's bath- activity room had a co- light up when the sw - The women's bath- along the surround w caught the dirt of the handle was on the de- - The main Right Ha- grate covered with a Interview on 6/07/17 residents on the Rig! - They had lived the had noticed the hous- - They did not noticed bathrooms on the Rig	commode bathroom on the ust colored painted square with drips of red rust colored d wall. near the activity room had and gouge marks on the wide tiple black marks from the e wall. along the wall. e wall was an open area ongth. dous threshold at the room. eshold was uneven with sharp and loose tiles and missing a cover for this room on the left side of the eeiling light fixture that did not itch was engaged. room had black smears where it was textured and inside area where the bor. allway had a large air return thick layer of gray dust. at 10:15 AM with two nt Hall revealed: re for just a few weeks and sekeeper cleaned every day. e there were no lights in the				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL025023	B. WING		06	5/07/2017
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ST STREET	, ZIP CODE		
GOOD SH	EPHERD HOME FOR TH	HE AGED	ERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 074	Continued From pag	e 11	D 074			
	dining room ceiling a -He had to make sur before he could do th -He was aware of all needed at the facility -The old Maintenanc of these things but ha he was going to have again. -He would be at the facility	a working on getting the nd floor repaired. e the roof was fixed as well he rest of the dining room. the other repairs that were e person had repaired a lot ad not done them properly so e to go back and repair them facility every day for the 3 to re that all needed repairs at				
	resident care coordin revealed: - Housekeeping staf cleaning daily. - With routine cleani bathrooms and facilit - Deep cleaning incl moving furniture out - No information was deep cleaning was to - No information rela place to ensure routi	uded breaking beds down, to clean behind them s provided for how often				
D 077	Furnishings 10A NCAC 13F .030 Furnishings (a) Adult care homes (4) have a North Car Environmental Healt		D 077			

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If continuation sheet 12 of 21

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL025023	B. WING		06	/07/2017
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ST STREET	ZIP CODE		
GOOD SH	EPHERD HOME FOR TH	HE AGED	ERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 077	Continued From page	e 12	D 077			
		h sanitation scores of 85 or facilities with 13 beds or				
	reviews the facility fa sanitation requirement Environmental Health floors, walls, and ceil	ns, interviews, and record iled to meet the minimum nt of 85 on the NC Division of n Sanitation report related to ings being in disrepair, and th soap and hand towels or				
	The findings are:					
	revealed: -There was a docum -Floors were easy to -Walls and ceilings cl -Lighting was out in t room. -Vent filters for the a/	tion report dated for 05/08/17 ented score of 83.5. clean and free of obstacles. leanable and in good repair. he linen closet and laundry /c units were nasty and dirty. wing with mold growing on				
	rooms and drawers. -Furniture in good re	nes observed in resident pair including knobs missing ir torn in activity room.				
	revealed: -There were 4 out of sanitation report were	e still out of compliance. in disrepair and uneven y.				

STATEMENT	of Health Service Regination of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:	A. BUILDING:		
		HAL025023	B. WING		06	6/07/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
GOOD SH	EPHERD HOME FOR TI	HE AGED	ST STREET			
		NEW BE	RN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
D 077	Continued From pag	e 13	D 077			
	them.					
		hallways and in bathrooms				
	-	rking properly or did not have				
	bulbs in them.					
		ms that did not have any				
	soap or towels or hand drying devices in them.					
		Confidential interview with a staff member on				
	06/07/17 revealed: -The facility had an old Maintenance person who					
	•	•				
	had repaired the floors about 1-2 months ago but					
	they were not done properly.					
	-The facility had gotten new Maintenance person					
	who had come in about 3 weeks ago and started					
	working on things that needed to be fixed at the					
	facility.	erson had been coming to				
	-	per week and working on all				
	the things that neede	-				
	-	erson had also fixed some				
	toilets in the facility that needed to be repaired. -The Maintenance person had patched the roof in					
	the dining room whe	-				
		erson had to fix the roof				
		air the floor in the dining				
	room.					
		erson was working on the				
	floors today.	Ŭ				
	Interview with the Ma	aintenance personnel on				
	06/07/17 at 12:30 PM					
	-He had been workin	ng on the repairs at the facility				
	for about 3 weeks no	ow.				
		ther Maintenance person on				
	staff but the repairs h	ne had done were not done				
	properly.					
		about 2 weeks ago and since				
	has been working or					
		needed to be fixed before he				
	put any new flooring	down.				

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	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL025023	B. WING			/07/2017
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
GOOD SH	EPHERD HOME FOR TH	IE AGED	ST STREET RN, NC 28560			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 077	Continued From page	e 14	D 077			
	-He would be there e weeks to complete al	very day for the next 3 to 4 Il the repairs.				
	10:30 AM revealed:	ility Manager on 06/07/17 at Id Maintenance person but				
	he was not doing the fired,	job properly and he was				
	person to work on fix	tenance person has mostly				
	-The Maintenance per in the dining room.	erson had repaired the ceiling				
	dining room. -The Maintenance pe	he could fix the floors in the erson would be making all the facility within the next				
	few weeks. -The County Sanitation	on inspection person was to f July to reassess the facility				
	for a new sanitation s					
D 080	10A NCAC 13F .0306 Furnishings	ô(a)(6) Housekeeping And	D 080			
	10A NCAC 13F .0306 Furnishings (a) Adult care homes					
	(6) have a supply of l washcloths, sheets, p	bath soap, clean towels, billow cases, blankets, and adequate for resident use on				
	This Rule shall apply facilities.	to new and existing				
	This Rule is not met Based on observation	as evidenced by: ns and interviews the facility				

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		HAL025023	B. WING		06	6/07/2017
iame of Pi	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
SOOD SH	EPHERD HOME FOR TH	HE AGED	ST STREET ERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 080	Continued From pag	e 15	D 080			
		all resident bathrooms were ad a towel or hand drying common bathrooms.				
	The findings are:					
	for the women on 06 -There was a soap d by the sink that was soap. -There was no towel	ast hall common bathroom /06/17 at 9:55 AM revealed: ispenser hanging on the wall empty and did not have any hanging in the bathroom. g device hanging in the				
	for the men on 06/06 -There was a soap d by the sink that was soap.	ast hall common bathroom /17 at 10:15 AM revealed: ispenser hanging on the wall empty and did not have any ack hanging on the wall but				
	there was not a towe	I handing on the rack. g device handing in the				
	revealed: -The bathrooms were -There were never and hanging on the up to -The resident's usual paper towels.	ny towels or paper towels dry your hands with. Ily would just buy their own				
	and fill up the soap d Interview with a seco	ed then they will come down ispenser. and resident on 06/07/17 at				
	in them.	e always running out of soap ne soap dispenser up if you				

STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CC	ONSTRUCTION	(X3) DAT	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		HAL025023	B. WING		06	6/07/2017
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE	1 •••	
	EPHERD HOME FOR TH	603 WE	ST STREET			
GOOD SH		NEW BE	ERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 080	Continued From pag	e 16	D 080			
	 D 080 Continued From page 16 notify them it was empty. There were never any paper towels or regular towels in the bathroom. The resident's usually will buy their own paper towels to use for drying their hands. Interview with a third resident on 06/07/17 at 12:40 PM revealed: They were not aware of there ever being any paper towels in the bathrooms. The soap was always running out and it did not get refilled until one of the residents went and told the staff that it was empty. Interview with a fourth resident on 06/07/17 at 12:45 PM revealed: The bathrooms were always running out of soap. The bathrooms were always running out of soap. The facility had been made aware of some of the bathrooms not having ways to dry your hands after you wash them, he was told to go use one of 					
	12:10 PM revealed: -The Housekeeping v sure the bathrooms h and soap in them. -They were to be che- it was done. -She had some of the about running out of towels, but none of the complained. Interview with the fact 11:30 AM revealed: -The Personal Care A responsible for making	member on 06/07/17 at was responsible for making had towels, paper towels, ecking this daily to make sure e residents come to her soap and towels or paper hem had ever really cility Manager on 06/07/17 at Aides or a Housekeeper is ng sure the bathrooms are owels, soap, and or a towel				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
					-	
		HAL025023	B. WING		06	/07/2017
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
GOOD SH	EPHERD HOME FOR TH	IE AGED	ST STREET ERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 080	Continued From page	e 17	D 080			
	provide these items. -She usually checks make sure it was com -She forgot to check -She was going to ma stocked on 06/06/17 it. -It was her responsib	the bathrooms on 06/06/17. ake sure everything was but then she just forgot to do ility to make sure that all t stocked with soap, towels,				
D 283	10A NCAC 13F .0904 Service	4(a)(2) Nutrition and Food	D 283			
	(a) Food Procureme Homes:					
	review, the facility fai equipment, preparati	as evidenced by: n, interview and record led to ensure the kitchen on areas, food storage areas e clean, orderly and free of				
	The findings are:					
	drinks and snacks we plastic cart with three crumbs and white an	17 at 10:20 a.m. revealed ere being served from a shelves that had food d beige smears dried into of all of the cart shelves.				
	Observation of the ki on 6/06/17 at 11:53 a	tchen and dry storage areas				

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
	HAL025023	B. WING		06	5/07/2017
AME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
OOD SHEPHERD HOME FOR T	HE AGED	ST STREET ERN, NC 28560			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL : LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 283 Continued From pag	je 18	D 283			
and streaks along th -A large white Styrof and a straw in the pl residents was sitting preparation table. -The front of the over buildup of spilled food -The ice maker had be brownish marks dow -A reach-in refrigerat and smears on the do -The inside of a refrig- drips and smears. -A stainless refrigerat fingerprints and streat substance on the do -The inside of the har reach-in refrigerator/ substance which cau handles when touch- -Inside of the reach- packages of chicken in plastic and paper -There were no labe had been removed ff boxes. -Plastic food and sup blue plastic tops wer the dry storage room -The blue container from multiple grayish smeans Observation on 6/06 resident dining room -Three flies were on were eating. -A fly was on the har	n had a thick dark burned on od and grease on it. white dried liquid drips and on the side. tor had multiple fingerprints loor surfaces, and handles. gerator door had dried drink ator/freezer had multiple aks of dried food and slippery ors and handles. andles on the stainless (freezer had a slippery used the fingers to slip off the ed. in freezer revealed numerous h, hamburger and vegetables coverings. Is on them to ensure they rom approved original food oply storage containers with re on kitchen shelves and in n. tops were covered with ears and fingerprints. /17 at 12:20 p.m. in the				

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL025023	B. WING		06	/07/2017
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
GOOD SH	EPHERD HOME FOR TH	IE AGED	ST STREET RN, NC 28560			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	D THE APPROPRIATE	COMPLET DATE
D 283	Continued From page	e 19	D 283			
	drinks at the lunch tir	ne.				
	resident dining room that were flying arour	6/17 at 12:25 p.m. in the revealed there were 3 flies nd all the food and kept vhile food was being served				
	who had been eating revealed: -The flies were gettin swatted away. -The resident had no they were annoying i	It the flies but did not know if				
	supervisor and the re- revealed: -The kitchen, dining a were to be cleaned d kitchen help. -Daily cleaning was s off the stove, counter -The kitchen supervis cleaning such as insi stove/ovens and insid storage areas. -There had been an i residents were in an of the building and the facility. -They were not aware	sor did most of the deep de and outside of de of refrigerators and in increase in flies recently and d out of the facility all day. nd out all day to the outside le flies would come into the e of anything done to keep				
	assure daily and dee	ning area. m or monitoring in place to p cleaning of the kitchen and reas in the dining room was				

TATEMENT	f Health Service Region OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
	ROVIDER OR SUPPLIER	HAL025023	ADDRESS, CITY, STATE		06/07/2017	
		603 WE	ST STREET			
SOOD SH	EPHERD HOME FOR TI	NEW BE	ERN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMP THE APPROPRIATE DA	
D 283	Continued From pag	ie 20	D 283			
	kitchen, storage area were clean and orde contamination. -They will ensure foo	ent a system to assure the as, and serving equipment rly and protected from od was protected from serving food to residents in				
ision of Hea	Ith Service Regulation					