Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 11/06/2019 B. WING HAL025023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 603 WEST STREET GOOD SHEPHERD HOME FOR THE AGED. NEW BERN, NC 28560 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {C 000} {C 000} Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on November 6, 2019. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected. (C 160) {C 160} Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (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: This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. B, C, D, E, F, G WILL BE COMPLETED BY 12/20/19 Findings on November 6, 2019: 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 Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

STATE FORM

LHKR22

If continuation sheet 1 of

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 R 11/06/2019 B. WING HAL025023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **603 WEST STREET** GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {C 160} {C 160} Continued From page 1 facility. Interview with staff on November 6, 2019 revealed that they had focused on the interior work and would complete the exterior work as soon as possible. {C 164} (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. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. C. FIXED 12/12/19

J. FIXED 12/12/19

E. FIXED 12/12/19

E. FIXED 12/12/19

E. FIXED 12/12/19

F. SHOWER ZEPLACED
11/24/19 Findings on November 6, 2019: c. North Hall half Bath by Storage - the floor in front of the sink is soft. New floors were installed but the area around the sink still feels soft. d. Restroom across from Soiled Linen (North Hall) - the floor around the toilet is soft. New flooring was installed but the floor still feels a little sponay. e. Restroom across from Soiled Linen (North Hail) - there is a 3" diameter hole to the right of the tub that was not repaired. f, Finding from July 24, 2019: North Hall HC Shower - the shower floor has settled and there is a 1" gap running the length of the ceramic tile wall

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING: 01 R B. WING _ HAL025023 11/06/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **603 WEST STREET** GOOD SHEPHERD HOME FOR THE AGED **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}	at the controls. On November 6, 2019, this room was under renovation and could not be accessed. 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 refrigerator pan was clogged and water was flowing out from under the refrigerator.	{C 164}	J. BARAROUM SANTOOWN AND DOOR LOCKED. K. FIXED 11/24/19	
	 Observations revealed that the furnishings were not kept clean and in good repair. Findings on November 6, 2019: Finding from July 24, 2019: Room 20 - the interior floor of the right wardrobe unit is broken and falling in. On November 6, 2019, this room is under renovation and could not be accessed at the time of survey. Restroom across from Soiled Linen (North Hall) - the door hardware is loose. 		A. WORDROSE REPLACED 11/27/19. B. FIXEN 11/27/19.	
{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.	{C 189}		
	This Rule is not met as evidenced by:			

6899

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING_ 11/06/2019 HAL025023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **603 WEST STREET** GOOD SHEPHERD HOME FOR THE AGED **NEW BERN, NC 28560** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 3 {C 189} {C 189} 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. B. FIXED 12/4/19. Findings on November 6, 2019: b. Room 30 - the door has dropped and there is a gap between the door and frame at the top left. 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 B. FIXED 11/25/19.

C. FIXED 11/25/19.

D. FIXED 11/25/19.

E. FIXED 11/25/19. origin. Findings on November 6, 2019: 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. c. Dining Room - the base of the exit light is loose leaving a hole at the ceiling. 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. e. Basement - in the first room from the outside entrance, there is a 4' x 8' section of sheetrock ceiling that has been removed or fallen out and there is a substantial amount of mold on the remaining layer of sheetrock. 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

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: 01 R B. WING_ HAL025023 11/06/2019 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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 189} Continued From page 4 {C 189} 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. A. FIXES 12/12/19 B. FIXES 12/12/19 Findings on July 24, 2019: a. Phone Room - the door was propped open using furniture. b. Activity Room - the doors are held open with hooks mounted to the walls. 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. B. WILL BE CONFERENCE BY 12/20/19 Findings on November 6, 2019: b. The fire extinguisher tags do not provide dates when the fire extinguishers were last serviced. {C 199} Exhaust Ventilation {C 199} 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; (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

LHKR22

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 R B. WING 11/06/2019 HAL025023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **603 WEST STREET** GOOD SHEPHERD HOME FOR THE AGED **NEW BERN, NC 28560** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {C 199} {C 199} Continued From page 5 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide working exhaust ventilation in required areas. B. Exaust AND INGTHUES. Findings on November 6, 2019: 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.

! HKR22