

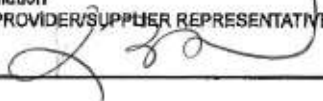
Division of Health Service Regulation

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 R 05/10/2017
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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 a Biennial Follow Up Construction Survey by Billy S. Bryant conducted on 05/10/2017. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	(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 exits failed to comply with the NC State Building Code requiring signage that states, "Push, this door will open in 15 seconds. Alarm will Sound", be placed on each door with a delayed egress locking system Finding on 05/10/2017: a. The required signage for the exit doors from the dining room is hidden by blinds installed on	(C 101)	The blinds have been taken down.	5/12/2017

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



TITLE
Executive Director

(X6) DATE
June 9, 2017

Division of Health Service Regulation

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{C 101}	Continued From page 1 the doors. 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 the Delayed Egress sequence is initiated. Finding 05/10/2017: a. The alarm for the Delayed Egress door in the activity room was sounded from the alarm for the Delayed Egress Door in the TV room.	{C 101}	The Delayed Egress Door in the activity room has been repaired	5/12/2107
{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 all the Delayed Egress exit doors with magnetic locks on the "Green Hall" (east wing of the building) would not start the Irreversible process and unlock in 15 second and failed to release and unlock when the fire alarm system was activated leaving keypads as the only means to unlock the doors. This could endanger all of the occupants in the wing if there were a fire and the keypads and fire alarm system did not unlock the doors to allow the residents to evacuate from the building wing.	{C 189}	The delayed egress has been corrected.	5/12/2017

Division of Health Service Regulation

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(C 189)	Continued From page 2 Findings on 05/10/2017: a. Green Hall Corridor exit door near room 67 did not release upon activation of the fire alarm. b. The Green Hall Corridor exit door adjacent to room #72 did not release upon activation of the fire alarm. c. The Green Hall Corridor exit door adjacent to the the TV Room did not release upon activation of the fire alarm. d. The exit door from the TV Room did not release upon activation of the fire alarm. e. The exit door from the Activity Room did not release upon activation of the fire alarm. f. The exit door from left side of the dining room did not release upon activation of the fire alarm. g. The Green Hall Corridor exit door adjacent to room #52 did not release upon activation of the fire alarm and the key pad also used to open the door was inoperable. Note: The maintenance representative from BMS stated that BMS had worked on the doors some months ago but had not returned to complete the work. A 'Plan of Protection' was prepared by the provider reviewed with the city fire marshal and submitted to the DHSR surveyor. The malfunctioning locks were disengaged as part of their plan of protection. 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	(C 189)	Green Hall Corridor near room 67 has been corrected. Green Hall Corridor near room #72 has been corrected. The Green Hall Corridor exit door near the TV Room has been corrected. The exit door from the TV Room has been corrected. The exit door from left side of the dining room has been corrected. The exit door from left side of the dining room has been corrected. The Green Hall Corridor exit door adjacent to room #52 has been corrected. We have contracted Fires Fire Protection to install the fire/smoke detectors. Estimated completion date: June 15, 2017	5/12/2017 5/12/2017 5/12/2017 5/12/2017 5/12/2017 5/12/2017

Division of Health Service Regulation

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(C 189)	<p>Continued From page 3</p> <p>ceilings in the damaged rooms. Missing fire detection devices could delay activation of the fire alarm system in an actual fire.</p> <p>Findings on 05/11/2017: c. Room #73 - The detector was replaced in the room but the detector for the closet was not installed and is sitting on the closet shelf..</p> <p>Findings on 05/10/2017: i. The heat detector is not properly mounted to ceiling in the corridor closet near room 48, the heat detector is not connected to its mounting base.</p> <p>j. The heat detector is not properly mounted to ceiling in soiled utility near room 47, the heat detector is not connected to its mounting base.</p> <p>n. There are small holes in the ceiling beside the heat detector in the Activity room,</p> <p>q. The heat detector is not properly mounted to the ceiling in the oxygen storage closet, the heat detector is not connected to its mounting base.</p> <p>r. Heat detector is not properly mounted to ceiling in corridor closet near room 13, the heat detector is not connected to its mounting base.</p> <p>8. Based on observation there is failure to maintain the facility's emergency fire alarm system devices in a safe and operating condition. Failure to maintain fire alarm system devices and equipment in a safe and operable condition could effect all occupants of the facility if the equipment did not function when and as required.</p> <p>Finding on 05/11/2017: a. The fire alarm pull station at the exit door from</p>	(C 189)	<p>The smoke detector in the closet will be installed. Estimated date of completion: 6/15/2017</p> <p>The hear detector will be properly mounted Estimated completion: 6/15/2017</p> <p>The heat detector will be properly mounted Estimated completion: 6/15/2017</p> <p>The small holes in the ceiling beside the heat detector in the Activity room will be sealed with UL rated fire caulk. Estimated completion: 6/15/2017</p> <p>Heat detector near room 13 will be installed properly. Estimated completion date: 6/15/2017</p> <p>The fire alarm pull stations have been</p>	

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{C 189}	Continued From page 4 the Chapel is detached from the wall and is held by its wiring.	{C 189}	has been reinstalled.	5/12/2017