

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>02/15/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GOOD SHEPHERD HOME FOR THE AGED</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>603 WEST STREET</b> <b>NEW BERN, NC 28560</b>
--	--

(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 conducted by Suzanna Fay on February 15, 2019.  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 February 15, 2019: (e) Room 23 had ceiling damage due to water migration from roof leak. The ceiling has been removed and the facility is in the process of completing the repairs. (g) Basement ceiling damaged due to water migration that is located at room at the base of Basement stair from the outside and there are holes in the ceiling of the room with the water heater. Patching of the holes is scheduled to be completed during the next week.	{C 164}		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>02/15/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GOOD SHEPHERD HOME FOR THE AGED</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>603 WEST STREET</b> <b>NEW BERN, NC 28560</b>
--	--

(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 189}	Continued From page 1	{C 189}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 2. Based on observation, this facility has not been maintained in a safe and operation condition.</p> <p>Findings on February 15, 2019: a. There is lot of rotten fascia and soffit boards at the North Hall and around the facility. They are currently replacing all of the roof and the trim will be repaired when the roof work has been completed.</p>	{C 189}		