Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING . 07/26/2017 HAL025023 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 603 WEST STREET GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 000 C 000 Initial Comments Construction Section Biennial Survey report by Frank Strickland on 07/26/2017: The currently licensed 1/1/19 facility is for 54 beds. This facility was first licensed on 04/21/1987 and is currently licensed for 52 Beds. Therefore, this facility was surveyed for conformance 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. Deficiencies have been cited and a Plan of Correction is required. CONSTRUCTION SECTION C 160 Outside Premises-Clean, Safe C 160 OCT 2 5 2017 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL RECEIVED 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: 1-Based on observations, this facility has not maintained the exterior wood trim and structural components. Findings on 05/10/2017: (a) The wood soffits and fascia boards have peeling paint. (b) Throughout the building's perimeter there are areas where the wood fascia and soffit boards have rotted and fallen out of place leaving Division of Health Service Regulation ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE minstrates

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 07/26/2017 HAL025023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 603 WEST STREET GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 160 C 160 Continued From page 1 (C) The Wood Calumn at the 7/29/17
front entremen has been 7/29/17
fried by maintanence person
(d) The dawnsparts not connected
to will be repaired by 10/15/17
maintanence person. openings into the attic. (c) The bases of the structural wood columns at the front entrance have rotted away leaving voids in the bases and reduced the structural integrity of the columns. (d) There are downspouts that are not connected to the gutter system located at the rear central section of the building. (e) The steel pipe hail at 9/1/17 rear exit of North Hall 9/1/17 has been fixed by mountainer (e) The exterior stair landing steel pipe rail is not supported in the concrete that is located at the rear exit in the North Hall. 2- The facility has find 1/27/17
the extension pathways
the Poison oak hersbear 1/27/17
the poison oak hersbear 1/27/17
ternoved by Muntanener 2-Based on observation, this facility has failed to prevent poisonous plant material from growing on the exterior walls at pedestrian pathways. Findings on 07/26/2017: There is poison oak growing on the brick walls and door jamb outside Room 14 that is in the pathway of egress. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 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 observations, this facility has failed to maintain and clean the gas cooking appliances in the Kitchen.

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 07/26/2017 HAL025023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 164 C 164 | Continued From page 2 a) The range brood and backspash has been Clean frees from green Findings on 07/26/2017: (a) The range hood and backspash has 413017 excessive grease residue. (b) The range hood filters have excessive grease (b) The range hood fitters has residue. (c) The range hood ansul system piping that is above the stove have excessive grease residue been cleaned with grease running down the pipes. (c) The trange hope angul (d) There is grease residue in the electrical outlet System hotis been clean behind the stove. free from grease -2-Based on observations, this facility has failed to (d) The greater residure in the selectrical outlet has been cleaned maintain the wall and ceiling finishes. Findings on 07/26/2017: The paint is peeling on the walls in bathroom for . The facility will repaint the walls of the BR #6 Maintainence will do the 3-Based on observations, this facility has failed to maintain the floor coverings in all interior areas. yoak. Findings on 07/26/2017: The floor coverings are incomplete and unsecure The facility will assure It repair floor around toilet - Maintance will at the followings locations: (a) The floor is unsecure around the toilet in the bathroom for Room 13. (b) The floor is incomplete in the bathroom that is The bathroom by Maintonce adjacent to Room 2. (c) The flooring has settled at the threshold areas at the exterior exits in the North Hall creating a trip hazard. C 166 Housekeeping-Maintained Free of Hazards C 168 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 07/26/2017 HAL025023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 603 WEST STREET GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 PROVIDER'S PLAN OF CORRECTION (X3) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID: (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 166 C 166 Continued From page 3 orderly manner, free of all obstructions and (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 The facility Maintanene 11/17 Man har repair the 8/1/17 mail at the North Halls to prevent any potential gails from hazards. Finding on 07/26/2017: (a) North Wing - A guard rail for the ramp landing at the emergency exit door at the end of the half 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 189 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 observations, this facility has failed to maintained in a safe and operating condition the emergency lighting. This would affect all residents, staff and visitors if the egress pathways

Findings on 07/26/2017:

were not illuminated during a power outage.

The emergency wall light(s) that are located at

CJQE21

Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		HAL025023	B. WING		07/26/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADD				DRESS, CITY, STATE, ZIP CODE		
GOOD SHEPHERD HOME FOR THE AGED 603 WEST STREET						
NEW BERN, NC 28560						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE DATE DEFICIENCY) (X5) COMPLETE DATE		
C 189	Continued From pa	ge 4	C 189		41/5/1	
C 189	Continued From page 4 the following locations did not illuminate when tested in the emergency mode: (a) North Wing (b) Outside Room 7 2-Based on observations, this facility has failed to provide fire protection when HVAC components penetrate the ceiling construction that is part of the roof/ceiling fire-rated assembly. Findings on 07/26/2017: A new air-handler has been installed in a room that is adjacent to the Aid Station and has a supply ductwork that penetrates the ceiling into the attic without any fire protection device or any access panel for service and/or repair. 3. Based on observation there is a failure to maintain plumbing equipment. This could effect occupants accessibility to restrooms when needed. Finding on 07/26/2017: (a) The restroom Adjacent to Room #2 is currently being renovated with new flooring, plumbing fixtures and wall finishes to be completed in the next fews weeks to complete the total restoration).			spers repoint repoint repoint repoint repoint repoint repoint repoint repoint		
				to Beithworn - Mo	interio	

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