Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A BUILDING. COMPLETED HAL025023 B WING_ 06/07/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STATE ZIP CODE 603 WEST STREET GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 SUMMARY STATEMENT OF DEFICIENCIES X4110 PROVIDER'S PLAN OF CORRECTION ID FREEK (EACH DEFICIENCY MUST BE PRECEDED BY FULL (25) PREHIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION; TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY D 000 Initial Comments D000 C The Adult Care Licensure Section conducted an annual survey and a complaint investigation on June 6-7, 2017. D 072 10A NCAC 13F 0305(m) Physical Environment D 072 10A NCAC 13F .0305 Physical Environment (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; (2) If the home has a fence around the premises. the fence shall not prevent residents from exiting or entering freely or be hazardous; and (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure trash and debris from repairs in the back yard was removed, that the rotten soffits and front porch columns were repaired, stored materials, shed contents and a hole in the yard off of the kitchen area and the disrepair of the drive way was secured for facility residents who walked in those areas were maintained in a clean and safe condition. The findings are A. Observation on 6/06/17 at 9:40 a.m. of the driveway next to a large tree revealed a car driving on the left end of the driveway that rocked side to side from the various heights of the raised up large broken pieces of asphalt with hill like areas on the driveway surface. Division of Health Service Regulation : ABORATORY DIRECTOR'S OR PROVIDER/SUPPRIER REPRESENTATIVE'S A GNATURE STATE FORM ેફ કૃપ

Reviewed & Accepted by: ALMK

HOLLIT

Division of Health						
STATEMENT OF DEFIC AND PLAN OF CORRE		(X.1) PROVIDER/S IDENTIFICATE		(X2) MULTIPLE CC	ONSTRUCTION	(X3) DATE SURVEY
	S II SI F	IOL VOID IONIS	UN NUMBER	A BUILDING		COMPLETED
		HAL0250)23	8. WING	<u> </u>	06/07/2017
NAME OF PROVIDER (OR SUPPLIER		SIREFT	ADDRESS CITY, STATE	ZIP CODE	
GOOD SHEPHERD	HANE EAR T	11= 4 A=N		ST STREET	= 10	
GOOD SHEETIEND	MUNIE FUR II	TE AGED		ERN, NC 28560		
(X4) ID	SUMMARY S	TATEMENT OF DEFIC	CIENCIES	ID.	PROVIDER'S PLAN OF CORRECTIO	k :
PREFIX P	(EACH DEFICIENC REGULATORY OR	GY MUST BE PRECED RESC IDENTIFYING IN	DED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
14 10 to 1		EGG TELLATION TO THE TA	IFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE DATE
D 072 Continu	and Erom page				00.0000	<u> </u>
				D 072		
		6/07/17 at 11:20				
reveale	d 2 residents	walking across t	the driveway			
or the ra	acility where the	the driveway was	s raised and			
and cra	icked in multip	ole places.				
Intervie	w on 6/07/17	at 12:43 p.m. wit	íth tha			
	nance worker		III IIIC			
		at the facility rece	entiv and			
had not	riced the cond	lition of the broke	en and	100		
raised o	friveway.					
		nere was a plan t	to fix the			
drivewa	ıy.			2		
-He tho	ught the high	raised and broke	en asphalt			
ditas w	ere a result of	of the large tree re	oots next to			
the drive		Idla a la abas	F 120 22			
city abo	Jgnt tricy wor of the free and	uld have to checl id redo the surfac	k with the			
-No info	rmation was r	provided about th	Je.			
protection	on from the ha	azard for the resi	idents			
Interview	v on 6/07/17 a	at 12:45 p.m. witi	th the			
administ	trator revealed	d:				
-Resider	nts who went	out in the broker	n and raised			
driveway	/ area were in	ndependent with	ambulation.			
-No Inioi	mation was p	provided about a	plan to			
from the	uneafe walkir	nd to protect the ng area was prov	residents			
7901 mc	Unadic Walkii	ig area was prov	vided.			
Interview	v on 6/07/17 a	at 10:48 a.m. with	h a resident			
revealed						
-He had	seen some re	esidents that had	walked in			
the areas	s of the broke	n driveway on				
	to the store.					
-He was	not aware of a	anyone getting h	aurt from			
the raise	d up asphalt a	areas in the drive	sway.			
Interview	i on 8/07/17 a	it 12:45 p.m. with	_ 45			
Resident	Care Director	t 12.40 pm. with ir revealed:	i the			
		outside with walk	ere would			

Division of Health Service Regu	ulation			TOTAL TROVES
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER	50 50 40000000000000000	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025023	B. WING		06/07/2017
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY STA	ITE ZIP CODE	
GOOD SHEPHERD HOME FOR TH	JE AGED 603 WE	ST STREET		
	NEW BI	ERN, NC 28560	- ASS	
PREFIX (EACH DEFICIENC)	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION:	ID PRESIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROL DEFICIENCY)	LD BE COMP. 400
0 072 Continued From page	e 2	D 072		
broken and raised as Independent residen broken and raised are	nts did not go over to the ea.			
premises at the front and resident was obserporch. The front porch had if the floor of the porch if rotten and crumbling is bases. One of the rotten colubeen repaired with widen and peeling. The front of the building had broken and peeling. A chair was turned on of the porch. Foam stuffing was and the foam of the front of the part of the front of the part of the front of the the substantial door was in bottom of the door with inches up from the bottom both sides of the front bushes and bare ground. No ash tray was observed and front interview on 6/07/17 at	ling above the front porching paint throughout, ver in the grass on the side round the chair. 6-7 feet from the front porch, ttached to a room that was building, rusted away all across the thing aged edges about 10 attom of the door, ts were observed scattered front porch stairs among the lind. Served for the smoking area tof the facility.	·	The front perch had broton and per perchant of the country. The front perch had broton and perchant and perchant are discount arrange. The metal door three him the replace discountry are placed discountry of a resident to S. no.	+ was 8/24/17
on the front porch reversities and lived time but did not recall and the columns had bee entire time he had lived	ealed: d in the building for a long exactly how long, en in that condition the d there, one of the concrete bases of			

Division of Health Service Re-	gulation			FORM APPROVED
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CUA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING _	<u> </u>	COMPLETED
	HAL025023	B. WING		06/07/2017
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS CITY STAT	E VIE CODE	1 00/01/2017
COOD CUEDUEDD HOME COD	602 ME	ST STREET		
GOOD SHEPHERD HOME FOR T	INE AGED	ERN, NC 28560		
X4-ID SUMMARY	STATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTI	ON
FREFIX (EACH DEFICIENT TAG REGULATORY O	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL	DBE TME = T.
		TAG .	CROSS-REFERENCED TO THE APPROL DEFICIENCY)	PRIATE 5475
D 072 Continued From pa	ne 3	D 072		
14 - 140 - 1	•	0072		
column without injur				
-Residents smoked	on the porch and threw the			
butts on the ground				
and not able to be s	de of the porch was broken			
	w it got turned over on the			
grass nor how long	it had had been that way.			
-A door near the from	nt porch that led to the			
basement had the b	ottom rusted out about 6-8			
inches up from the b	pottom of the door.			
-He had not seen re	sident go near the door.			
Interview on 5/07/17	at 12:43 p.m. with the			
maintenance worker				
had been working or	at the facility recently and repairs and upkeep as	69		
needed.	repairs and upkeep as			
-He had just checker	d and found the front porch			
overhang columns h	ad a wooden inner support			
that were in good co	ndition.			
	mns would not be able to be			
pushed over nor fall	to hurt residents.			
 He had recently star 	ted to work at this facility and			2
did not know how for	ng the columns had been			ä
rotting.				-11
- The outside columns	s with the rotten wood would		M. Lantitur a	ull
pe removed and flew	ones have been ordered.		The fulle of	10
C. Observation on 6.	/07/17 at 10:58 a.m. of the		Persung theel	01.3/12
side yards and the ba	ack of the facility revealed:		I I MA	iterias 3/41
-There were black rot	iten areas on the soffits in		he and but	
several areas of the i	ouilding.		The form	mittee.
-A board was hanging	down from a repaired area		a I hackin To	
on the left side yard o	on the fascia and soffits		und were	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
-The hanging board h	ad a nail sticking up on it		in repaired. U	e certi
with the pointed part	of the nail visible for about 1	9	No.	
inch			the survivaing	
-There was a black ro	itten area at the gutter near		The facility as assured that a hazardans has repaired. Il the survivaling arounds Kept as	air
the resident smoking		967 NO	MILH.	ager
-A 1 1/2 foot black pip	e and multiple roof shingles	Min i	a MIDESTELLA	\mathcal{J}_{κ} δ

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PRINTED: 06/26/2017 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES X1) PROVIDER SUPPLIERCE A (X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING __ HAL025023 06/07/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX IEACH OUTGIENCY MUST BE PRECEDED BY FULL PREFIX /EACH CORRECTIVE ACTION SHOULD BE or were grown 1000 REGULATORY OR USC IDENTIFYING INFORMATION: 11270 TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY D 072 Continued From page 4 D 072 were found in the grass in the back -The soffit fascia area in the corner of the building was black with rot and rain was dripping through a recently repaired area -A 3 foot diameter by 3 foot deep hole in the back yard near the kitchen exit was uncovered and there were no warning signs or protection against stepping into the hole. -An empty bucket container was tipped over and a pair of used plastic care gloves were on the ground near it -A downspout from 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 sharp edge to the bracket was sticking out from the building wall -A hand railing at a facility exit was in the grass and not attached to the walkway at the exit. -The door to the storage building in the back yard of the facility was open. -Multiple pipes and other debris were sitting on the ground half inside and the rest outside of the building -An old rusted cooking grill was sitting up against the storage building -On the right side of the facility was an opening in the wall about 3 feet by 3 feet from the ground level up -The open wall area had a piece of wood over the hale, but it did not completely cover the opening -An area of about 1/3 of the wood piece in the 3

foot by 3 foot hole was missing

-Vermin could enter a space of the hole in the wall that was was not covered with the wood.

Interview on 6/07/17 at 10:59 a.m. with three residents in the smoking area revealed:

-There were several residents who went around the building to the back and the side yards

STATE FORM

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It continues so sheet if at 2.5

vision of Health Service Regulation

STATEMENT OF DEFICIENCIES		IX1: PROVIDER:SUPPLIERIOUS	(X2) MULTIPLE CON	STRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	1DENTIFICATION NUMBER	A BUILDING		COMPLETED	
			AND TO SERVE AND			
		HAL025023	8. :MNC		06/07/2017	
ANNE ME D	DECRIBER OF CURPARE		THE RESIDENCE AND A PROPERTY OF	-	06/07/2017	
: A1:-20. E 2' sE €	ROVIDER OR SUPPLIER		TAOURESS CITY STATE ZI	PICORE		
GOOD SH	EPHERD HOME FOR TH	IE AGED	EST STREET			
	CLAMARIA		BERN, NC 28560			
ERLEIX TAG	EACH DÉFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH COPRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEPICIENCY)	He we get	
D 072	Continued From page	e 5	0.072			
	-One resident went a	round the building for				
	exercise	reality the banding los				
		e and shed areas but stayed				
	away from them	and the state of t				
	-They did not know of	fany injuries from the				
		ne back or the front of the				
	facility.					
	Interview 0/07/47	-1 14 70				
		at 11:03 a.m. with another				
		led he had seen several				
	residents go around ti	o the back of the facility.				
	Interview on 6/07/17 a	at 12.43 p.m. with the				
	maintenance worker r					
		on fixing the repairs since				
	he recently started that	at had been left from the				
	previous maintenance					
	-He was aware of the	rotten areas and boards on				
	the soffit areas and we	ould get to those when the				
	repairs on the roof lea	k and ceifing/floor repairs				
	from the rain were cor	mpleted in the dining room				
	-ne inought the root a	nd dining room repairs				
	should be completed to	n all of the repairs would be				
	completed	in all of the repairs would be				
	-The shed should be id	ocked at all times				
	-He had been using th	e shed that day and had				
	left it open so he could	go back and forth as				
	needed				ļ	
	-The hose and plumbir	ng snake on the ground			İ	
	was from inside the sh	ed would go back inside.				
	-The old grill was to be	thrown away.			N.	
	The large hole in the o	ground near the kitchen exit				
	door was a grease trap	D.				
	There had been a cov	er over the trap.				
	- The plan was to cover	rit over permanently and				
9	have another grease d	rop area.				
	Interview on 6/06/17 at	1.12:47 p.m. with the				
	administrator revealed	The state of the s			1	

Division of Healti	n Service Reg	ulation				1 5/10/17/17/21	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X3) PROVIDER SUPPLIER/CHA IDENTIFICATION NUMBER		E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRE	EC.HON	IDENTIFIC	IATION NUMBER	A. BUILDING		COMPLETED	
						Î	
		HAL02	25023	B WING		06/07/2017	
NAME OF PROVIDER	OR SUPPLIER		STREET	ADDRESS CITY 57	ATE ZIP CODE		
COOR SHEDHED	NUMBEROD T	UE AGED	603 WE	ST STREET			
GOOD SHEPHERI	TOME FOR I	HE AGED	NEW BE	ERN, NC 28560			
(X4-1()		TATEMENT OF DE		157	PROVIDER'S PLAN OF CORPECTION		
		CY MUST BE PREI RESCIDENTIFYING		PREFIX TAG	EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	šE POMOLETIC	
	94.00				DEFICIENCY	3	
D 072 Contin	ued From pag	je 6		D 072			
-The d	ining room lea	aked from the	roof with the				
		iling fell throug					
		enance worke					
		ng up with the					
b ex "	inen ine rotter ed soon:	n wood areas v	would be				
E		for clean up ar	round the yard.				
-There	was not a pla	in for the prote	ection of				
resider	nts with the ed	uipment from	the storage				
buildin	g nor with the	grease trap h	ole.				
-Some	thing would be	e put in place t	to prevent				
pit.	with the equi	pment, trasn a	and the grease				
P***							
D 074 10A NO Furnish		6(a)(1) House	keeping And	D 074			
		6 Housekeepi	ng And				
Furnish (a) Adı	ings ult care home:	e chall					
		igs, and floors	or floor				
		and in good re					
					'11		
This Ru	ile is not met	as evidenced	by:		The Landety well	$r \hat{I}$.	
Based	on observation	ns and intervie	ews the facility		The that all	\$ 22/1	
taileo to	maintain wal	ls, ceiling, and	floors clean		Male second	. /	
scuffed	and scratcher	cluding walls the d up, and floor	nat were		will, courself to ave		
uneven	and would fle	x when walke	d on		and Commency		
	dings are:				The facility will make sure that all make sure that all make and consissing are and consissing are Kept chan that by many down		
wie in	90 0/0.				touch her Mare	· 52	
Observa	ation of the co	mmon bathroo	om on the east		month -		
		06/06/17 at 9:	55 AM		Agreez -		
revealed		alic that best :			9		
- Hele (WOLD A OLA MS	alls that had or	ange spots				

STATE FORM

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Prision of Health Service Regulation

PRINTED 06/26/2017 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETE A BUILDING ____ 6.14MC _____ HAL025023 06/07/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 K4, ID SUMMARY STATEMENT OF DEPICIENCIES PROVIDER SIPLAN OF CORRECTION ÆACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX FEACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR USC IDENTIFYING INFORMATION: CROSS-REFERENCED TO THE APPROPRIATE TAG UA". DEFIDIENCY) D 074 Continued From page 7 0.074 and scuffed paint all over them. -There were 4 floor tiles that were broken and cracked on the floor -The floor was very soft and when walked on would flex and give. Observation of room 16 of the facility on 06/06/17 at 10:05 AM revealed: -There were several cracks in the ceiling and cracked paint all over the ceiling. -There was 1 of 4 walls that had a thick sticky brownish black substance around a mirror hanging on the wall. -There was an area on the floor in the corner of the room that had a soft spot and it make the floor flex in over that spot when walked on. -The entry door to the room was scuffed and scratches all over the sides front, and back of the door. There were also black smudged stains all over the door. Observation of the common bathroom on the east hall men's side on 06/06/17 at 10:15 AM revealed. -There were 3 out of 4 walls scuffed and scratched up all over them and all around the baseboard of the walls -The entry door to the bathroom was scuffed and scratched all over the front, back, and side of the door. Observation of Resident room 12 of the facility on 06/06/17 at 10:20 AM revealed there were 25 cracked and broken floor tiles.

side, and back of the door.

Observation of Resident room 9 of the facility on 06/06/17 at 10:22 AM revealed the entry door was scuffed and scratched up all over the front.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION. IDENTIFICATION NUMBER COMPLETED A BURDING _ B WING HAL025023 06/07/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE, ZIP CUDE **603 WEST STREET** GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 SUMMARY STATEMENT OF DEFICIENCIES . A4:10 PROVIDER'S PLAN OF CORRECTION PREFIX :EACH DEFICIENCY MUST BE PRECEDED BY FULL PREF'X (FACH CORRECTIVE ACTION SHOULD BE COMC FIE REGULATORY OR USC IDENTIFYING INFORMATION: TAG CROSS-REFERENCED TO THE APPROPRIATE TAG TATE DEFICIENCY) D 074 Continued From page 8 D 074 Observation of room 10 of the facility on 06/06/17 at 10:25 AM revealed: -The private bathroom floors were soft and flexed when walked on -The private bathroom door was scuffed and scratched. -The baseboard on 4 of 4 walls was dirty and had a brownish black build up. Observation of Resident room 7 of the facility on 06/06/17 at 10:30 AM revealed: -The private bathroom floor had 6 tiles broken around the toilet. -The floor around the toilet was soft and flexed when walked on. -There were 2 of 4 walls that had scuffed and scratched up paint on them -The baseboard on 4 of 4 walls was dirty and had built up brownish black dirt on them. -There was 1 of 4 walls that had a hole the size of a baseball in it. Observation of the dining room on 06/06/17 at 9.20 AM revealed: -There were 2 spots in the ceiling that had been patched but not painted. -All of the tile in the dining room floor had been torn up and there was just wood floor -In the middle of the dining room floor there was new tile and other materials that are used to repair the floor. Observations on 6/06/17 from 10:05 AM - 10:22 AM of the right hall revealed: - The ceiling sprinkler pipe was rusted and had a thick cover of gray dust. - The baseboards had a layer of gray dust moveable to touch.

around the commode

- The tiles on the floor were cracked and broken.

Dutain of Hanlib Poorigo Dogo	ulation			PRINTED: 06/26/2017 FORM APPROVED
Division of Health Service Requestratement of Deficiencies and plan of Correction	(X1) PROVIDER/SUPPLIER/GL/A IDENTIFICATION NUMBER	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED
	HAL025023	B WING		06/07/2017
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY STATE	ZIP CODE	
	603 WE	ST STREET		
GOOD SHEPHERD HOME FOR TH	NEW BI	ERN, NC 28560		
FREFIX FEACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PPECEDED BY FULL LSC IDENTIFYING INFORMATION;	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	CULD BE COMPLETS
D 974 Continued From pag	e 9	D 074		
grout of the tiles in from Another common oright hall had a red regaint on the floor and a men's bathroom multiple deep scuff a wooden baseboards. The walls had multiple deep scuff a wooden baseboards. The walls had multiple of the sink the about 10 inches in lease the sink the surround we caught the dirt of the handle was on the dease the sink the	commode bathroom on the ust colored painted square with drips of red rust colored d wall. Inear the activity room had and gouge marks on the wide tiple black marks from the wall. along the wall. along the wall. along the wall was an open area ength. Indous 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 ceiling light fixture that did not eitch was engaged room had black smears where it was textured and inside area where the			

Division of Health Service Regulation

walls or ceilings

residents on the Right Hall revealed:

bathrooms on the Right Hall

They had lived there for just a few weeks and had noticed the housekeeper cleaned every day.
They did not notice there were no lights in the

- They did not know about any deep cleaning of

	Division of Health Service Regi	ulation			John William Collins
	STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2: Mil_TIPLE C	ONSTRUCTION	(X3) DATE SURVEY
-	NO PLAN OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING		COMPLETED
		•			
		HAL025023	3 WING		06/07/2017
ľ	NAME OF PROVIDER OR SUPPLIER		ADDOCCO CILL STATE	- 415.3V DE	1 00/01/2017
	NAME OF FROMDER OR SUFFLIER		ADDRESS CITY STATE	E. 219 CODE	
	GOOD SHEPHERD HOME FOR TH	HE AGED	ST STREET ERN, NC 28560		
ĺ		TATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORE	RECTION
		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PREFIX	EACH CORRECTIVE ACTION S	HOULD BE COMPLETE
	123	ESS (CENTRE THIS HAT CHMATICAL)	TAG	CROSS-REFERENCED TO THE AF DEFICIENCY:	PROPRIATE 1415
	9 074 Continued From pag	e 10	D 074		***************************************
	Intentiew on 6/07/17	at 10:35 AM with a resident			
l	residing on the Right				
l	- He lived there for r				
	- The housekeeper	The second secon			
	bathrooms and bedro	• DAN 1986			
	- He was not aware	the lights were out in the			
	bathrooms and did n	ot know about how long the			
İ	tiles were broken in t				
		at 10:40 AM with the			
	housekeeper reveale				
		the light bulbs in the			
	bathrooms were not				
		vorker came to the facility			
		ne would change the bulbs. ere out, she was to notify the			,
		ey would tell the maintenance			
	worker.	y wood tell the markenance			
	- She "cleaned" room	ns and bathrooms daily			
		provided when questioned .			
		consisted of nor about deep			1
	cleaning schedules.				
	1_1				
	interview with the Me 12:10 PM revealed.	dication Aide on 06/07/17 at			Î
		rson is at the facility 2-3			
		ng on the needed repairs			
		places in the floors that were			
		I to be repaired for about a			İ
	month				
	-The old Maintenance	e person had done some			}
	repairs but the new p	erson had to repair the old			
	persons work since it	was not done properly.			
		aintenance guy had been			
		room area where the roof			
	had caved in.				
	Intoniaith at a said		88		
	Interview with the Mai	urenance person on			

06/07/17 at 12:55 PM revealed:

Division (of Health Service Requ	ulation			FORM APPROVED	
STATEMENT	TIDE DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	7X2: MULTIPLE 0	(K2: MULTIFLE CONSTRUCTION)		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	A BURDING		COMPLETED	
		HAL025023	5. WING		06/07/2017	
NAME OF P	POVIDER OR SUPPLIER	STORET 5	SOOFER CITY STATE	we see	1 00/0//2017	
., .,	The lower of the care		ODRESS CHY STATE	AF COOP		
GOOD SH	HEPHERD HOME FOR TH	HE AGED	ST STREET ERN, NC 28560			
(X4; °C)		TATEMENT OF DEFICIENCIES	10	PPOVIDER'S PLAN OF CORRECTIO	DN 16.	
PREFIX CAG		CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION;	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE LOWELET	
ວ 074	Continued From page	e 11	D 074			
	past couple of weeks	3				
	The property of the property o	n working on getting the				
	dining room ceiling a	and floor repaired.				
	-He had to make sure	e the roof was fixed as well				
		he rest of the dining room.				
	needed at the facility.					
	-The old Maintenance	e person had repaired a lot				
	of these things but ha	ad not done them properly so				
		e to go back and repair them				
	again.	C. 407				
	-He would be at the ta	facility every day for the 3 to				
	the facility were done	e that all needed repairs at				
	the adding were done	in.				
	Interview on 6/07/17	at 12:35 PM with the				
		nator and the administrator				
	- Housekeeping staff	f were to complete routine				
	cleaning daily.					
	 With routine cleaning 	ng, staff were to clean				
	bathrooms and facility					
	- Deep cleaning inclu	uded breaking beds down.				
	moving furniture out to	o clean behind them				
	deep cleaning was to	provided for how often				
		ted to a system that was in				
	place to ensure routin	ne and deep cleaning was				
	completed was provid	led when questioned.				
D 077	10A NCAC 13F 0306 Furnishings	S(a)(4) Housekeeping And	D 077			
	10A NCAC 13F 0306	i Housekeeping And				
	Furnishings					
	(a) Adult care homes s					
	(4) have a North Carol					
	Environmental Health	approved sanitation				

classification at all times in facilities with 12 beds

STATEMENT OF DEFICIENCIES	(V1) PROVIDER/SUPPLIER/CLIA	(VO: M: 0 TID) =	COUNTY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	The same of the sa	CONSTRUCTION	(X3) DATE SURVEY
		A. BUILDING _		COMPLETED
	HAL025023	B. WING		
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS CITY STA	III. NE ACO-	06/07/2017
300D SHEPHERD HOME FOR		EST STREET	LE MA CODE	
	NEW E	BERN, NC 28560		
(X4) ID SUMMAR' PREELY FEACH DEFICIE	STATEMENT OF DEFICIENCIES	CI	PROVIDER'S PLAN OF CORP) Cana
TAG REGULATORY	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	PREFIX TAG	IEACH COPRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY	HOULD BE OVER 2 =
D 077 Continued From p	age 12	D 077		
or less and North	Carolina Division of			
Environmental He	alth sanitation scores of 85 or			
above at all times	in facilities with 13 beds or			
more:	To beds of			
This Rule shall app	ply to new and existing			
facilities.				
This Pula is not m				
Based on observat	et as evidenced by: ions, interviews, and record			
reviews the facility	failed to meet the minimum			
sanitation requirem	ent of 85 on the NC Division of			
Environmental Hea	Ith Sanitation report related to			
floors, walls, and ce	eilings being in disrepair, and			
naving bathrooms v	with soap and hand towels or			
hand drying devices	S.			
The findings are.				
Review of the sanita	ation report dated for 05/08/17		The fincility been re-in and rins now	
revealed:			Ar I markete.	hat 1113/1
-There was a docum	nented score of 83.5.		The proceeding	الإداري
-Floors were easy to	clean and free of obstacles		1	a serted
 Walls and ceilings in 	cleanable and in good repair		Dien se ser	
-Lighting was out in	the linen closet and laundry		and who were	>
room.	w		maintain a	prade
- Prome in the north	/c units were nasty and dirty		Mantan	, o
the walls.	wing with mold growing on		n an	
	hes observed in resident		01, -10-	<u> </u>
rooms and drawers.	ics observed in resident		to m	my few
	pair including knobs missing	9	Municipal 10 11	n the
on dressers and cha	ir torn in activity room.	20	the cleanuss	
Observation of the fe	reility on 06/06/47 on 05		Manager to m the cleanuss of facility.	
revealed:	icility on 06/06/17- 06/07/17			
-There were 4 out of	the 15 areas on the			
sanitation report were	e still out of compliance.			
-The floors were still	in disrepair and uneven			
through a state of the	D D D D D D D D D D D D D D D D D D			

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Division	of Health Service Requ	lation			FORM APPROVED
STATEMEN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2: MULTIPLE CO		(X3) DATE SURVEY COMPLETED
		HAL025023	3. WNO		06/07/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET?	ADDRESS CITY STATE	ZIP GODE	
C000 81	ICDUICOD HOME FOO TH	603 WE	ST STREET		
GOOD SH	IEPHERD HOME FOR TH	NEW BE	RN, NC 28560		
(XA) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULE SCIDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE SOMP FIRE
D 077	Continued From page	e 13	D 677		
	them.				
	EMPETATOR MA	hallways and in bathrooms			
	33	king properly or did not have			
	bulbs in them.	and properly of did not have			
	-There were bathroor	ns that did not have any			
	soap or towels or har	d drying devices in them			
	O6/07/17 revealed: -The facility had an of had repaired the floor they were not done promoted they were not done promoted they were not done promoted they were not done promoted the facility had come in about working on things that facilityThe Maintenance per the facility 2-3 days promoted the facility 2-3 days promoted they are the facility that needed to the facility that they are t	in new Maintenance person to 3 weeks ago and started to needed to be fixed at the rson had been coming to er week and working on all do to be fixed. rson had also fixed some at needed to be repaired rson had patched the roof in			
		rson had to fix the roof			
		r the floor in the dining			
	-The Maintenance per floors today.	rson was working on the			
	06/07/17 at 12:30 PM -He had been working for about 3 weeks nov -The facility had anoth staff but the repairs he properly.	on the repairs at the facility ver Maintenance person on e had done were not done bout 2 weeks ago and since			

-He felt that the roof needed to be fixed before he

Division of Health	Service Regi	ulation			5000000	% * · · · · · · · · · · · · · · · · · · ·
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION (DENTIFICATION NUMBER)			(X2) MULTIPLE CO A. BUILDING		(A3) DATE SURVEY COMPLETEL	
***		HAL02	25023	R MING		06/07/2017
NAME OF PROVIDER O	R SUPPLIER		STREET A	DDRESS CITY STATE	ZIP CODE	<u> </u>
GOOD SHEPHERD	HOME FOR TH	HE AGED		ST STREET RN, NC 28560		
	EACH DEFICIENC	TATEMENT OF DE CY MUST BE PRES LISC IDENTIFYING	GEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF A (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE TOMP 4.77 HE APPROPRIATE DATE
⊇ 077 Continu	ed From pag	je 14		D 077		
	uld be there e to complete a		the next 3 to 4			
10:30 A -The fac he was fired, -The fac person! -So far t been wo -The Ma in the di -The Ma fixing the dining ro -The Ma necessa few wee -The Co come ba	M revealed: cility had an o not doing the cility had brout to work on fix the new Main orking on the aintenance perior of so that com. aintenance per repairs to taks.	old Maintenance job properly a ught in a new living all the pro- ntenance perso dining room a erson had repo erson was now the could fix the erson would be the facility with	Maintenance oblems, son has mostly area, paired the ceiling ow working on the floors in the making all			
Furnishir (a) Adult (6) have washclot additiona hand at (ngs AC 13F .0306 ngs t care homes a supply of b ths, sneets, p al coverings a all times;	6 Housekeepir shall bath soap, clea billow cases, b	ng And an towels, plankets, and resident use on	D 080		
		as evidenced is and intervie	by: ews the facility			

PRINTED: 06/26/2017 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA XZ) MULTIPLE CONSTRUCTION (X.3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** A BUILDING COMPLETED HAL025023 B WING 06/07/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STATE ZIP COCH 603 WEST STREET GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 SUMMARY STATEMENT OF DEFICIENCIES (24) 10 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX FACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION: COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE 2416 DEFICIENCY) D 380 Continued From page 15 080 € failed to assure that all resident bathrooms were stocked with soap and a towel or hand drying device for 2 out of 5 common bathrooms. The facility will assure
that proper treatth 8/24/17
procedures are use and
properly dispensed
to private account yerms.
the private account yerms.
the private account prosters
and report and prosters The findings are. Observation of the east hall common bathroom for the women on 06/06/17 at 9:55 AM revealed: -There was a soap dispenser hanging on the wall by the sink that was empty and did not have any soap -There was no towel hanging in the bathroom. -There was no drying device hanging in the bathroom. Observation of the east hall common bathroom for the men on 06/06/17 at 10:15 AM revealed. to manager --There was a soap dispenser hanging on the wall by the sink that was empty and did not have any soap -There was a towel rack hanging on the wall out there was not a towel handing on the rack -There was no drying device handing in the bathroom. Interview with a resident on 06/07/17 at 12:30 PM revealed: -The bathrooms were always out of soap. -There were never any towels or paper towels hanging on the up to dry your hands with. -The resident's usually would just buy their own paper towels. -If the staff are notified then they will come down and fill up the soap dispenser.

12:35 PM revealed:

Interview with a second resident on 06/07/17 at

-The bathrooms were always running out of soap

-The staff would fill the soap dispenser up if you

Division o	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C(14) AND PLAN OF CORPECTION IDENTIFICATION NUMBER			EX2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY	
ONLI PLANIC	F CUMPECTION	IDENTIFICATION	NUMBER	A BUILDING	4/1-	COMPLETER
		9		1		
		HAL025023		S WING		06/07/2017
NAME (JE PE	ROVIDER OR SUPPLIER		STREETA	ADDRESS CHY STATE	710 27100	
2000/97/00000 937 100 100 100 100 100/00 100				ST STREET		
GOOD SH	EPHERD HOME FOR TH	IE AGED		RN, NC 28560		
(K4, H) PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENT OF MUST BE PRECEDEL LSC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (FACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE SHOULD BE
D 080	Continued From page	e 16		D 080		
	notify them it was em	ıptv.				
	-There were never ar		regular			
	towels in the bathroo					
	-The resident's usual		n paper			
	towels to use for dryii	ng their hands.				
	Interview with a third 12:40 PM revealed:	resident on 06/07	/17 at			
	-They were not aware	e of there ever hei	na anv			
	paper towels in the b		ing any			
	-The soap was alway		it did not			ì
	get refilled until one of					
	the staff that it was er	mpty.				
	Interview with a fourth	h resident on 06/0	7/17 at			
	12:45 PM revealed:					
	-The bathrooms were					
	-The facility had been					
	bathrooms not having after you wash them.					
	the other bathrooms.	The was told to go	use one or			
	Interview with a staff	member on 06/07	′17 at			
	12 10 PM revealed:					
	-The Housekeeping v					
	sure the bathrooms h and soap in them.	ad lowels, paper t	owels.			
	-They were to be che	cking this daily to	maka sura			
	it was done.	citing the daily to	Hake Suie			
	-She had some of the	residents come to	her .			
	about running out of s					
	towels, but none of th	em had ever really	/			
	complained.					
	Interview with the faci	lity Manager on 06	6/07/17 at			
	11:30 AM revealed:					
	·The Personal Care A					
	responsible for making					
	stocked with paper to	wels, soap, and or	a towel			

on the racks

Division of Health Service Requ	dation			FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(A1) PR. A/IDER SUPPLIER/CLIQ IDENTIFICATION NUMBER	IX25 MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED
	HAL025023	B. WING		06/07/2017
NAME OF PROVIDER OR SUPPLIER	STREETA	ADDRESS CITY: STA	TE, ZIP COCE	
GOOD SHEPHERD HOME FOR TH	4E ACED 603 WE	STSTREET		
GOOD SHEFHERD HOME FOR TH		RN, NG 28560		
PRÉFIX SEACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MOST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION:	ID PREFIX TAG	PROVIDER'S PLAN OF COPRECTI LEACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	URE COMPLETE
D 080 Continued From pag	e 17	D 080		
-The staff were requiprovide these itemsShe usually checks make sure it was corshe forgot to checkShe was going to mestocked on 06/06/17 itIt was her responsible bathrooms were kept and or paper towels of	these everyday herself to inpleted. The bathrooms on 06/06/17 ake sure everything was but then she just forgot to do illity to make sure that all is stocked with soap, towels, daily.		Jackety.	derle
D 283 10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by, Based on observation, interview and record review, the facility failed to ensure the kitchen equipment, preparation areas, food storage areas and food served were clean, orderly and free of contamination. The findings are: Observation on 6/06/17 at 10:20 a.m. revealed drinks and snacks were being served from a plastic cart with three shelves that had food crumbs and white and beige smears dried into the textured surface of all of the cart shelves.		D 283	that food the assertion the chear dept and Kep Kito Traff and Kep free of centerning. What will me with daily.	icage ger/17 icage in , caic icaic ton their

on 6/06/17 at 11.53 a.m. revealed:

FORM APPROVED Division of Health Service Regulation (X.1) PROVIDER/SUPPLIER/CLIA IX3I DATE SURVEY (XZ) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED 4 BUILDING _ P MMG_ HAL025023 06/07/2017 STREET ADDRESS CITY STATE, JIP CODE NAME OF PROVIDER OR SUPPLIER 603 WEST STREET GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPULAR PREFIX PREFIX (EACH CORRECTIVE AUTION SHOULD BE REGULATORY OR USC IDENTIFYING INFORMATION 54°F TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 283 Continued From page 18 D 283 -The kitchen steam table had white liquid drips and streaks along the back and sides of the table. -A large white Styrofoam drink cup with liquid in it and a straw in the plastic top not used for residents was sitting on a metal kitchen preparation table. -The front of the oven had a thick dark burned on buildup of spilled food and grease on it. -The ice maker had white dried liquid drips and brownish marks down the side. -A reach-in refrigerator had multiple fingerprints and smears on the door surfaces, and handles. -The inside of a refrigerator door had dried drink drips and smears. -A stainless refrigerator/freezer had multiple fingerprints and streaks of dried food and slippery substance on the doors and handles -The inside of the handles on the stainless reach-in refrigerator/freezer had a slippery substance which caused the fingers to slip off the handles when touched. -Inside of the reach-in freezer revealed numerous packages of chicken, hamburger and vegetables in plastic and paper coverings. -There were no labels on them to ensure they had been removed from approved original food -Plastic food and supply storage containers with blue plastic tops were on kitchen shelves and in the dry storage room -The blue container tops were covered with multiple grayish smears and fingerprints. Observation on 6/06/17 at 12:20 p.m. in the resident dining room revealed:

Division of Health Service Regulation

were eating

-Three flies were on resident clothing while they

-A fly was on the handle of the drink cart. -Two flies were on drink cups of tea and a pink drink that had been sitting on the cart for serving

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PRINTED: 06/26/2017 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING _ B WING __ HAL025023 06/07/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP GODE 603 WEST STREET GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION X4HD ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE -MF - F * 1. PREFIX PREFIX واهر REGULATORY OR USC IDENTIFYING INFORMATION/ TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 283 Continued From page 19 D 283 drinks at the lunch time Observation on 06/06/17 at 12:25 p.m. in the resident dining room revealed there were 3 flies that were flying around all the food and kept landing on the food while food was being served. to residents. Interview on 6/06/17 at 12:30 p.m. with a resident who had been eating funch in the dining room revealed: -The flies were getting bad and they had to be swatted away -The resident had not seen them on the food, but they were annoying in the dining room. -The staff knew about the flies but did not know if they had done anything about them. Interview on 6/07/17 at 8:45 a.m. with the kitchen supervisor and the resident care coordinator revealed: -The kitchen, dining areas and storage areas were to be cleaned daily after meals by aides and kitchen help -Daily cleaning was sweeping, mopping, wiping off the stove, counters and tables. -The kitchen supervisor did most of the deep cleaning such as inside and outside of stove/ovens and inside of refrigerators and in storage areas. -There had been an increase in flies recently and residents were in and out of the facility all day. -Residents were in and out all day to the outside of the building and the flies would come into the facility

-They were not aware of anything done to keep

-There was no system or monitoring in place to assure daily and deep cleaning of the kitchen and serving and eating areas in the dining room was

the flies out of the dining area.

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PEAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/SULA IDENTIFICATION NUMBER	(X2) MULTIPLE C A. BUILDING	(X3) DATE SURVEY COMPLETED	
		HAL025023	A Whig	05/07/0047	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS CITY STATE	710.000	06/07/2017
030000000000000000000000000000000000000		000 14/5	ST STREET	. 21º CODE	
GOOD SH	EPHERD HOME FOR 1		ERN, NC 28560		
FREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID FREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE GOVERNMENT OF THE APPROPRIATE DATE
D 283	Continued From page	ge 20	D 283		
	kitchen, storage are were clean and orde contamination -They will ensure fo	ment a system to assure the eas and serving equipment erly and protected from od was protected from eserving food to residents in			
					i

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