Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
					R-C		
	HAL025023		B. WING		07/:	07/26/2017	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE			
GOOD SI	HEPHERD HOME FO	R THE AGED	ST STREET ERN, NC 2856()			
(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 ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
{C 000}	Initial Comments		{C 000}				
	Complaint Follow-up Construction Survey report by Frank Strickland on 07/26/2017:						
		anding previously cited ed corrective action. A new s required.					
{C 160}	Outside Premises-	Clean, Safe	{C 160}				
	(1) The outside gro						
	1. Based on observ facility is not mainta	et as evidenced by: vations the exterior of the ained clean and safe. Holes in oe will allow vermin to enter.					
	boards have peelin	2017: r - The wood soffits and fascia g paint, areas of rot and holes ard has been removed.					
	the entrance to the	- The bases of the columns a facility have areas that have way leaving holes in the					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS	PHYSICAL PLANT 06 HOUSEKEEPING AND					

W29Z22

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025023		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING: 01			
		B. WING			R-C 07/26/2017	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
GOOD S		R THE AGED	T STREET RN, NC 28560			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF C		
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLET DATE
C 164	Continued From page 1		C 164			
	coverings kept clea (2) have no chronid (3) have furniture of (e) This Rule shall facilities. This Rule is not me 1-Based on observe maintain and clean surfaces in the Mai Findings on 07/26/2 The cooking range,	ings, and floors or floor in and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing et as evidenced by: ation, this facility has failed to all cooking appliances and n Kitchen				
{C 166}	This includes the ra are above cooking	ange exhaust hood filters that	{C 166}			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	This Rule is not me 1. Based on observ from hazards.	et as evidenced by: ration the facility is not free				
	at the emergency e	017: guard rail for the ramp landing wit door at the end of the hall . This could effect occupants				

Division of Health Service Regulation STATE FORM

If continuation sheet 2 of 3

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025023		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED			
		IDENTIFICATION NUMBER.	A. BUILDING: 01			R-C 07/26/2017	
		B. WING					
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
	HEPHERD HOME FO		T STREET				
		NEW BEF	RN, NC 28560			(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	TION SHOULD BE CO THE APPROPRIATE		
[C 166}	Continued From page 2		{C 166}				
	using the door as a possibility of a fall o	n exit by exposing them to the off the stoop.					
{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 pl care home shall be operating condition	umbing equipment in an adult maintained in a safe and					
	facilities with the ex	apply to new and existing cception of Paragraph (e) ly to existing facilities.					
	3. Based on observ maintain plumbing	et as evidenced by: vation there is a failure to equipment. This could effect pility to restrooms when					
	currently being rend plumbing fixtures a	djacent to Room #2 is ovated with new flooring, nd wall finishes to be ext fews weeks to complete					

W29Z22