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 C B. WING HAL025023 10/11/2018 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 (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Construction Section Complaint Survey report by Frank Strickland and Suzanna Fay on 10/11/2018: 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. Complaint has been substantiated and deficiencies have been cited that requires a Plan of Correction. C 150 Corridors-Free of equipment and Obstructions C 150 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1-Based on observation, this facility did not keep all corridors free of equipment and other obstructions. Findings on 10/11/2018: The corridor intersection outside the Administrator's in the Front Hall was blocked by large cardboard boxes and furniture.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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		HAL025023	B. WING		10/1	1/2018	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
GOOD SHEPHERD HOME FOR THE AGED 603 WEST STREET NEW BERN, NC 28560							
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C 164	Continued From page 1		C 164				
C 164	Housekeeping and Furnishings-Clean, Repaired		C 164				
	coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND					
	This Rule is not mo 1-Based on observ of chronic and unpl Findings on 10/11/2	ation, this facility was not free easanat odors.					
	Resident Room 5 h migration from roof	as odors due to water leaks.					
		vation, the facility did not have d floor covering clean and in					
	construction due to leaks.	5 had damaged ceiling water migration from roof had floor tile coming loose					
C 186	Written Disaster Pla	an	C 186				
	SECTION .0300 - F 10A NCAC 13F .03 EVACUATION (d) A written disast						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
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C 186	approval of or has a submitted to the local agency and the local coordinate special redisasters, shall be prannually and shall be formally and shall be fo	peen documented as cal emergency managel agency designated needs sheltering duriporepared and update be maintained in the fapply to new and exist as evidenced by: ation, this facility did an on site available for the second se	gement I to Ing d at least facility. sting not have for review.	C 186				
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex which shall not app. This Rule is not me 1-Based on observe maintained in a safe Findings on 10/11/2 The facility had external results.	d all fire safety, electumbing equipment in maintained in a safe. apply to new and exiception of Paragraphly to existing facilities et as evidenced by: ation, this facility has e and operation condectors.	rical, an adult and sting n (e) s. not been lition.	C 189				

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C 189	Continued From pa	ge 3	C 189				
	Findings on 10/11/2 Due to water migrar unattached to ceilin the following location (a) Back corner of the facility was usin (b) Front Hall Admin (c) Kitchen. On the the facility was not to food. Food was bein source. Facility staff the diet had been a	tion, the ceilings became g rafters and fell to floors at ons: he Dining Hall (16'x16' Area). ng the Living Area for dining.					

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