AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		HAL025023		B. WING		07/2	6/2017	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY S	STATE ZIP CODE	-		
	603 WEST STREET							
GOOD S	HEPHERD HOME FOI	R THE AGED	NEW BER	RN, NC 2856	0			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COM HE APPROPRIATE DA			
C 000	Initial Comments			C 000				
	Construction Section Frank Strickland on This facility was firs is currently licensed facility was surveye	07/26/2017: t licensed on 04/21 for 52 Beds. Then	/1987 and efore, this					
	2005 Rules for Lice Seven or More Bed the 1978 (Revision Carolina Building C Occupancy, and the Adult Care Homes effect at the time of	nsing of Adult Care s and applicable po 8) Edition of the No ode(s), Institutional e 1984 Rules for Lic of Seven or More E	e Homes of ortions of orth censing of					
	Deficiencies have be Correction is require		an of					
C 160	Outside Premises-0	Clean, Safe		C 160				
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (m) The requireme (1) The outside gro facilities shall be ma condition;	nts for outside prerounds of new and e	xisting					
	This Rule is not me 1-Based on observe maintained the exte components.	ations, this facility h	as not					
	Findings on 05/10/2 (a) The wood soffits peeling paint. (b) Throughout the areas where the wo have rotted and fall	s and fascia boards building's perimete ood fascia and soffi	r there are t boards					

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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) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
			71. 501251110.	•		
HAL025023		B. WING 07/2		07/2	6/2017	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GOOD S	HEPHERD HOME FO	R THE AGED 603 WEST NEW BER	N, NC 2856	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 160	Continued From pa	ige 1	C 160			
	the front entrance hin the bases and re of the columns. (d) There are down to the gutter system section of the build (e) The exterior sta supported in the corear exit in the North 2-Based on observ prevent poisonous the exterior walls at Findings on 07/26/2 There is poison oal and door jamb outs pathway of egress.	e structural wood columns at have rotted away leaving voids duced the structural integrity spouts that are not connected in located at the rear central ing. ir landing steel pipe rail is not increte that is located at the th Hall. ation, this facility has failed to plant material from growing on the pedestrian pathways. 2017: It is growing on the brick walls side Room 14 that is in the				
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of (e) This Rule shall facilities. This Rule is not me 1-Based on observ	es shall: ings, and floors or floor in and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing	C 164			
	the Kitchen.	the gas cooking appliances in				

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		(X1) PROVIDER/SUPPLIED IDENTIFICATION NUM		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		SURVEY PLETED
		HAL025023		B. WING		07/3	26/2017
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
GOOD SHEPHERD HOME FOR THE AGED 603 WEST			TSTREET RN, NC 2856	0			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 164	Findings on 07/26/2 (a) The range hood excessive grease recessive grease recessive. (b) The range hood above the stove has with grease running (d) There is grease behind the stove. 2-Based on observe maintain the wall and Findings on 07/26/2 The paint is peeling Room 6. 3-Based on observe maintain the floor of Findings on 07/26/2 The floor coverings at the followings local (a) The floor is unsubathroom for Room (b) The floor is incompliant to Room 2 (c) The flooring has the following has the following to adjacent to Room 2 (c) The flooring has the following has	2017: d and backspash has residue. d filters have excessive dansul system piping the excessive grease of g down the pipes. e residue in the electric rations, this facility has not ceiling finishes. 2017: g on the walls in bathrocations, this facility has coverings in all interior are are incomplete and uncations: ecure around the toile of 13. complete in the bathrocations: essettled at the threshor exits in the North Haster exits	that is residue cal outlet s failed to com for s failed to areas. unsecure et in the com that is nold	C 164			
C 166	SECTION .0300 - I	806 HOUSEKEEPIN		C 166			
		in an uncluttered, clea	an and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
HAL025023		B. WING	B. WING		07/26/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADI			T ADDRESS, CITY,	STATE, ZIP CODE	•	
GOOD S	HEPHERD HOME FOR	R THE AGED	EST STREET BERN, NC 2856	60		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 166	orderly manner, free hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on observ from hazards. Finding on 07/26/20 (a) North Wing - A gat the emergency en has been removed.	e of all obstructions and apply to new and existing et as evidenced by: ation the facility is not free 017: guard rail for the ramp landi xit door at the end of the ha This could effect occupants n exit by exposing them to the end of the man of the exit by exposing them to the end of the man of the exit by exposing them to the end of the man of the exit by exposing them to the exit by exposing the exi	II S			
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition. (k) This Rule shall facilities with the ex which shall not apple. This Rule is not meaning the shall of the shall of the shall of the shall not apple.	d all fire safety, electrical, umbing equipment in an addition maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.	ult			
	emergency lighting. residents, staff and were not illuminated Findings on 07/26/2	This would affect all visitors if the egress pathwd during a power outage.	ays			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL025023	B. WING		07/2	26/2017
NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD HOME FOR THE AGED STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 189	the following location tested in the emerging (a) North Winging (b) Outside Room 7 2-Based on observation provide fire protecting penetrate the ceiling the roof/ceiling fire- Findings on 07/26/2/2 A new air-handler high that is adjacent to the supply ductwork that the attic without any access panel for seeds. 3. Based on observation plumbing occupants accession needed. Finding on 07/26/20 (a) The restroom Accurrently being renor plumbing fixtures and plumbing fixtures are selected.	ons did not illuminate when ency mode: ations, this facility has failed to on when HVAC components gronstruction that is part of rated assembly. 2017: as been installed in a room he Aid Station and has a lat penetrates the ceiling into a fire protection device or any ervice and/or repair. ation there is a failure to equipment. This could effect bility to restrooms when	C 189			

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