

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 07/22/2015
--	--	--	---

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 Biennial Construction Survey by Billy S. Bryant and Greg Cates conducted on 07/22/2015.</p> <p>Records indicate this facility was first licensed or submitted for licensure on 04/22/1987 as a HA. The facility is currently licensed for 54 Beds; therefore, the facility was surveyed for conformance with the applicable portions of 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>	C 000		
C 133	<p>Bathrooms-Hand Grips</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (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: i. Based on observation the facility grab bars are not currently installed to function as intended when required for use by the occupants.</p> <p>A. Finding on 07/22/23/2014: 1. North Hall Unisex Bath - The grab bar is loose and unstable.</p>	C 133	<p>CONSTRUCTION SECTION OCT 12 2015 RECEIVED</p> <p><i>Facility has refastened 10-1-15 the grab bars -</i></p> <p>Please Sign & Return</p>	

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

[Signature]

TITLE

Administrative

(X6) DATE

10/1/15

refastened 10/12/15

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 07/22/2015
--	--	--	---

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 152	Continued From page 1	C 152		
C 152	Entrances-Steps, Porches with Handrails	C 152		
	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails;</p> <p>This Rule is not met as evidenced by: I. Based on observation the facility guard rails are not currently installed to function as intended when required for support by the occupants. Guardrails are intended as a safety measure and to assist occupants in navigating steps.</p> <p>A. Finding on 07/22/2015: 1. Johnny Sampson Hall - At the exit door from the corridor the concrete at the stoop's guard rail post has broken away and the guardrail is unsupported and unstable.</p> <p>2. South Hall - The ends of the guardrails at the exit door from the corridor have been cut so they are unsupported and about 12" short of being attached to the building wall at the door.</p>		<p>The facility will replace rail and bracket</p> <p>The facility will replace rail securely -</p>	<p>10/30/15</p> <p>10/30/15</p>
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>	C 160		

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

07/22/2015

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>Continued From page 2</p> <p>This Rule is not met as evidenced by:</p> <p>i. Based on observation there is an area at the exterior of the building across from the dining room that is a safety concern for occupants of the facility who may be outside.</p> <p><i>A Finding from 07/22/2015:</i></p> <p>1. Exterior - There is a pit approximately 10'-0" x 6'-0" x 36" deep containing 2 abandoned generators. Posts are located around the pit wall but there are no guardrails to prevent a person from accidentally falling into the pit.</p>	C 160	<p><i>The facility has put a fence around the pit.</i></p>	10/1/15.
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 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>i. Based on observation there is a pattern of the floors not being kept in good repair as evidenced by but not limited to the specific examples listed in the findings. Damaged floors may be difficult to maintain in a clean manner and do not contribute to a desirable living environment.</p> <p><i>A. Findings from 07/22/2105:</i></p> <p>1. North Hall</p> <p>a. The floor tiles are starting to curl and detach from the floor underlayment.</p>	C 164	<p><i>The facility has replaced and repaired the floor tiles -</i></p>	10/1/15

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 07/22/2015
--	--	---	---

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	<p>Continued From page 3</p> <p>b. North Hall HVAC Closet - The wood floor is rotted and a portion has failed and collapsed</p> <p>2. Johnny Sampson Hall</p> <p>a. Room #5 - The VCT floor tile is cracked and damaged.</p> <p>b. Tiles are coming unglued from the wood floor underlayment and the underlayment show signs of mold growth due to moisture.</p> <p>c. Restroom - The VCT around the floor drain is cracked and damaged.</p> <p>d. HVAC Closet Adjacent to Living Room - The wood floor is rotted and a portion has failed and collapsed.</p> <p>e. Restroom Adjacent to Med Room - Moisture is condensing on the duct is running onto the wood floor. The floor is rotted and a portion has collapsed.</p> <p>f. Living Room - A section of the floor base has detached from the wall.</p> <p>g. Kitchen Main Electrical Panel Room - The wood floor is water damaged and portions of the floor have rotted.</p> <p>ii. Based on observation there is a pattern of walls and ceilings not in good repair as evidenced but not limited to the specific examples listed in the findings. Damaged walls and ceilings may be difficult to maintain in a clean manner and do not contribute to a desirable living environment.</p> <p>A. Finding on 07/03/2015:</p> <p>1. North Hall</p> <p>a. Unisex Bath - The plaster wall finish adjacent</p>	C 164	<p>The facility has replaced 16-1-15 and put new floor in</p> <p>The facility has replaced 10/11/15 Cracked damaged tile</p> <p>The facility has replaced the tiles.</p> <p>The facility has replaced the VCT.</p> <p>The facility has replaced and repaired HVAC closet floor.</p> <p>The facility has had A/C repairs to fix and floor has been replaced.</p> <p>The facility has re attached floor base.</p> <p>The facility floor stable and tile replaced.</p> <p>The facility has repaired wall 10/11/15</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 07/22/2015
--	---	---	--

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	<p>Continued From page 4</p> <p>to the water closet is peeling due to moisture damage.</p> <p>b. Room #32 - The walls is crumbling due to moisture damage.</p> <p>c. Shower Rooms - The ceiling finish is peeling due to moisture damage.</p> <p>d. Room #27 - The wall above the thru-wall HVAC unit is peeling due to moisture damaged.</p> <p>e. Restroom - The wall beside the water closet has moisture damaged.</p> <p>f. Living Room - The walls are damaged at the soda vending machine.</p> <p>g. The ceiling finish is peeling above the stainless steel sinks, the stove and the refrigerator.</p> <p>h. Kitchen Main Electrical Panel Room - The wood walls and ceilings are water damaged and portions have rotted.</p> <p>2. South Hall</p> <p>a. Room #7 - The ceiling is damaged.</p> <p>b. Room #9 - The wall finish behind the water closet is peeling due to moisture damaged.</p> <p>c. Room #12 - The ceiling has moisture damage.</p> <p>d. Room #20 - The walls in the bathroom are damaged.</p> <p>e. Room #20 - The room walls are scarred and damaged.</p> <p>III. Based on observation the furnishing are not in</p>	C 164	<p>The facility has repaired or replaced all items in 1.(a-h) the crumbling walls - repaired 10/1/15</p> <p>The facility has repaired the walls due to moisture 10/1/15</p> <p>The facility has repaired the peeling ceiling finish 10/1/15</p> <p>The facility has repaired the wall above the thru wall HVAC unit 10/1/15</p> <p>The facility repaired the wall beside the water closet 10/1/15</p> <p>The facility has repaired walls damaged at the vending machine 10/1/15</p> <p>The facility has repaired the ceiling finish above the stainless steel sink, stove & refug 10/1/15</p> <p>The facility has repaired the wood walls and ceilings from water damaged - 10/1/15</p> <p>The facility has replaced or repaired all items in 2(a-e) repaired damage ceiling 16/1/15</p> <p>The facility has repaired the wall finish behind water closet 10/1/15</p> <p>The facility has repaired moist ceiling - 10/1/15</p> <p>The facility has repaired the BR walls 10/1/15</p> <p>The facility has repaired the walls that were scarred and damaged - 10/1/15</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 07/22/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOOD SHEPHERD HOME FOR THE AGED

**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	<p>Continued From page 5</p> <p>good repair as evidenced but not limited to the specific examples listed in the findings. Damaged furniture, furnishings and fixtures do not contribute to a desirable living environment.</p> <p>A. Findings from 07/22/2015:</p> <p>1. Johnny Sampson Hall, Room #1 - The clothes wardrobes are damaged.</p> <p>2. South Hall</p> <p>a. Room #16 - The sink is clogged and has standing water.</p> <p>b. Room #22 - The clothes wardrobe is damaged.</p> <p>c. Room #25 - The chest of drawers is damaged.</p> <p>d. Room #27 - The wall mirror is missing.</p> <p>e. Nurse's Station - The counter top laminate finish is damaged.</p> <p>IV. Based on observation there were odors present in the facility. Maintain housekeeping methods as required to keep the facility free from unpleasant and chronic odors in all areas of the facility.</p> <p>A. Findings from 07/22/2015:</p> <p>1. Johnny Sampson Hall</p> <p>a. Restrooms Adjacent to Room #2 - There is a strong odor present in the room.</p> <p>b. Men's Restroom Adjacent to Living Room - There is a strong odor present in the room.</p> <p>c. South Hall Room #20 - There is a strong odor present in the bathroom.</p> <p>V. Based on observations the exterior of the</p>	C 164	<p>The facility will be replacing 10/30/15 on beds at this time</p> <p>The facility has repaired the clogged sink 10-1-15</p> <p>John / is done</p> <p>The facility will be replacing the furniture that is damaged in the facility - 10-30-15</p> <p>The facility has replaced the exhaust fans and housekeeping instructed on more deep cleaning and disinfecting. 10/1/15</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 07/22/2015
--	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOOD SHEPHERD HOME FOR THE AGED

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	<p>Continued From page 6</p> <p>facility shows a pattern maintenance issues for the exterior walls as evidenced but not limited to the specific items listed in the findings.</p> <p>A. Findings from 07/22/2015:</p> <p>1. Building Exterior:</p> <p>a. The wood soffits and fascia boards have peeling paint, are damaged from rot at various locations around the perimeter of the building.</p> <p>b. The exterior door trim and frames are damaged from rot.</p> <p>c. As evidenced by the North Hall, the facility's wood window sills and some of the wood brick moulding are rotten.</p> <p>d. The window trim paint is peeling and exposing raw wood.</p> <p>e. Plywood coverings for crawl space access are not secured and have large openings that could allow vermin to enter the facility.</p> <p>2. Exterior of the Kitchen Area:</p> <p>a. The gutter outside of the kitchen area is damaged.</p> <p>b. Vines are growing on the exterior masonry walls of the building in several locations.</p> <p>c. The grass has not been cut.</p>	C 164	<p><i>The facility has replace the wood soffits and fascia board.</i></p> <p><i>The exterior door trim has been repaired by facility.</i></p> <p><i>The facility has repaired, resecured and put in new items for items</i></p> <p><i>(A-F) The facility has repaired the rotten window sills on North Hall -</i></p> <p><i>The facility has repaired and painted window sills.</i></p> <p><i>The facility has put new gutters outside in place and yard upkeep around exterior walls.</i></p> <p><i>The facility has repaired the coverings to the crawl space.</i></p> <p><i>The facility has remove and vines on exterior walls.</i></p> <p><i>The facility has cut the grass.</i></p>	<p><i>10/1/15</i></p> <p><i>10/1/15</i></p> <p><i>10/1/15</i></p> <p><i>10/1/15</i></p> <p><i>10/1/15</i></p>
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p>	C 166		

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 07/22/2015
--	--	--	---

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 166	<p>Continued From page 7</p> <p>(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.</p> <p>This Rule is not met as evidenced by: I. Based on observation the facility is not free of hazards. Obstructions to paths of egress could effect all occupants when evacuating from the facility in the event of an emergency.</p> <p>A. Findings on 07/22/2015: 1. North Hall - Overgrown vegetation is intruding into the exterior path of egress at the stoop of the emergency exit door.</p> <p>2. Johnny Sampson Hall - The edge of the plant bed encroaches on the required clear width of the landing at the end of the stoop's steps for the path of egress from the emergency exit door.</p> <p>II. Based on observation the facility is not free of hazards. Doors that cannot be completely closed and latched could effect all occupants by failing to help contain smoke and fire in the area of origin.</p> <p>A. Finding on 07/22/2015 1. North Hall - The exit door from the hall contacts the door frame and will not completely close and latch.</p> <p>2. Office a. The Dutch door door has a key only double dead bolt and does not automatically latch when closed. b. The top half of the Dutch door does not have automatically latching lock set.</p>	C 166	<p>The facility has removed overgrown vegetation - 10/1/15</p> <p>The facility has removed plant bed - 10/1/15</p> <p>The facility has fixed the exit door from the hall - 10/1/15</p> <p>The facility has sealed the Dutch door - not using Dutch sealed at this time - 10/1/15</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 07/22/2015
--	---	---	--

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 166	<p>Continued From page 8</p> <p>c. There is a barrel bolt on the top half of the Dutch door that if in the down position could prevent the door from being closed.</p> <p>d. Office - When both halves of the Dutch door are closed there is a gap between the upper and lower doors so that the door cannot resist the passage of smoke.</p> <p>III. The facility is not free of hazards. Locks or doors that do not open from the inside could allow an occupant to be locked inside the space.</p> <p>A. Finding from 07/22/2015:</p> <p>1. Office - There is a key only double dead bolt on the door.</p> <p>2. South Hall Room #22 - When the room's bathroom door is completely closed and latches it will not open from the inside.</p>	C 166	<p>The facility notes that the door is not longer Dutch 10/1/15</p> <p>The facility notes that the door is not Dutch no longer 10/1/15</p> <p>The facility will be removing double dead bolt on door in office 10/30/15</p> <p>The facility has replaced and repaired with knobs. 10/1/15</p>	
C 170	<p>Housekeeping-Curtains, Blinds, Res. Privacy</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy;</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. Based on observation there is a pattern of the facility is not providing blinds, curtains or draperies in resident rooms as evidenced by but not limited to the specific examples listed in the</p>	C 170		

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 07/22/2015
--	---	---	--

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 170 Continued From page 9 findings.

A. Findings on 07/22/2015:

1. North Hall
 - a. Blinds in the resident rooms are damaged.
 - b. Across from Tub Room - The window blind slats are damaged.
 - c. Room #27 - The blind slats are damaged.
2. South Hall Room #20 - The window blind slats are damaged.

C 170

1. The facility will replace all damaged blinds in res. rooms on North Hall -

2. The facility will replace the window blind slats that are damaged -

3. The facility will replace blind slats in Room #27

10/30/15

10/30/15

10/30/15

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

2. The facility will replace window blind slats damaged on South Hall Rm #20

10/30/15

This Rule is not met as evidenced by:

I. Based on observation fire safety systems have not been maintained. Fire resistant rated construction that is not maintained could effect all occupants of the facility by failing to prevent the spread of fire and smoke from the area of origin.

A. Findings on 07/22/2015:

1. North Hall HVAC Closet - Just outside the closet there is a gap in the fire resistant rated ceiling where a conduit penetrates the ceiling

The facility has repaired the gap in the fire resistant ceiling on North Hall HVAC closet

10/11/15

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 07/22/2015
--	---	---	--

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 10</p> <p>2. South Hall, Custodial Closet - There is a hole in the fire resistant rated ceiling.</p> <p>3. Basement Water Heater Room - There is an approximately 8"x 8" hole in the drywall ceiling</p> <p>II. Based on observations the electrical equipment has not been maintained in an operating condition. Electrical equipment that does not function properly could be a safety issue for the occupants of the facility.</p> <p>A. Findings on 07/22/2015:</p> <p>1. North Hall</p> <p>a. Unisex Bath - The light fixture did not work.</p> <p>b. HVAC Closet - The soda vending machine outside of the closet is blocking access to the electrical panel.</p> <p>2. Johnny Sampson Hall</p> <p>a. Room #1 - The ceiling light fixture is damaged.</p> <p>b. Restroom - The GFCI electrical outlet did not trip when tested.</p> <p>c. Bath - The GFCI electrical outlet did not trip when tested.</p> <p>d. Wash Room - The GFCI electrical outlet did not trip when tested.</p> <p>e. Men's Restroom Adjacent to Living Room - The GFCI did not trip when tested.</p> <p>f. Living Room - The ceiling mounted emergency exit light is suspended by its wiring.</p> <p>g. Dining Room Exit - The exterior light at the exit</p>	C 189	<p>The facility has repaired using Fire Caulking -</p> <p>The Water Heater Room drywall has been fixed -</p> <p>① The facility has fixed the light fixture in the HVAC closet</p> <p>② The soda machine has been removed -</p> <p>③ The facility has repaired the ceiling light fixture in Rm #1</p> <p>④ The facility will work on needed repair for electrical outlet in the Restroom, Bath, Wash Room and Men's Restroom Adjacent to Living Room in the Johnny Sampson Hall.</p> <p>The facility has repaired the emergency light -</p> <p>The facility has repaired the exterior light at the exit</p>	<p>10/1/15</p> <p>10/1/15</p> <p>10/1/15</p> <p>10/1/15</p> <p>10/1/15</p> <p>10/1/15</p> <p>10/1/15</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 07/22/2015
--	--	---	---

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 11</p> <p>stairs is detached from the wall and is hanging by its wiring.</p> <p>3. South Hall, Room #22 - The bathroom light fixture is missing a bulb and the fixture light bulb socket is exposed.</p> <p>III. Based on observations there is a pattern of HVAC equipment that has not been maintained in an operating condition as evidence by but not limited to the specific examples listed in the findings. HVAC equipment that does not function could effect occupants of rooms by not providing conditioned air as required for resident comfort.</p> <p>A. Findings on 07/22/2015:</p> <p>1. North Hall</p> <p>a. Room #31 - The HVAC Unit is damaged.</p> <p>b. Room #30 and other rooms - The controls knobs for the thru-wall HVAC unit are missing and the cover is detached from the room side of the unit.</p> <p>2. Johnny Sampson Hall</p> <p>a. Room #8 - The cover is detached from the room side of the thru-wall HVAC unit.</p> <p>b. Living Room - The thru-wall HVAC unit is not working.</p> <p>3. South Hall - Room #12 - The thru-wall HVAC cover is detached from the room side of the thru-wall HVAC.</p> <p>IV. Based on observations the plumbing system not been maintained. Some fixtures require repair and plumbing that is leaking could contribute to the mold growth and water damage found in the facility.</p>	C 189	<p>Cont. (a) The light has brackets to secure it.</p> <p>The facility has replaced the light and repaired the socket</p> <p>The facility is ordering parts for the damaged HVAC unit on North Hall -</p> <p>The facility has ordered control knobs to the HVAC unit on North Hall.</p> <p>The facility has ordered parts for the cover to the HVAC unit on Johnny Sampson Hall</p> <p>The facility will be replacing the HVAC unit in Living Room on Johnny Sampson Hall.</p> <p>③ The facility has reattached the HVAC cover in room #12</p>	<p>10/1/15</p> <p>10/1/15</p> <p>11/15/15</p> <p>11/15/15</p> <p>11/15/15</p> <p>11/15/15</p> <p>11/15/15</p> <p>12/1/15</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 07/22/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER: **GOOD SHEPHERD HOME FOR THE AGED**
STREET ADDRESS, CITY, STATE, ZIP CODE: **603 WEST STREET
NEW BERN, NC 28580**

(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 12</p> <p>A. Findings on 07/22/2015:</p> <p>1. Basement Water Heater Room - There was a previous undetected leak in the water line located in the crawl space beyond the basement wall. The basement floor was flooded. Note: Repaired while the surveyor was on site.</p> <p>2. North Hall Tub Room</p> <p>a. The sink fixture is missing its cold water knob.</p> <p>b. North Hall - Unisex Bath - The sink fixture does not have a faucet.</p> <p>3. South Hall - Room #16 - The sink is clogged and has standing water.</p>	C 189	<p><i>The facility has repaired the leak in the water line done when surveyor was on site</i></p> <p><i>The facility has replaced new fixtures on North Hall</i></p> <p><i>New faucets</i></p> <p><i>Unlogged standing water on South Hall</i></p> <p><i>Tub and Unisex Bath</i></p>	10/1/15
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <p>(1) soiled linen storage;</p> <p>(2) soil utility room;</p> <p>(3) bathrooms and toilet rooms;</p> <p>(4) housekeeping closets; and</p> <p>(5) laundry area.</p> <p>(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:</p> <p>I. Based on observation the facility is not</p>	C 199		

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 07/22/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 803 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 13</p> <p>providing exhaust ventilation as required. Exhaust fans that do not operate could effect occupants of the facility by not exhausting odors and fumes.</p> <p>A. Findings from 07/22/2015:</p> <ol style="list-style-type: none"> 1. North Hall Restroom, Across from Tub Room - The exhaust fan is not working. 2. Johnny Sampson Hall, Restrooms Adjacent to Room #2 - The exhaust fans do not work. 3. Kitchen Supply Room - There are chemicals store in the room without an exhaust fan installed. 4. South Hall, Women's Restroom - The exhaust fans is not working. 	C 199	<p><i>The facility has replaced the fans on North Hall, Johnny Sampson Hall, Kitchen Supply Room and South Hall Women's Room -</i></p>	10/1/15
-------	--	-------	--	---------