

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>HAL025039</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/05/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HOMEPLACE OF NEW BERN</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1309 MCCARTHY BLVD<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 Ryan Meyer on June 5, 2024.<br><br>Records indicate this facility was first licensed as<br>a Home for the Aged serving 60 residents, 20 of<br>which reside in the SCU, on 6-19-1997.<br>Therefore the facility must meet the 1996 and the<br>applicable portions of the 2005 Rules for the<br>Licensing of Adult Care Homes, and, the 1996<br>(1997 Revision) North Carolina State Building<br>Code(s) for Institutional Occupancy.<br><br>Deficiencies were noted, which require a Plan Of<br>Correction.                                  | C 000                                                                                     |                                                                                                                          |                                                        |
| C 188                                                            | Electrical Outlets in Wet Locations<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0310 ELECTRICAL OUTLETS<br>All adult care home electrical outlets in wet<br>locations at sinks, bathrooms and outside of<br>building shall have ground fault interrupters.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation the facility is not<br>maintaining the electrical components located<br>near a water source in a safe manner.<br><br>Findings on June 5, 2024:<br>a. There are multiple outlets in each one of the<br>laundry room throughout the facility that are not<br>GFCI protected. | C 188                                                                                     |                                                                                                                          |                                                        |
| C 189                                                            | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C 189                                                                                     |                                                                                                                          |                                                        |

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 189                                                            | <p>Continued From page 1</p> <p><b>REQUIREMENTS</b></p> <p>(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.</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>1. Based on observation there is a failure to maintain the building's fire safety equipment systems in a safe condition. Holes or gaps at penetrations in the fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on June 5, 2024:</p> <p>a. In the main IT room holes haven been drilled through a smoke barrier wall/ceiling that requires the proper material to seal the opening properly.</p> | C 189                                                                                     |                                                                                                                          |                                                        |