

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/22/2017
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NAME OF PROVIDER OR SUPPLIER NEW BERN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2915 BRUNSWICK AVENUE NEW BERN, NC 28562
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 2-22-2017. Records indicate this facility was first licensed as a Home for the Aged on 3-1-1980. The facility underwent an addition of two wings in 1983. Currently the facility is licensed for a total capacity of 108 beds, therefore the facility must meet the 1977 and the applicable components of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 (w/revisions) North Carolina State Building Code for Institutional Occupancy.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the exit doors are equipped with wanderer bracelet initiated Delayed Egress locking. The exits fail to comply with the	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Executive Director

DATE
3/20/2017

Division of Health Service Regulation

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 2-22-2017. Records indicate this facility was first licensed as a Home for the Aged on 3-1-1980. The facility underwent an addition of two wings in 1983. Currently the facility is licensed for a total capacity of 108 beds, therefore the facility must meet the 1977 and the applicable components of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 (w/revisions) North Carolina State Building Code for Institutional Occupancy.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the exit doors are equipped with wanderer bracelet initiated Delayed Egress locking. The exits fail to comply with the	C 101	We have taken the signs off the windows and put on the Doors.	3/7/2017

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C 101	<p>Continued From page 1</p> <p>NC State Building Code that requires a sign on each locked door. Finding includes: The signs provided on the 3 exits out of the dining room are completely hidden behind blinds.</p> <p>2. Based on observation, a Delayed Egress exit failed to comply with the NC State Building Code that requires an audible signal in the vicinity of the door when egress is initiated. Finding includes: The Delayed Egress door in the Activity room sounded an alarm only in the TV room.</p> <p>3. Based on observation, some of the Delayed Egress exits failed to comply with the NC State Building Code that requires the doors begin the exit process when a force of not more than 15 pounds is applied. Findings include: a. The Delayed Egress exit from the left side of the dining room took approximately 50 pounds to initiate. b. The Delayed Egress exit near the TV room took approximately 75 pounds to initiate. c. The Delayed Egress exit in the TV room took approximately 100 pounds to initiate.</p> <p>4. Based on observation, 3 marked exits on the left side of the building lead into a secured courtyard. The courtyard is not large enough to provide an area of refuge as required by the NC State Building Code. Finding includes: The courtyard gate was padlocked and was an obstruction to exit discharge because staff did not carry keys to the lock.</p>	C 101	<p>We have contracted Fires Fire to correct the egress exit on a, b, and, c Estimated completion: 4/5/2017</p> <p>We will change the pad lock to a combination lock and make sure all CNA's are aware of the combination. Estimated completion: 3/22/2017</p>	

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C 111	Continued From page 2	C 111		
C 111	Must Have Current San. & Fire Safety Reports	C 111		
	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the most recent Sanitation inspection for the kitchen was dated 9-29-2015. Buildings must be inspected and approved annually as required.</p>		Our current inspection is 3/8/17. We have attached a copy of inspectin.	3/8/2017
C 154	Entrances/Exits-Wanderer Alarms	C 154		
	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.</p> <p>This Rule is not met as evidenced by: Based on interview with staff, the facility houses 5 residents that are known to wander and are</p>			

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C 154	Continued From page 3 provided with wander bracelets. Based on observation, the exit doors are equipped with wanderer bracelet initiated Delayed Egress locking. No other alarm is provided at any of the exits. The exits near rooms 14 and 52 failed to lock when a wander bracelet was brought nearby. The exit near room 52 leads to a secure courtyard so it is not so great a hazard when the weather is not extreme. The exit near room 14 has no protection and could allow resident elopement. Note: A Plan of Protection was accepted for the exit near room 14 in which the facility will provide constant supervision for the exit until the Delayed Egress is repaired or an audible alarm is installed.	C 154	We will provide an alarm on all doors. Estimated completion: 4/15/2017	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 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: Based on observation, mold was growing on the walls, ceiling and door of the corridor closet near the LHPS Nurse office.	C 164	The dark substance has been cleaned.	3/13/2017
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

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NAME OF PROVIDER OR SUPPLIER
NEW BERN HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
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NEW BERN, NC 28562**

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C 166	Continued From page 4 FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the left exit from the Dining room was dragging and hard to open and close. An exit that is hard to open could delay or prevent an evacuation in an emergency. 2. Based on observation, waste traps had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Findings include: a. Hopper was dry in the LHPS Nurse office, b. Hopper and mop sink dry in the former utility room near room 9, 3. Based on observation, a sink had been removed and the wall drain not capped in the former utility room near room 9. Uncapped drains allow noxious, combustible odors and possibly harmful bacteria to enter the facility.	C 166	The dining room door has been repaired.	3/17/2017
			a. & b. the waste trap has been repaired	3/17/2017
			The drain has been capped.	3/17/2017
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained	C 185		

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C 185	Continued From page 5 and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, records were not available onsite for the rehearsals of the fire plan. Records must be maintained and available for review.	C 185	We will maintain records for rehearsals of the fire plan. We have attached a sample of our rehearsals.	2/28/2017
C 189	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. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Delayed Egress doors on the left side of the building failed to unlock when the fire alarm system was activated. Finding include exit doors in the following locations: a. Corridor near room 67, b. Corridor near room 72, c. Corridor near the TV room, d. TV room, e. Activity room,	C 189	We have contracted First Fire Protection to correct the delayed egress a,b,c,d,e & f. Estimated completion: 4/15/2017	

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C 189	<p>Continued From page 6</p> <p>f. Left side of the dining room.</p> <p>2. Based on observation, some of the Delayed Egress doors did not secure the door as designed. Findings include: a. Delayed Egress door near room 14 did not lock. b. Delayed Egress door near room 52 did not lock.</p> <p>3. Based on observation, several rooms had been damaged by water leaks several weeks ago and were being renovated. The smoke and/or heat detectors had been removed from the ceilings in the damaged rooms. Missing fire detection devices could delay activation of the fire alarm system in an actual fire. Findings include: a. Detectors had been removed from bedroom 69 and the adjoining bathroom and closet. b. Detectors had been removed from bedroom 71 and the adjoining bathroom and closet. c. Detectors had been removed from bedroom 73 and the adjoining bathroom and closet.</p> <p>4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unfinished 3 ft. by 7 ft. patch in ceiling of bedroom 73, b. Unfinished walls and ceiling in bedroom 71 and the adjoining bathroom and closet, c. Unfinished walls and ceiling in bedroom 69 and the adjoining bathroom and closet,</p>	C 189	<p>a, & b, we have contracted First Fire to correct this issue. Estimated completion: 4/15/2017</p> <p>a, b, & c, detectors will be reinstalled. Estimated completion: 4/15/2017</p> <p>a. We will complete the patching in ceiling of bedroom 73. Estimated completion: 4/15/2017 b, & c, the walls have been finished</p>	3/17/2017

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C 189	<p>Continued From page 7</p> <p>d. Holes in the ceiling beside 2 smoke detectors in the front lobby,</p> <p>e. A portion of the ceiling, 18 inches by 18 inches, had fallen out in the bathroom off bedroom 61.</p> <p>f. Unsealed ceiling penetration in the exit foyer near room 52,</p> <p>g. Hole in wall in Bathroom/Spa near room 53,</p> <p>h. Hole in ceiling in corridor closet near room 48,</p> <p>i. Heat detector not properly mounted to ceiling in corridor closet near room 48,</p> <p>j. Heat detector not properly mounted to ceiling in soiled utility near room 47,</p> <p>k. Unsealed ceiling penetration in soiled utility near room 47,</p> <p>l. Unsealed ceiling penetration in Activity room,</p> <p>m. Ceiling register not properly mounted Activity room,</p> <p>n. Holes in the ceiling beside heat detector in the Activity room,</p> <p>o. Unsealed ceiling penetrations water heater room off kitchen,</p> <p>p. Plywood patch, 2 ft. by 4 ft., on ceiling in LHPS Nurse office,</p> <p>q. Heat detector not properly mounted to ceiling in oxygen storage closet,</p> <p>r. Heat detector not properly mounted to ceiling in corridor closet near room 13,</p> <p>s. Unsealed ceiling penetration in Chapel,</p> <p>t. Unsealed ceiling penetration in corridor closet near room 10,</p> <p>u. Heat detector not properly mounted to ceiling in corridor closet near room 10,</p> <p>v. Corridor ceiling not properly finished at smoke detector near the Administrator's office,</p> <p>w. Unsealed ceiling penetration in corridor closet near med room,</p> <p>x. Hole in ceiling of kitchen storage closet near dining room entrance.</p>	C 189	<p>We have contracted First Fire to repair. Estimated completion: 4/15/2017</p> <p>The ceiling has been repaired.</p> <p>Ceiling penetrations have been repaired with UL Rated fire caulk</p> <p>g. & h. the holes in the walls have been repaired with UL Rated Fire Caulk</p> <p>We have contracted First Fire to repair the heat detector. Estimated completion: 4/15/2017</p> <p>k, i, j, k, l, m, n, & p, have been repaired.</p> <p>q. & r, we have contracted First Fire Safety to repair heat detector in storage closet. Estimated completion: 4/15/2017</p> <p>s, & t, ceiling penetrations have been repaired with UL rated fire caulk</p> <p>u, & v, we have contracted First Fire to repair the detectors. Estimated completion 4/15/2017</p> <p>w, & x, ceiling penetrations have been caulked with UL Rated Fire caulk.</p>	<p>3/17/2017</p> <p>3/17/2017</p> <p>3/17/2017</p> <p>3/16/2017</p> <p>3/17/2017</p> <p>3/17/2017</p>

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C 189	<p>Continued From page 8</p> <p>5. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <p>a. The door to bedroom 13 would not latch when closed.</p> <p>b. The door to bedroom 19 would not latch when closed.</p> <p>c. The door to soiled utility near room 47 would not latch when closed.</p> <p>d. The door to bedroom 49 would not latch when closed.</p> <p>e. The door to bedroom 77 would not latch when closed.</p> <p>f. Hole by the latchset through the door to the corridor closet near the TV room,</p> <p>g. The door to the front laundry of approximately 130 ft. sq. was held open with a cement block.</p> <p>h. One of the doors to the kitchen was cut into 2 pieces like a Dutch door. The top portion was equipped with only a deadbolt and would not automatically latch when closed. Also, there was a gap of about 3/8 inch between the doors which would allow smoke and flame to pass through easily.</p> <p>6. Based on observation, the GFCI type receptacle in the bathroom off bedroom 75 would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk.</p> <p>7. Based on observation, the key pad to allow entry at the Delayed Egress exit near room 67 had been removed and the outlet box left open.</p>	C 189	<p>a, b, c, d, e, & dh have been repaired.</p> <p>The block has been removed.</p> <p>The dutch door has been corrected.</p> <p>GFCI has been replaced.</p> <p>We have contracted First fire to repair the delayed egress exit. Estimated completion 4/15/2017</p>	<p>3/17/2017</p> <p>3/5/2017</p> <p>3/16/2017</p> <p>3/16/2017</p>

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C 189	Continued From page 9 8. Based on observation, the fire alarm pull station provided at the exit from the Chapel was hanging out of the wall. Pull stations that are not properly installed may not work properly in an actual emergency. 9. Based on observation, the toilet in the Bath/Spa near room 42 was "out of order" and a sign was posted.	C 189	We have contracted First Fire Safety to repair the pull station. Estimated completion: 4/15/2017 The sign is gone, the toilet has been repaired.	3/16/2017
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the lights provided were not working in spaces. Findings include: a. No working lights in bathroom off room 75, b. No working lights in Biohazard.	C 197	a, & b, the lights have been repaired.	3/16/2017
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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	C.199		

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C 199	Continued From page 10 before April 1, 1984, with natural ventilation in these specified spaces; (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Finding includes; The exhaust fan would not work in the bathroom off. bedroom 75.	C 199	The exhaust fan in bedroom 75 has been repaired.	3/16/2017

FIRE DRILL STAFF IN CHARGE: <i>Justine Cabrera</i>	DATE AND SHIFT: <i>2/17/17</i> <i>3rd Shift 1:00 am</i>	ZONE: <i>B - Mock Fire in laundry room</i>
TIME TO RELOCATE RESIDENTS TO SAFE ZONE: Staff who participated: <i>Melvena</i> <i>Beverly Smoot</i> <i>Felicia</i>	STAFF MEMBER WHO TOOK RESIDENT ROLL: <i>Justine Cabrera</i>	STAFF MEMBER WHO CALLED FIRE DEPT: (IF DRILL, STAFF SHOULD PUT ALARM ON TEST) <i>Alarm on test.</i>
<i>We did a mock drill - how would we move residents from zone B out of harms way. discussed moving non-ambulatory residents. We moved the residents to the front lobby.</i>		

Food Establishment Inspection Report

Score: 95.5

Establishment Name: NEW BERN HOUSE KITCHEN

Establishment ID: 6025160021

Location Address: 2915 BRUNSWICK AVE

Inspection Re-Inspection

City: NEW BERN

State: NC

Date: 03 / 08 / 2017 Status Code: A

Zip: 28562

County: 25 Craven

Time In: 09 : 45 am pm

Time Out: 11 : 00 am pm

Permittee: WP - NEW BERN HEALTH HOLDINGS, LLC

Total Time: 1 hr 15 minutes

Telephone: (252) 638-4880

Category #: 1

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Nursing Home

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 3

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions								
Risk factors: Contributing factors that increase the chance of developing foodborne illness.								
Public Health Interventions: Control measures to prevent foodborne illness or injury.								
IN	OUT	N/A	NO	Compliance Status	OUT	CDI	R	VR
Supervision .2652								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source .2653, .2655								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination .2653, .2654								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653								
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control, procedures & records	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory .2653								
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations .2653								
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical .2653, .2657								
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures .2653, .2654, .2658								
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Good Retail Practices								
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
IN	OUT	N/A	NO	Compliance Status	OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2656								
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control .2653, .2654								
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used, adequate equipment for temperature control	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification .2653								
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654								
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment .2653, .2654, .2653								
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Facilities .2654, .2655, .2656								
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Deductions:					4.5			



Comment Addendum to Food Establishment Inspection Report

Establishment Name: NEW BERN HOUSE KITCHEN
Location Address: 2915 BRUNSWICK AVE
City: NEW BERN **State:** NC
County: 25 Craven **Zip:** 28562
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site System
Permittee: WP - NEW BERN HEALTH HOLDINGS, LLC
Telephone: (252) 638-4680

Establishment ID: 6025160021
 Inspection Re-Inspection **Date:** 03/08/2017
Comment Addendum Attached? **Status Code:** A
Category #: 1
Email 1: imlewis61@gmail.com
Email 2: nbeh.adm@meridiansenior.com
Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
hot water	hand sink	130						
sausage	walk in	38						

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - Ice machine observed with heavy black buildup. Keep food contact surfaces clean. Corrected during inspection. Ice machine cleaned.

- 21 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - Bag of mozzarella cheese open with no date mark. Person in charge unsure of opening date. Once commercially process food is open date marking applies. Corrected during inspection. Food discarded.

- 26 7-102.11 Common Name-Working Containers - Sanitizer bucket not labeled with working name of chemical. Keep chemicals labeled with common working name of material. Corrected during inspection. Buckets labeled - bleach.



Person in Charge (Print & Sign): Ida *First* Lewis *Last*

Regulatory Authority (Print & Sign): Britney *First* Hargett *Last*

REHS ID: 2489 - Britney Hargett

Verification Required Date: 1/1

REHS Contact Phone Number: () -

Comment Addendum to Food Establishment Inspection Report

Establishment Name: NEW BERN HOUSE KITCHEN

Establishment ID: 6025160021

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.



- 35 Repeat. 3-302.12 Food Storage Containers Identified with Common Name of Food - Observed an unlabeled container of brown sugar and a bin of sugar in dry storage area. Keep labeled with common name of food. Corrected during inspection. Items labeled.
- 41 3-304.12 In-Use Utensils, Between-Use Storage - Ice scoop stored on top of prepackaged food items. Keep scoop stored in a clean dry location as specified by 3-204.12. Corrected during inspection. Scoop relocated.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - Cups stacked wet next to ice machine. Allow dishes to dry before stacking. Corrected during inspection. Cups allowed to air dry.
4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - Utensils in two drawers observed not inverted or with food contact surfaces facing the same direction. Keep utensils protected from contamination as specified by 4-903.11.
- 45 4-202.15 Can Openers - Can opener blade peeling. Keep in good repair.
- 47 Repeat. 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - Observed buildup and debris on shelving in walk in unit, gaskets and on shelving to buffet line. Keep nonfood contact surfaces clean.
- 53 Repeat. 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - Baseboard peeling behind hand sink and coffee area. Floor of walk in cooler rusting. Keep physical facility in good repair.

