		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01		R-C	
		HAL025035	B. WING			<u>14/2016</u>
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
NEW BE	RN HOUSE		JNSWICK AVE RN, NC 28562			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE A DEFICIENCY)		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
{C 000}	Initial Comments		{C 000}			
	Report of a Follow-Up Complaint Construction Survey by Ed Miller and Billy Bryant January 14, 2016.					
	The deficiencies noted during the Complaint Biennial Construction Survey has been corrected. New citations had been added.					
{C 166}	Housekeeping-Maintained Free of Hazards		{C 166}			
	FURNISHINGS (a) Adult care home (5) be maintained orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	Business Office Ma failed to provide a of that implements pro- bug infections. Findings on Januar a. Bedroom 38 - t thoroughly cleaned difficult, b. Bedroom 39 - t thoroughly cleaned difficult, c. Bedroom 52 - t thoroughly cleaned difficult, d. Bedroom 71 - t	rvation, interview with mager, and Staff, the facility clean and orderly environment ocedures to prevent future bed				

Division of Health	Service Re	gulation	•			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025035			(X2) MULTIPLE A. BUILDING: 0		(X3) DATE SURVEY COMPLETED	
		B. WING			R-C 01/14/2016	
NAME OF PROVIDER	OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
NEW BERN HOUS	Ε		JNSWICK AVE RN, NC 28562			
PREFIX (EAC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG PREFIC TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
{C 166} Continu	ed From pa	ge 1	{C 166}			
difficult, f. Sta employe identify bug pro g. Sta employe identify protoco h. Doo in the he impleme action/p New Be	ff Training - bed bugs. V tocol and of ff Training - bed bugs. V l and of the cumentation ome and av entation of b rocedures,	, making bed bug detection interview of Staff 1 (new received training on how to Vas not aware of facility's bed the past bed bug infection. interview Staff 2 (15-month eived training on how to Vas aware of facility's bed bug past bed bug infection. - there was no documentation ailable for review of: facility's bed bug protocol, exterminator and proactive activities that ave implemented to prevent infections.				
SECTIO 10A NC REQUII (a) The mechar care ho operatir (k) This facilities which s This Ru 1. Bas being m This wo equipm	DN .0300 - F AC 13F .03 REMENTS building an ical, and plume shall be g condition s Rule shall with the ex hall not app le is not mo ed on Obse iaintained in uld affect a	ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing to existing facilities. et as evidenced by: ervation, the facility was not a safe and operating manner. I residents, staff and visitors, if pair injury someone.				

64ML22

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY	
		A. BUILDING: 01		COM	COMPLETED	
		HAL025035	B. WING			R-C 14/2016
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE			
IEW BE	RN HOUSE		UNSWICK AVE RN, NC 28562			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES ID PROVIDER'S PLA			OF CORRECTION (X5)	
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
C 189	Continued From page 2		C 189			
	beside the bed was missing its cover plate, Deficiency corrected before Construction Surveyors departed Site,					
	 Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on January 11, 2016: Bedroom 51 - the corridor doorknob did not retrat its latch bolt making exiting the room very difficult. 					

64ML22