Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025033 | A. BUILDING: 01<br>B. WING _____ | 02/21/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE COURTYARDS AT BERNE VILLAGE | 2701 AMHURST BOULEVARD<br>NEW BERN, NC 28562 |

| (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<br><br>Report of Construction Section Biennial Survey by Dennis Harrell on 2-21-2017.<br><br>Records indicate this facility was first licensed as a Home for the Aged serving 55 residents on 5-10-1986. Therefore we are requiring the facility to meet the 1984 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. The facility submitted plans for renovations May 21, 1998 that include sprinkler system and new fire alarm system. The sprinkler and fire alarm systems are required to meet the 1998 North Carolina State Building Codes. | C 000 | | |
| C 101 | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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;<br><br>This Rule is not met as evidenced by: | C 101 | C 101 All staff responsible for the evacuation of a resident were provided In-Service by the Maintenance Supervisor on the procedure for unlocking doors in the event of an evacuation. 7 keys were made for the Assisted Living Staff and a procedure was implemented to sign out keys for each shift. Wellness Director will ensure that staff signs out/in keys for each shift and that it is properly logged by reviewing the log on a weekly basis. Wellness Director, Maintenance Supervisor, and Executive Director will conduct on the spot checks of staff for keys, three staff members per week will be spot checked for keys for the first three weeks, then if no issues identified, monthly spot checks of three staff members for six months, and if no issues identified during monthly check move to quarterly spot checks of three staff members. Documentation of spot checks will be included in staff log. Completion date 2/17/2017 | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

acting Executive Director 4/17/17

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025033 | A. BUILDING: 01<br>B. WING _____ | 02/21/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE COURTYARDS AT BERNE VILLAGE | 2701 AMHURST BOULEVARD<br>NEW BERN, NC 28562 |

| (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 101 | Continued From page 1<br>Based on observation, this facility is equipped with Special Locking (magnetic locks) on the exit doors as allowed by the NC State Building Code. The Code requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys."<br>This Code is not met as evidenced by:<br>The required emergency release switches located at each magnetically locked exit door were of the locking type. Most staff did not carry release switch keys. All staff who are responsible for the evacuation of the occupants must carry an emergency release key at all times when on duty. | C 101 | | |
| C 166 | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include;<br>Items had been stacked all the way to the ceiling in the storage room off the front desk.<br>Note; This deficiency was corrected during the survey. | C 166 | C 166 Items were removed so no longer stacked within 18 inches of the sprinkler head. It was confirmed no other areas had items within 18 inch of sprinkler head. All Storage area's will be marked with a RED LINE at the 18-inch mark from the sprinkler head. Staff are to be in-serviced to maintain all stored items 6" off the floor & 18" below the bottom of the sprinkler head. Areas around sprinkler heads will be inspected by Executive Director or his designee weekly for three weeks, then, if no issues identified, monthly for six months, and, if no issues identified, quarterly. Inspections and the result of the same will be documented in maintenance log. Completion Date 4/7/2017 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025033 | A. BUILDING: 01<br>B. WING _____ | 02/21/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE COURTYARDS AT BERNE VILLAGE | 2701 AMHURST BOULEVARD<br>NEW BERN, NC 28562 |

| (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 166 | Continued From page 2<br>2. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. | C 166 | C166 Drain pipe raised 2 inches from floor (kitchen). There was only one ice machine drain pipe, so no other pipe issues could exist. Visual weekly inspection will be documented in work order management system (TELS). The documentation of the weekly inspections in the TELS system will be reviewed by the Executive Director or his designee weekly for three weeks, then, if no issues identified, monthly for six months, and, if no issues identified, quarterly. Documentation of the completion of the review will be included in the TELS system. Completion Date 2/18/2017 | |
| C 185 | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR EVACUATION<br>(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.<br>(c) Records of rehearsals shall be maintained 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.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on a review of documents, the records available onsite included no description of what the rehearsal involved.<br><br>2. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency.<br>Finding includes:<br>In the 4th quarter of last year, there was no rehearsal done during the 3rd shift. | C 185 | C 185 A fire drill rehearsal has been completed by the 3rd shift. All other shifts have performed quarterly fire drill rehearsals. The work order Management system (TELS) now alerts Maintenance Supervisor to the scheduled drill, including proper shift, ensuring all shifts are drilled quarterly, Included in the work order management system (TELS) process is the uploading of a complete description of the rehearsal associated with the drill. The Executive Director or his designee will review the TELS quarterly to ensure all shifts have had fire drill rehearsals and there is proper documentation of date and time of rehearsals, the shift, staff members present, and short description of what the rehearsal involved. Documentation of completion of the quarterly inspections will be included in the TELS system. Completion Date 2/24/2017 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025033 | A. BUILDING: 01<br>B. WING _____ | 02/21/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE COURTYARDS AT BERNE VILLAGE | 2701 AMHURST BOULEVARD<br>NEW BERN, NC 28562 |

| (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 189 | Continued From page 3<br>Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the Special Locking (magnetic lock) was improperly mounted at exit 3 and was not securely locking the door. Special Locking (magnetic locks) that do not function correctly could allow resident elopement.<br><br>2. Based on observation, 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.<br>Findings include;<br>a. One of the smoke barrier doors near room 201 did not latch when closed.<br>b. The double doors to the Community Room would not latch when closed. Note; This deficiency was corrected during the survey.<br>c. The door to chart room was wedged. Note; This deficiency was corrected during the survey.<br>d. The door to Assistant Activity Co-ordinator's office was propped open. Note; This deficiency was corrected during the survey.<br>e. The door to room 106 does not fit the opening | C 189<br>C 189 | C 189 Exit 3 was fixed so locked securely. All mag locks inspected no further issues with mag lock securing were noted. Magnetic locks are inspected weekly by Maintenance Supervisor and documented in work order management system (TELS). The documentation of the weekly inspections in the TELS system will be reviewed by the Executive Director or his designee weekly for three weeks, then, if no issues identified, monthly for six months, and, if no issues identified, quarterly. Documentation of the completion of the review will be included in the TELS system. Completion Date 2/17/2017<br><br>C189 (2) All Fire doors were adjusted during survey to ensure proper closure<br><br>(a) Door has been adjusted to ensure proper closure.<br>(b) Door was adjusted to ensure proper closure during survey.<br>(c) All staff will be In-Serviced on not propping/wedging doors open and wedge in door to chart room was removed at time of survey.<br>(d) All staff will be In-Serviced on not propping/wedging doors open and wedge in door to Assistant Activity Coordinators office was removed at time of survey.<br>(e) Striker plate for door to room 106 was replaced during survey and now fits the door opening.<br>(f) The latch set on the door to the training room was repaired during survey.<br><br>All other doors were checked to ensure closing quickly, latching completely, and not propped or wedged open. Doors will be checked weekly by Maintenance Supervisor to ensure closing quickly, latching completely, and not propped or wedged open, and results of inspection will be documented in work order management system (TELS). The documentation of the weekly inspections in the TELS system will be reviewed by the Executive Director or his designee weekly for three weeks, then, if no issues identified, monthly for six months, and, if no issues identified, quarterly. Documentation of the completion of the review will be included in the TELS system. Completion date 2/17/2017 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025033 | A. BUILDING: 01<br>B. WING _____ | 02/21/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE COURTYARDS AT BERNE VILLAGE | 2701 AMHURST BOULEVARD<br>NEW BERN, NC 28562 |

| (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 189 | Continued From page 4<br>properly to be resistant to the passage of smoke. Note; This deficiency was corrected during the survey.<br>f. The latchset was loose on the door to the Training Center. Note; This deficiency was corrected during the survey.<br><br>3. Based on observation, exit 5 was hard to open. Exits that are difficult to open could delay or prevent an evacuation in an emergency.<br><br>4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in 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:<br>a. Hole in the wall behind the door, to the biohazard room, Note; This deficiency was corrected during the survey.<br>b. Ceiling damaged in riser room, Note; This deficiency was corrected during the survey. | C 189 | C 189 (3) Exit 5 door was refitted for easier opening. Other exit doors checked, no issues noted. Magnetic locks are inspected weekly by Maintenance Supervisor and documented in work order management system (TELS). The documentation of the weekly inspections in the TELS system will be reviewed by the Executive Director or his designee weekly for three weeks, then, if no issues identified, monthly for six months, and, if no issues identified, quarterly. Documentation of the completion of the review will be included in the TELS system. Completion Date 2/17/2017<br><br>C189 (4)(b) Hole in wall repaired. Ceiling riser room was repaired during survey. No other holes or penetrations were identified in fire rated walls and/or ceilings. Maintenance Supervisor will perform monthly checks of riser room, fire rated wall and ceilings, for any/all water damage or life safety issues and document the findings and repair any of the issues identified in the work order management system (TELS). The documentation of the monthly inspections in the TELS system will be reviewed by the Executive Director or his designee monthly for six months, and, if no issues identified, quarterly. Documentation of the completion of the review will be included in the TELS system. Completion date 2/17/2017 | |
| C 195 | Hot Water System<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).<br>(k) This Rule shall apply to new and existing | C 195 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL025033 | A. BUILDING: 01<br>B. WING _____ | 02/21/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE COURTYARDS AT BERNE VILLAGE | 2701 AMHURST BOULEVARD<br>NEW BERN, NC 28562 |

| (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 195 | Continued From page 5<br>facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on observation, the hot water was only 82 degrees F. on the 100 Hall. | C 195 | C 195 Maintenance replaced two water circulation pumps to ensure compliance with 10A NCAC 13F.0311 (d) regarding maintaining water temperature between 100-116 degree Fahrenheit. Water temperature checked on all other halls and determined to be between 100 degrees F and 116 degrees F. Maintenance Supervisor will conduct weekly temperature checks of random rooms to ensure compliance and upon no issues being identified after three weeks, will then conduct monthly temperature checks of random rooms to ensure compliance. Findings will be documented in the work order management system (TELS). The documentation of the inspections in the TELS system will be reviewed by the Executive Director or his designee weekly for three weeks, then, if no issues identified, monthly for six months, and, if no issues identified, quarterly. Documentation of the completion of the review will be included in the TELS system. Completion Date 2/18/2017 | |