

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R-C 12/05/2018
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NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET NEW BERN, NC 28560
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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 Complaint Follow Up Construction Survey report by Frank Strickland on 12/05/2018: There are previous cited deficiencies from the Complaint Survey that require corrective action and a new Plan of Correction is required.	{C 000}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired 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 observation, the facility did not have all walls ceilings and floor covering clean and in good repair. Findings on 10/11/2018 (a) Resident Room 5 has damaged ceiling construction due to water migration from roof leaks. (b) Resident Room 5 had floor framing damage that has been reconstructed but needs additional framing to align with corridor floor elevation. (c) Room 6 has ceiling damage due to water migration from roof leak. (d) Room 8 had ceiling damage due to water migration from roof leak that is repaired but needs finish coatings. (e) Room 23 had ceiling damage due to water	{C 164}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{C 164}	Continued From page 1 migration from roof leak. (f) Room 28 had ceiling finish coat damage due to water migration from roof leak. (g) Basement ceiling damaged due to water migration that is located at room at the base of Basement stair from the outside.	{C 164}		
{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, this facility has not been maintained in a safe and operation condition. Findings on 12/05/2018: The North Hall roof shingles are in disrepair and need to be replaced. 2-Based on observation, this facility has not been maintained in a safe and operation condition. Findings on 12/05/2018: There a lot of rotten fascia and soffit boards at the North Hall.	{C 189}		