Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED
	HAL025032		11/22/2016

NAME OF PROVIDER OR SUPPLIER: HOMEPLACE OF NEW BERN

STREET ADDRESS, CITY, STATE, ZIP CODE: 1309 MCCARTHY BLVD NEW BERN, NC 28562

(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 Construction Section Biennial Survey by Dennis Harrell on 11-22-2016. Records indicate this facility was first licensed as a Home for the Aged serving 60 residents, 20 of which reside in the SCU, on 6-19-1997. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 (1997 Revision) North Carolina State Building Code(s) for Institutional Occupancy.	C 000	SECTION .0300 – PHYSICAL PLANT 10NCAC 13F .0311 OTHER REQUIREMENTS	
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, some corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. One of the smoke barrier doors did not latch when closed by the fire alarm system. b. The door to bedroom 203 would not latch when closed.	C 189	1.a. The door latch was adjusted on the smoke barrier door and the closing speed was adjusted. The smoke barrier door now latches when the fire alarm system is activated. All smoke barrier doors were tested and checked to ensure they are latching appropriately. During monthly fire drills, the Maintenance Director and the Executive Director will double check all fire barrier doors to ensure they are latching when the alarm is activated.	11/23/16
			b. The door to bedroom 203 was adjusted and now latches. The Maintenance Director will monitor all bedroom doors on a monthly basis to ensure they latch appropriately.	11/23/16
			The housekeepers will be trained to monitor each bedroom door on a weekly basis and to report to the Maintenance Director if there is a door that does not latch appropriately.	01/6/17

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Diane McKeel | TITLE: Executive Director | (X6) DATE: December 22, 2016

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025032	A. BUILDING: 01 B. WING _____	11/22/2016

NAME OF PROVIDER OR SUPPLIER: HOMEPLACE OF NEW BERN

STREET ADDRESS, CITY, STATE, ZIP CODE: 1309 MCCARTHY BLVD, NEW BERN, NC 28562

(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. The door to bedroom 309 does not fit the opening properly to be resistant to the passage of smoke. 2. Based on observation, the alarm sounding device covering the emergency release switch near room 308 did not sound an alarm when lifted. An alarm sounding device that does not work could allow resident elopement.	C 189	c. A door jamb weatherstrip kit for smoke stop was installed on the door to bedroom 309. The Maintenance Director will monitor all bedroom doors on a monthly basis to ensure they fit properly to be resistant to the passage of smoke. 2. The alarm sounding device near room 308 was replaced with "Stopper II with Horn Flush Mount" Alarm Tamperproof Cover for override switch. All the other devices were checked to ensure they are working properly.The Maintenance Director will check The devices every month to ensure they are working properly.	11/25/16 12/5/16

Diane McKeel, Executive Director

December 22, 2016