STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		A. BUILDING. VI			C		
		HAL025023		B. WING		05/	10/2017
NAME OF F	PROVIDER OR SUPPLIER	STR	EET ADD	RESS, CITY, S	STATE, ZIP CODE		
GOOD S	HEPHERD HOME FO	IR THE AGED		STREET N, NC 2856	0		
(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 ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 000	Initial Comments			C 000			
	Report of a Constr ComplaintSurvey b 05/12/2017.	ruction Section by Billy S. Bryant conducte	d on				
	04/21/1987 The fact Beds. Therefore the conformance with a Adult Care Homes applicable portions Edition of the North Institutional Occup Licensing of Adult (nis facility was first license cility is currently licensed for facility was surveyed for the 2005 Rules for Licensi of Seven or More Beds at 6 of the 1978 (Revision 8) in Carolina Building Code(sancy, and the 1984 Rules Care Homes of Seven or Ne time of initial licensure.	ing of and s), for				
	in the facility and a the local county he of 83.5. In addition room that had dest ceiling. The complaint was		oy score ning ne				
	environmental issu Plan of Correction.	ies were cited and require	а				
C 160	Outside Premises-	Clean, Safe		C 160			
	(1) The outside gr facilities shall be m condition;	ents for outside premises a ounds of new and existing naintained in a clean and s	ı				
	This Rule is not m	et as evidenced by:					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
					С	
	HAL025023		B. WING			0/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GOOD S	HEPHERD HOME FO	R THE AGED 603 WEST NEW BER	STREET N, NC 2856	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 160	Continued From pa	ge 1	C 160			
	Based on observations the exterior of the facility is not maintained clean and safe. Holes in the building envelope will allow vermin to enter.					
	Findings on 05/10/2017: a. Building exterior - The wood soffits and fascia boards have peeling paint, areas of rot and holes where the soffit board has been removed.					
	b. Front Entrance - The bases of the columns at the entrance to the facility have areas that have completely rotted away leaving holes in the bases.					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND				
	This Rule is not me 1. Based on observe maintained the floo	ation the facility has not				
	the location of the v "spongy" and deflect possible deterioration	lining room in the area under water leaks from the ceiling is cts when walked on indicating on of the subfloor framing.				
		dining room in the area under vater leaks from the ceiling are				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
	HAL025023		B. WING			C 10/2017	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GOOD S	HEPHERD HOME FOI	R THE AGED	603 WEST	FSTREET RN, NC 2856	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI YMUST BE PRECEDED B SC IDENTIFYING INFORN	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 164	Continued From pa	ige 2		C 164			
	starting to detach fr	om the plywood su	bfloor.				
	2. Based on observ		s not				
	Findings on 05/10/2 a. There is furniture wing and throughou spaces and residen worn and not in goo	e located in the uno ut the facility, in both nt rooms that is dam	n public				
	3. Based on Observe kept clean. a. Kitchen - The filte not installed and are pantry room. The inbackspalsh are cov	ers for the cooking e stored on the floo nterior of the hood a	range are r in the ind the wall				
	b. Corridors - In wa are clogged with du		rn air ducts				
	c. North Wing - Wit not functioning then and there is mold g Wing.	e is a lack of condit	ioned air				
	e. North Wing - The rooms have not bee a conversation with other types of insection the floors and wiwing.	en cleaned on a reg the staff. Dead roa cts, and spider were	jular as per ches, flies, observed				
C 166	Housekeeping-Mair	ntained Free of Haz	ards	C 166			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home	06 HOUSEKEEP	ING AND				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED			
HAL025023		B. WING		05/ 1	0/ 2017			
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE				
GOOD S	GOOD SHEPHERD HOME FOR THE AGED 603 WEST STREET NEW BERN, NC 28560							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE		
C 166	(5) be maintained is orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on observe from hazards. Finding on 05/10/20 a. North Wing - A g at the emergency en has been removed.	n an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: ration the facility is not free only: uard rail for the ramp landing xit door at the end of the hall. This could effect occupants n exit by exposing them to the	C 166					
C 167	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (6) have a supply of washcloths, sheets additional coverings hand at all times; (e) This Rule shall facilities. This Rule is not me 1. Based on observ provide the required Finding on 05/10/20 a. Restrooms Adjac and Adjacent to Ro and paper towels si	es shall: of bath soap, clean towels, pillow cases, blankets, and adequate for resident use on apply to new and existing et as evidenced by: eation the facility failed to d soap and paper towels.	C 167					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	HAL025023	B. WING		C 05/10/2017
NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD HOME FOR	THE AGED 603 WES	DRESS, CITY, S F STREET RN, NC 28560	TATE, ZIP CODE	
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES JUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
mechanical, and plum care home shall be moperating condition. (k) This Rule shall appropriate facilities with the excessive which shall not apply. This Rule is not met 1. Based on observate components have not and operating condition resistant rated ceiling. This could effect the ceiling failed to limit finding on 05/10/201 a. Dining Room - The the dining room has belieak and there are two 24" X 24" and the oth that compromise the ceiling. Note: The maintenant the ceiling while the serious of the components of the ceiling while the serious of the ceiling on 05/10/201 a. Dining Room - The room does not function to the components of the components of the components of the ceiling while the serious of the ceiling on 05/10/201 a. Dining Room - The room does not function to the components of the components of the ceiling on 05/10/201 a. Dining Room - The room does not function to the components of the ceiling while the serious does not function the ceiling room of the components of the ceiling while the serious does not function the ceiling room of the	all fire safety, electrical, mbing equipment in an adult naintained in a safe and pply to new and existing eption of Paragraph (e) to existing facilities. as evidenced by: tion the building's fire safety of the fire on as the integrity of the fire and smoke to its area of one of the one of th	C 189		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		SURVEY LETED			
	HAL025023		B. WING		C 05/10/2017			
			ADDRESS, CITY,	STATE, ZIP CODE	1 00/1	0/2017		
GOOD S	GOOD SHEPHERD HOME FOR THE AGED 603 WEST STREET							
(VA) ID	STAMMADV STA	TEMENT OF DEFICIENCIES	ERN, NC 2856	PROVIDER'S PLAN OF CORRECTION	ON	(VE)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
C 189	Continued From pa	ge 5	C 189					
	maintain plumbing	ration there is a failure to equipment. This could effect bility to restrooms when						
		ent to room #2 - The restroom in out of order sign on the						
	HVAC equipment the an operating condit Findings on 05/10/2 a. Through wall or F							
	function, a unit is ur the units are missin Note: The DHSR su replacement parts f	urveyor was shown for the units and the said the units would be	or					

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