

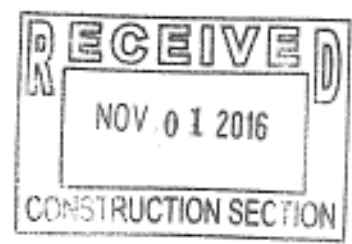
Division of Health Service Regulation		X2: MULTIPLE CONSTRUCTION		X3: DATE SURVEY COMPLETED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1: PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL025023		A: SURVINO 01	
		B: WING _____		R 07/12/2016	

NAME OF PROVIDER OR SUPPLIER  GOOD SHEPHERD HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET NEW BERN, NC 28560			
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X4: ID PREFIX SUFFIX		SUMMARY STATEMENT OF DEFICIENCIES (ACH-207) OR ACH MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		X5: PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
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0300: Intra-Comments (C 000)  
Report of a Follow Up Survey by Dennis Harrell on 7-12-2016

Several deficiencies from the Biennial Survey on 7-02-2016, and the Follow-up of 2-0-2016, remain to be corrected.



0194: Housekeeping and Furnishings-Clean, Repaired (C 194)

SECTION 0300 - PHYSICAL PLANT  
10A NCAC 13F 0305 HOUSEKEEPING AND FURNISHINGS

- (a) Adult care homes shall:
  - (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
  - (2) have no chronic unpleasant odors;
  - (3) have furniture clean and in good repair;
- (e) This Rule shall apply to new and existing facilities.

This Rule is not met as evidenced by New Findings on 02/02/2016:  
a. Dining Room - Main Electrical Panel Room - The previously rotted wood walls have been covered with dry wall and there is mold forming on the drywall.

3. Based on observation there is a pattern of furnishings that are not in good repair as evidenced but not limited to the specific examples listed in the findings. Damaged furniture, furnishings and fixtures or lack of required furnishings do not contribute to a desirable living environment.

Findings from 02/02/2016:  
a. Room #27 - The wall mirror is missing.

4. Based on observations the exterior of the

*The facility will assure 9/1/16 that the walls will be free from mold. Maintenance will follow up with this monitoring monthly.*

*The facility will repair any damage furnishing within facility needing immediate attention 9/1/16*

Division of Health Service Regulation		DATE		X6: PAGE	
SUPERVISOR, DIRECTOR, OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					

Name of Health Service Regulation			
1) NUMBER OF DEFICIENCIES NUMBER OF CORRECTIONS	2) PROVIDER/CLINICAL FACILITY IDENTIFICATION NUMBER	3) MULTIPLE CONSTRUCTION A. BUILDING #1 B. WING	4) DATE SURVEY COMPLETED R 07/12/2016
HAL025023			

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS CITY STATE ZIP CODE
GOOD SHEPHERD HOME FOR THE AGED	603 WEST STREET NEW BERN, NC 28580

4) ID PRE-2 25	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	5) ID PREEM TAC	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	6) ID PREEM TAC
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(C 165) Continued From page 3  
New Finding on 02/02/2016  
a. Room #30 - There are open light sockets in the light fixture

(C 165) *The facility will cover all light sockets to prevent any safety issues for the residents. Maintenance will follow monthly.* 9/1/16

(C 165) Building Equipment Maintained Safe Operating  
SECTION 0300 - PHYSICAL PLANT  
10A NCAC 13F 0311 OTHER  
REQUIREMENTS  
a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.  
b) This Rule shall apply to new and existing facilities with the exception of Paragraph 1e, which shall not apply to existing facilities

This Rule is not met as evidenced by:  
1. Based on observation fire safety systems have not been maintained. Fire resistant rated construction that is not maintained could affect all occupants of the facility by failing to prevent the spread of fire and smoke from the area of origin.

*The facility will assure fire safety systems are properly maintain within and around the facility* 9/1/16

Finding on 02/02/2016  
x. Dining Room - Main Electrical Closet - There are gaps in the dry wall ceiling where it is penetrated by the conduits from the electrical panels.

*The facility will repair all gaps in ceiling.* 9/1/16

New finding on 7-12-2016  
There are several PVC conduits penetrating the ceiling that are not properly protected with an insuflumescant fire caulk.

2. Based on observation the electrical equipment has not been maintained in an operating condition. Electrical equipment that

*The facility has assured that anything blocking the* 9/1/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES SECTION OF CORRECTION	X1 PROVIDER'S NPI/LEVA IDENTIFICATION NUMBER  HAL025023	X2 MUST BE CONSTRUCTION A. BUILDING 01  B. WING _____	X3 DATE SURVEY COMPLETED  R 07/12/2016
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NAME OF PROVIDER OR SUPPLIER  GOOD SHEPHERD HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET NEW BERN, NC 28560
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DEFICIT RANK (1-6)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION.)	C PRIORITY (1-6)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	CPL CLASS. DATE (1-6)
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(C-166)	<p>Continued From page 5</p> <p><b>REQUIREMENTS</b></p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ol style="list-style-type: none"> <li>(1) soiled linen storage</li> <li>(2) soiled utility room</li> <li>(3) bathrooms and toilet rooms</li> <li>(4) housekeeping closets and</li> <li>(5) laundry area</li> </ol> <p>(h) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities</p> <p>This Rule is not met as evidenced by</p> <ol style="list-style-type: none"> <li>1. Based on observation the facility is not providing exhaust ventilation as required. Exhaust fans that do not operate could effect occupants of the facility by not exhausting odors and fumes.</li> </ol> <p>Findings from 02/02/2016:</p> <ol style="list-style-type: none"> <li>a. Johnny Sampson Hall, Restrooms Adjacent to Room #2 - The exhaust fans do not work.</li> <li>b. South Hall Women's Restroom - The exhaust fans is not working.</li> </ol>	(C-166)	<p>The facility sure assures that all exhaust fans are operating properly.</p> <p style="text-align: right;">9/1/16</p>	
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