

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 07/24/2019
--	--	--	---

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

(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	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on July 24, 2019.</p> <p>This facility was first licensed on April 21, 1987 and is currently licensed for 54 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.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not maintain all building safety inspection reports in the home and available for review.</p> <p>Findings on July 24, 2019: a. A copy of the current fire sprinkler system annual inspection was not available for review.</p>	C 111	<p>A. THE DOCUMENT WAS E-MAILED TO DASH AND A COPY IS ON FILE AT GOOD SHEPHERD</p>	7/24/19
C 133	Bathrooms-Hand Grips	C 133		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
VP

(X6) DATE

8/14/19

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 07/24/2019
--	--	---	---

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

(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 133	<p>Continued From page 1</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that hand grips were not installed at all commodes used by or accessible to residents.</p> <p>Findings on July 24, 2019: a. Tub Bath by Clean Linen in the South Hall - the commode does not have a hand grip installed.</p>	C 133	<p><i>will install hand grip</i></p>	<p><i>8/16/19</i></p>
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the corridors were not free of all equipment and obstructions.</p> <p>Findings on July 24, 2019: a. Exit corridor by Room 15 - there is a hospital bed partially blocking the corridor. b. North Hall - a desk and chair have been placed in the junction of the north hall and main corridor partially blocking the exit paths in three directions.</p>	C 150	<p><i>A+B CORRECTED AT INSPECTION</i></p>	<p><i>7/24/19</i></p>

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 07/24/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER
GOOD SHEPHERD HOME FOR THE AGED

STREET ADDRESS, CITY, STATE, ZIP CODE
**603 WEST STREET
NEW BERN, NC 28560**

(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 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(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;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition.</p> <p>Findings on July 24, 2019: a. South Hall exit - there is a pile of shingles and trash thrown in the gap between the building and the ramp to the left of the smoking porch. b. South Hall exit - there is a section of rotted fascia trim to the left of the smoking porch. c. There is a section of rotted soffit outside the Soiled Linen Closet. d. There is a section of rotted soffit at the outside corner of the dining room and birds have built nests in the openings. e. North Hall front exit - the trim around the circular attic vent is damaged and portions of the trim have fallen off. f. North Hall back exit - there is a section of rotten soffit above the exit door. g. North Hall exterior - there are three locations along the wall where the soffit has rotted and the downspouts have fallen leaving large holes in the facility.</p>	C 160	<p><i>A ALL DEFICIENCIES WILL BE REPAIRED</i></p> <p><i>B, C, D, E, F, G</i></p> <p><i>FASCIA, SOFFIT + TRIM WILL BE REPAIRED, WITH ROTTEN SECTIONS REPLACED FIRST. TOTAL REPLACEMENT WILL TAKE 2 MONTHS</i></p>	<p><i>8/16/19</i></p> <p><i>10/31/19</i></p>
C 162	<p>Outside Premises-Outdoor Lighting</p> <p>SECTION .0300 - PHYSICAL PLANT</p>	C 162		

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 07/24/2019
--	--	---	---

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

(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 162	<p>Continued From page 3</p> <p>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are:</p> <p>(3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the outdoor walkways are not illuminated.</p> <p>Findings on July 24, 2019:</p> <p>a. Sampson Hall - the exterior light at the porch is broken and does not illuminate the walkway.</p>	C 162	A. EXTERIOR LIGHTS WILL BE FIXED	8/14/19
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT</p> <p>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair.</p> <p>Findings on July 24, 2019:</p> <p>a. Room 12 - several tile by the chest of drawers were cracked and broken.</p> <p>b. South Hall Housekeeping Closet - the tile base along the back wall has fallen off leaving holes in the wall at the floor juncture.</p>	C 164	<p>A. FLOORING REPLACED</p> <p>B. TILE BASE WILL BE FIXED</p>	<p>8/7/19</p> <p>8/16/19</p>

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 07/24/2019
NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET NEW BERN, NC 28560		
(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 164	Continued From page 4 c. North Hall half Bath by Storage - the floor in front of the sink is soft and the tiles are damaged. d. Restroom across from Soiled Linen (North Hall) - the floor around the toilet is soft and the tiles are stained and broken. e. Restroom across from Soiled Linen (North Hall) - there is a large hole in the right wall and a 3" diameter hole to the right of the tub. f. North Hall HC Shower - the shower floor has settled and there is a 1" gap running the length of the ceramic tile wall at the controls. g. Activity Room - the floor tiles by the PTAC unit are loose creating a trip hazard. h. Office/Records Room - there are a number of tiles that have broken and been removed leaving large holes in the flooring. i. Dining alcove - the wall below the dishwasher window is stained and dirty. A live roach was observed crawling across the floor. There is a black plastic bucket labeled "bleach water" sitting on a table. There is a layer of scum on the surface of the water and there is a dirty rag sitting in the water. j. Bathroom off of Dining Alcove - staff indicated that this bathroom was not used, but the toilet had been used. The water had been turned off so that it did not flush. There was a brownish grainy residue on the floor running from the toilet to the floor drain. k. Kitchen - the walls and floors behind the icemaker and coolers were dirty and had a white residue on the surface of the tile. A live roach was observed crawling on the wall behind the icemaker. The refrigerator pan was clogged and water was flowing out from under the refrigerator. l. Dining Room - the seat was not connected to the frame on one of the chairs being used in the dining area. 2. Observations revealed that the furnishings	C 164	<i>C. REPLACING FLOORING + TILES</i> <i>D. REPAIR FLOORING + TILE</i> <i>E. REPAIR HOLE IN WALL</i> <i>F. REPLACE SHOWER FLOOR + WALL THAT IS DAMAGED</i> <i>G. REPLACE FLOORING IN THE ACTIVITY ROOM</i> <i>H. REPLACE FLOORING</i> <i>I. WALL PAINTED, EXTERMINATOR CALLED, BUCKET REMOVED</i> <i>J. ROOM HAS BEEN CLEANED, DOOR HAS BEEN LOCKED</i> <i>K. WALLS/FLOORS CLEANED, EXTERMINATOR CALLED. WATER CAME FROM ICE MAKER DRAIN. IT IS ALIGNED W/ FLOOR DRAIN - FIXED</i> <i>L. THE CHAIR WAS THROWN AWAY + REPAIRED</i>	<i>8/23/19</i> <i>8/28/19</i> <i>8/23/19</i> <i>8/30/19</i> <i>8/16/19</i> <i>8/12/19</i> <i>8/12/19</i> <i>8/12/19</i> <i>8/12/19</i>

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 07/24/2019
NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET NEW BERN, NC 28560		
(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 164	Continued From page 5 were not kept clean and in good repair. Findings on July 24, 2019: a. Room 20 - the interior floor of the right wardrobe unit is broken and falling in. b. Restroom across from Soiled Linen (North Hall) - the door hardware is loose.	C 164	<i>A. WARDROBE TO BE REPAIRED</i> <i>B. HARDWARE HAS BEEN TIGHTENED</i>	<i>8/23/19</i> <i>8/12/19</i>
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: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on July 24, 2019: a. Room 1 - there was one unsecured oxygen bottle on the floor of the bedroom. 2. Observations revealed that the facility is not maintained free of hazards. Findings on July 24, 2019: a. Exit by Room 5 - the corridor floor dips down in front of the exit door creating a trip hazard.	C 166	<i>A CORRECTED AT INSPECTION</i> <i>A. FLOOR TO BE LEVELED</i>	<i>7/24/19</i> <i>8/23/19</i>

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 07/24/2019
NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET NEW BERN, NC 28560		
(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 185	Continued From page 6	C 185		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Review of records revealed that the records of the fire rehearsal drills were not being properly recorded.</p> <p>Findings on July 24, 2019:</p> <p>a. The fire rehearsal records did not include the time of the rehearsal and a short description of what the rehearsal involved.</p>	C 185	<p><i>B. THERE WILL BE REHEARSALS PER CODE</i></p> <p><i>C. RECORDS WILL BE MAINTAINED & PREPARED</i></p> <p><i>A. RECORDS HAVE BEEN COLLECTED</i></p>	<i>7/24/19</i>
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)</p>	C 189		

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 07/24/2019
--	--	--	---

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

(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	<p>Continued From page 7</p> <p>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. <p>Findings on July 24, 2019:</p> <ol style="list-style-type: none"> Front entry - the emergency/exit light is not illuminated. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. <p>Findings on July 24, 2019:</p> <ol style="list-style-type: none"> Employee Toilet - the GFCI outlet is cracked and damaged at the bottom. Room 24 - the cover plate for the outlet by the PTAC unit is broken. <ol style="list-style-type: none"> Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. <p>Findings on July 24, 2019:</p> <ol style="list-style-type: none"> Room 12 - the door is tight in the frame and very difficult to open. Room 1 - the door has dropped and does not close easily. Room 3 - the door sticks on the frame and is very hard to open. Room 5 - the door sticks and does not close 	C 189	<p><i>A REPAIRED EMERGENCY LIGHT 7/24/19</i></p> <p><i>A. OUTLET COVER REPAIRED</i></p> <p><i>B OUTLET COVER REPAIRED</i></p> <p><i>A, B, C, D+E = DOORS TO BE PLANED TO CLOSE EASILY AND REPAINTED</i></p>	<p><i>8/12/19</i></p> <p><i>8/12/19</i></p> <p><i>8/23/19</i></p>
-------	---	-------	---	---

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 07/24/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER
GOOD SHEPHERD HOME FOR THE AGED

STREET ADDRESS, CITY, STATE, ZIP CODE
**603 WEST STREET
NEW BERN, NC 28560**

(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	<p>Continued From page 8</p> <p>and latch.</p> <p>e. Room 32 - the door drags on the frame making it difficult to close.</p> <p>4. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Loose fixtures can cause injury resulting from a fall or slip.</p> <p>Findings on July 24, 2019:</p> <p>a. South Hall Tub Bath by Clean Linen - the toilet fixture is not secure to the floor.</p> <p>b. Restroom across from Soiled Linen (North Hall) - the toilet fixture is not secure to the floor.</p> <p>5. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition.</p> <p>Findings on July 24, 2019:</p> <p>a. Room 5 - the PTAC unit is not operational.</p> <p>b. Room 29 - the PTAC unit is not operational.</p> <p>c. Kitchen - the kitchen hood had a layer of grease on the vents.</p> <p>6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops or holes through the surface of the door.</p> <p>Findings on July 24, 2019:</p> <p>a. Room 8 - there is a hole through the door at the door hardware.</p> <p>b. Room 30 - the door has dropped and there is a gap between the door and frame at the top left.</p> <p>c. North Hall Soiled Linen Closet - there is a 1/4" diameter hole in the door at the door knob.</p>	C 189	<p>A. TOILET HAS BEEN SECURED</p> <p>B. TOILET HAS BEEN SECURED</p> <p>A. UNIT TO BE REPAIRED</p> <p>B. UNIT TO BE REPAIRED</p> <p>A. COVER PLATE INSTALLED</p> <p>B. ADD TRIM TO FRAME TO CORRECT</p> <p>C. COVER PLATE INSTALLED</p>	<p>8/12/19</p> <p>8/13/19</p> <p>8/23/19</p> <p>8/25/19</p> <p>8/12/19</p> <p>8/16/19</p> <p>8/12/19</p>

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 07/24/2019
--	--	---	---

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

(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	<p>Continued From page 9</p> <p>7. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on July 24, 2019:</p> <p>a. Sampson Hall Half Bath - the fan cover has dropped down leaving a gap between the fan and the rated ceiling assembly.</p> <p>b. Dining Room - one of the flanges at the main sprinkler line has dropped leaving a hole in the rated ceiling assembly. A number of the hangers for the sprinkler system are unsealed as they penetrate the ceiling.</p> <p>c. Dining Room - the base of the exit light is loose leaving a hole at the ceiling.</p> <p>d. Dining Room - there is a 1" diameter hole in the ceiling at the 2nd light fixture over between the basement and electrical room doors.</p> <p>e. Basement - in the first room from the outside entrance, there is a 4'x8' section of sheetrock ceiling that has been removed or fallen out</p> <p>8. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on July 24, 2019:</p> <p>a. Phone Room - the door was propped open using furniture.</p> <p>b. Activity Room - the doors are held open with hooks mounted to the walls.</p>	C 189	<p>A. REPLACING FAN</p> <p>B. HOLE HAS BEEN CAULKED</p> <p>C. HOLE HAS BEEN CAULKED</p> <p>D. HOLE HAS BEEN CAULKED</p> <p>E. REPLACING SHEETROCK</p> <p>A. CHAIR HAS BEEN MOVED & STAFF HAS BEEN TOLD NOT TO BLOCK DOORS</p> <p>B. HOOKS WILL BE REMOVED AND REPLACED WITH MAGNETS</p>	<p>8/16/19</p> <p>8/13/19</p> <p>8/13/19</p> <p>8/13/19</p> <p>8/30/19</p> <p>7/24/19</p> <p>8/30/19</p>

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 07/24/2019
NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET NEW BERN, NC 28560		
(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 10 9. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could effect all occupants of the facility if the domestic water supply became contaminated. Findings on July 24, 2019: a. Kitchen - the icemaker drain line was resting directly on the floor drain. 10. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on July 24, 2019: a. Kitchen - the hood suppression system should be inspected every six months. The tag on the system showed that the system had last been inspected on August 17, 2018. b. The fire extinguisher tags do not provide dates when the fire extinguishers were last serviced.	C 189	<i>A. 2" AIRGAP HAS BEEN DONE</i>	<i>8/12/19</i>
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage;	C 199	<i>A. A-1 FIRE SAFETY TO INSPECT</i> <i>B. SERVICE COLLARS SHOW HYDROTEST DATE. SERVING COMPANY WILL BE CONTACTED TO REPLACE TAGS WITH DATE SERVICED</i>	<i>8/23/19</i> <i>8/30/19</i>

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 07/24/2019
NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST STREET NEW BERN, NC 28560		
(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 199	<p>Continued From page 11</p> <p>(2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: 1. Observations revealed that the facility did not provide working exhaust ventilation in required areas.</p> <p>Findings on July 24, 2019: a. Sampson Hall Half Bath - the exhaust fan is not working. b. North Hall Mop Room - there is no exhaust ventilation for this housekeeping closet and there is an odor. There are also black mildew spots on the ceiling. c. North Hall Soiled Linen Closet - the fan is tied to the light fixture and neither are working.</p>	C 199	<p>A. REPLACING FAN</p> <p>B. INSTALLING FAN</p> <p>C. REPAIRING FAN AND NEW LIGHT BULB</p>	<p>8/14/19</p> <p>8/23/19</p> <p>8/23/19</p>