STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025033	A. BUILDING: **01** B. WING _____	**11/28/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COURTYARDS AT BERNE VILLAGE	**2701 AMHURST BOULEVARD 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 Suzanna Fay conducted on November 28, 2018. Records indicate this facility was first licensed as a Home for the Aged serving 55 residents on May 10, 1986. Therefore we are requiring the facility to meet the 1984 and the applicable components of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 (w/revisions) North Carolina State Building Code for Institutional Occupancy. The facility submitted plans for renovations May 21, 1996 that include sprinkler system and new fire alarm system. The sprinkler and fire alarm systems are required to meet the 1996 North Carolina State Building Codes.	C 000		
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. Findings on November 28, 2018: a. 300 Hall - the exterior soffit at the courtyard exit was sagging and the light was not secure. The ceiling and light were repaired at the time of survey. b. Entry to 300 Hall - a twelve foot section of the	C 160	The Ceiling and light were repaired at time of inspection.	11/28/18

Lara Williams Executive Director 12/28/2018

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C 160	Continued From page 1 exterior fascia trim has fallen off at the gable.	C 160	Exterior fascia was repaired at the time of inspection.	11/28/18
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 there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on November 28, 2018: a. The smoke doors outside of AL Dining did not close completely when the fire alarm was activated. The doors were repaired at the time of survey. b. The fire doors on the 100 Hall did not close and latch completely when the fire alarm was activated. The doors were repaired at the time of survey. 2. 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	C 189	The Maintenance Director inspected all exterior trim, lighting for any other needed repairs. This will be included in the monthly and quarterly Preventative Maintenance Checklist. The closing of the Fire Doors outside the AL Dining Room and the 100 Hall were both repaired at the time of inspection. Smoke Doors will be routinely checked on a monthly basis during the monthly scheduled Fire Drills and documented in our Prevenative Maintenace program.	11/28/18

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C 189	Continued From page 2 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on November 28, 2018: a. Nurse Break Room - the corridor door does not latch when closed. The door was repaired at the time of survey. 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. Findings on November 28, 2018: 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. 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. 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. 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. 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. 4. Observations revealed that the electrical equipment was not maintained in a safe condition.	C 189	The Nurse Break Room Doors were repaired at the time of inspection. Maintenance Director will routinely check closure of doors and document on the monthlyPreventative Maintenance Checklist	11/28/18
			Room 104 gap arounf sprinkler head was repaired at the time of inspection.	11/28/18
			200 Hall Spa Ceiling was repaired at the time of inspection	11/28/18
			Nurses Office hole in ceiling was repaired at the time of inspection	11/28/18
			300 Hall PC Closet hole in the rated ceiling assembly at the sprinkler head was repaired at the time of inspection	11/28/18
			The ceiling and hole penetrations in the Exterior Water Heater Room outside kitchen was repaired at the time of inspection. Ceilings will be inspected monthly and included on the documentation of the Preventative Maintenance Program.	11/28/18

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C 189	Continued From page 3 Findings on November 28, 2018: a. Room 104 - the electrical outlet over the first bed was missing a cover plate. The cover plate was installed at the time of survey.	C 189	Room 104 Cover Plate was installed at the time of inspection. Resident Room outlets were visually inspected to ensure no other cover plates were missing. Checking interior and exterior outlets has been added to the quarterly Preventative Maintenance Schedule.	11/28/18

Lara Williams Executive Director 12/28/2018