

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL025033</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/28/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE COURTYARDS AT BERNE VILLAGE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2701 AMHURST BOULEVARD<br/>NEW BERN, NC 28562</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                                      | Initial Comments<br><br>Report of Construction Section Biennial Survey<br>by Suzanna Fay conducted on November 28,<br>2018.<br><br>Records indicate this facility was first licensed as<br>a Home for the Aged serving 55 residents on May<br>10, 1986. Therefore we are requiring the facility to<br>meet the 1984 and the applicable components of<br>the 2005 Rules for the Licensing of Adult Care<br>Homes, and, the 1978 (w/revisions) North<br>Carolina State Building Code for Institutional<br>Occupancy. The facility submitted plans for<br>renovations May 21, 1996 that include sprinkler<br>system and new fire alarm system. The sprinkler<br>and fire alarm systems are required to meet the<br>1996 North Carolina State Building Codes. | C 000                                                                                         |                                                                                                                          |                                                        |
| C 160                                                                      | Outside Premises-Clean, Safe<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL<br>ENVIRONMENT<br>(m) The requirements for outside premises are:<br>(1) The outside grounds of new and existing<br>facilities shall be maintained in a clean and safe<br>condition;<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the outside<br>premises were not maintained in a clean and safe<br>condition.<br><br>Findings on November 28, 2018:<br>a. 300 Hall - the exterior soffit at the courtyard<br>exit was sagging and the light was not secure.<br>The ceiling and light were repaired at the time of<br>survey.<br>b. Entry to 300 Hall - a twelve foot section of the                                   | C 160                                                                                         |                                                                                                                          |                                                        |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| C 160                                                                      | Continued From page 1<br><br>exterior fascia trim has fallen off at the gable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C 160                                                                                         |                                                                                                                          |                                                        |
| C 189                                                                      | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and<br>operating condition.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation there is a failure to<br>maintain the facility's fire safety equipment in a<br>safe operating condition. The occupants in the<br>smoke compartment could be effected if the fire<br>resistant rated doors do not completely close and<br>latch to help limit the spread of smoke and/or fire<br>to the area of origin.<br><br>Findings on November 28, 2018:<br>a. The smoke doors outside of AL Dining did not<br>close completely when the fire alarm was<br>activated. The doors were repaired at the time of<br>survey.<br>b. The fire doors on the 100 Hall did not close<br>and latch completely when the fire alarm was<br>activated. The doors were repaired at the time of<br>survey.<br><br>2. Based on observation there is a failure to<br>maintain the facility's fire safety equipment in a<br>safe operating condition. Occupants in the smoke<br>compartment could be exposed to smoke or fire if | C 189                                                                                         |                                                                                                                          |                                                        |

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| C 189                                                                      | <p>Continued From page 2</p> <p>doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on November 28, 2018:</p> <p>a. Nurse Break Room - the corridor door does not latch when closed. The door was repaired at the time of survey.</p> <p>3. 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 November 28, 2018:</p> <p>a. Room 104 - there is a gap around the sprinkler head leaving a hole in the rated ceiling assembly. This item was corrected at the time of survey.</p> <p>b. 200 Hall Spa - the ceiling in front of the shower is cracked and splitting open. The ceiling was repaired at the time of survey.</p> <p>c. Nurse's Office - there is a hole in the rated ceiling assembly at the sprinkler head. This item was corrected at the time of survey.</p> <p>d. Res. Personal Care Closet (300 Hall) - there is a hole in the rated ceiling assembly at the sprinkler head. This item was corrected at the time of survey.</p> <p>e. Exterior Water Heater Room outside Kitchen - the ceiling around the flue was cracked and flaking. There were holes around several of the water pipes where they penetrate the rated ceiling. This was corrected at the time of survey.</p> <p>4. Observations revealed that the electrical equipment was not maintained in a safe condition.</p> | C 189                                                                                         |                                                                                                                          |                                                        |

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| C 189                                                                      | Continued From page 3<br><br>Findings on November 28, 2018:<br>a. Room 104 - the electrical outlet over the first<br>bed was missing a cover plate. The cover plate<br>was installed at the time of survey. | C 189                                                                                         |                                                                                                                          |                                                        |