Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING HAL025023 07/26/2017 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 (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) {C 0003 (C 000) Initial Comments Complaint Follow-up Construction Survey report by Frank Strickland on 07/26/2017: OCT 25 2017 RECEIVED There are still outstanding previously cited citations that required corrective action. A new Plan of Correction is required. {C 160} (C 160) 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: 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 07/26/2017: (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. hont entraised has been man-C 164 C 164 Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS Division of Health Service Regulation LABORATORY, DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 R-C B. WING HAL025023 07/26/2017 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 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 Continued From page 1 C 164 (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, this facility has failed to maintain and clean all cooking appliances and surfaces in the Main Kitchen The facility has clear 7/30/17 the cooking range and 7/30/17 Findings on 07/26/2017: The cooking range, backsplash and hood with ansul piping above have dripping grease build-up. This includes the range exhaust hood filters that are above cooking surfaces. (C 168) (C 166) Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (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: Based on observation the facility is not free 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 hall has been removed. This could effect occupants

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 R-C HAL025023 B. WING 07/26/2017 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 (X4) ID PREFIX (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 166} Continued From page 2 (C 166) using the door as an exit by exposing them to the possibility of a fall 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 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: 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).