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PRINTED 07/25/2017  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL025023	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/10/2017
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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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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
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C 000 Initial Comments

Report of a Construction Section Complaint Survey by Billy S. Bryant conducted on 05/12/2017

Records indicate this facility was first licensed on 04/21/1967. The facility is currently licensed for 52 Beds. Therefore the facility was surveyed for performance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 8) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.

Complaint alleged poor environmental conditions in the facility and after an annual inspection by the local county health inspector received a score of 83.5. In addition there was a leak in the dining room that had destroyed a large section of the ceiling.

The complaint was substantiated and environmental issues were cited and require a Plan of Correction.

C 150 Outside Premises-Clean, Safe

SECTION 0300 - PHYSICAL PLANT  
10A NCAC 13F 0305 PHYSICAL ENVIRONMENT  
(m) The requirements for outside premises are:  
(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition.

This Rule is not met as evidenced by

C 000

C 150

Division of Health Service Regulation  
REGULATOR, DIRECTOR'S OR PROVIDER'S REPRESENTATIVE'S SIGNATURE

*Danna Jones*

TITLE  
*Administrator*

DATE  
*7/28/17*

Division of Health Service Regulation

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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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C 160 Continued From page 1

1. 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 160

The rotten area will be replaced and holes filled 8/25/17 in. Peeling paint will be a process. The columns will be repaired 8/25/17

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

1. Based on observation the facility has not maintained the floors in good repair

Finding on 05/10/2017

a. The floor in the dining room in the area under the location of the water leaks from the ceiling is "spongy" and deflects when walked on indicating possible deterioration of the subfloor framing

b. Floor tiles in the dining room in the area under the location of the water leaks from the ceiling are

C 164

Completed 6-25-17

Completed 6-25-17

Division of Health Service Regulation

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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 28550

DEFICIENCY PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	DEFICIENCY ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETE
C 164	Continued From page 2 starting to detach from the plywood subfloor.  2 Based on observation the facility has not maintained furniture in good repair.  Findings on 05/10/2017 a. There is furniture located in the unoccupied wing and throughout the facility, in both public spaces and resident rooms that is damaged, worn and not in good repair.  3 Based on Observation the facility has not been kept clean. a. Kitchen - The filters for the cooking range are not installed and are stored on the floor in the pantry room. The interior of the hood and the wall backsplash are covered with greasy residue. b. Corridors - In wall Filters for the return air ducts are clogged with dust. c. North Wing - With the PTAC units turned off or not functioning there is a lack of conditioned air and there is mold growth in rooms in the North Wing. e. North Wing - The wing is unoccupied and the rooms have not been cleaned on a regular as per a conversation with the staff. Dead roaches, flies, other types of insects, and spider were observed on the floors and window sills of rooms in the wing.	C 164	Completed  Completed  The facility will will have repairs to range done and greasy residue cleaned -  Completed  Completed  Completed	6-25-17  6-25-17  8/25/17  6-25-17  6-25-17  6-25-17
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS 1a) Adult care homes shall	C 166		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>GOOD SHEPHERD HOME FOR THE AGED</b>	STREET ADDRESS CITY STATE ZIP CODE <b>603 WEST STREET NEW BERN, NC 28560</b>
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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
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C 166 Continued From page 3

(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 facility is not free from hazards

Finding on 05/10/2017:

a. North Wing - A guard rail for the ramp landing at the emergency exit door at the end of the hall has been removed. This could effect occupants using the door as an exit by exposing them to the possibility of a fall off the stoop

C 166

*The guard rails will be 8/25/17 repaired and replaced.*

C 167 Housekeeping- Supply Soap, Clean Towels

SECTION 0300 - PHYSICAL PLANT  
10A NCAC 13F 0306 HOUSEKEEPING AND FURNISHINGS

(a) Adult care homes shall:

(5) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times

(e) This Rule shall apply to new and existing facilities

This Rule is not met as evidenced by:

1. Based on observation the facility failed to provide the required soap and paper towels.

Finding on 05/10/2017:

a. Restrooms Adjacent to the Clean Linen Room and Adjacent to Room # 2 - There was not soap and paper towels supplied in the restrooms. Note: Corrected while surveyor was on site.

C 167

*Under Renovation 8-15-17*

Division of Health Service Regulation

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C 189 Building Equipment Maintained Safe, Operating

C 189

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 building's fire safety components have not been maintained in a safe and operating condition as the integrity of the fire resistant rated ceiling has been compromised. This could effect the occupants of the facility if the ceiling failed to limit fire and smoke to its area of origin.

Finding on 05/10/2017  
a. Dining Room - The fire resistant rated ceiling in the dining room has been damaged from a water leak and there are two holes in the ceiling one is 24" X 24" and the other approximately 12"x12" that compromise the fire resistant rating of the ceiling.  
Note: The maintenance man started repairs on the ceiling while the surveyor was on site.

*Completed*

*6-25-17*

2. Based on observation there is a failure to maintain plumbing equipment  
Finding on 05/10/2017  
a. Dining Room - The water cooler located in the room does not function.  
Note: In an interview with the maintenance man he stated a new cooler had arrived at the shop the day of the survey.

*Completed*

*6-25-17*

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C 189 Continued From page 5

C 189

3. Based on observation there is a failure to maintain plumbing equipment. This could affect occupants accessibility to restrooms when needed.

Finding on 05/10/2017:

a. Restroom Adjacent to room #2 - The restroom is locked and has an out of order sign on the door, the water closet seat is missing.

4. Based on observations there is a pattern of HVAC equipment that has not been maintained in an operating condition.

Findings on 05/10/2017:

a. Through wall or PTAC units in the dining room and in the North wing rooms are missing control knobs.

b. Dining Room - A unit in the room does not function, a unit is unplugged and control knobs for the units are missing.

Note: The DHSR surveyor was shown replacement parts for the units and the maintenance man said the units would be repaired as soon as possible.

*Under Renovation 8-15-17*

*Completed*

*6-25-17*

*Completed*

*6-25-17*