

Good Shepherd Home for the Aged
603 West Street
New Bern, North Carolina 28560
Phone 252/636-2722 Fax 252/635-1993

Date July 6 2019

To Frank Strickland

Fax number 919-733-6592

Re: Follow up construction complaint
Corrective Action Plan

From Karen Waddy, Manager
Good Shepherd's Home, New Bern

Fax 252-635-1993

Total pages including cover 5



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 28, 2018

Howard Cadmus
Po Box 724
Washington, NC 27889

RE: HA Follow-Up Complaint Construction Survey
FID #920445 Hal025023
Good Shepherd Home For The Aged
603 West Street
New Bern Craven County

Dear Mr. Cadmus:

On **December 5, 2018**, a Complaint Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted January 12, 2019

Your PoC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- o How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than 15 days from date of survey requires a written waiver from DHSR-Construction Section.
 - Corrective action must begin immediately

Your **Signed Plan of Correction** can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Frank Strickland

Frank Strickland
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Craven County DSS - with attachment-(via e-mail only)

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}	<p>Jan 16, 2019</p> <p>a) Room 5 ceiling is finished</p> <p>b) Room 5 floor is under way - will be done by Feb 15, 2019</p> <p>c) Room 6 has been repaired and is occupied</p> <p>d) Room 8 has repairs under way, nearly finished</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mark Ward</i>	TITLE	(X8) DATE <i>Jan 16 2019</i>
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Division of Health Service Regulation

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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}	<p>e) Room 23 is scheduled to be done by Feb 15, 2019</p> <p>f) Room 28 scheduled to be done by Feb 15, 2019</p> <p>g) Basement ceiling damage to be repaired next week (by Jan 25, 2019)</p>
{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}	<p>1 North Hall roof repair is currently underway. Expected to be done by Feb 15, 2019</p> <p>2 Replacement of North Hall fascia & soffit boards is underway. Expected to be complete by Feb 28, 2019.</p>