

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2015
NAME OF PROVIDER OR SUPPLIER TARA PLANTATION OF CARTHAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 820 S. MCNEILL STREET CARTHAGE, NC 28327		
(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 a Biennial Construction Survey by Ed Miller and Frank Strickland on February 3, 2015. Records indicate this facility was first licensed or submitted as a Home for the Aged serving Eighty (80) Residents with Forty (40) Residents being in an Alzheimer's wing, on September 23, 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 North Carolina State Building Code- Section 409 Institutional Occupancy (Group I). Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions. Findings on February 3, 2015: a The ice machine in the Kitchen had an indirect drain, piped directly on to the floor receptor, resulting in the potential for the drain	C 164		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2015
NAME OF PROVIDER OR SUPPLIER TARA PLANTATION OF CARTHAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 820 S. MCNEILL STREET CARTHAGE, NC 28327		
(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	Continued From page 1 line to clog and contaminate the machine. Deficiency corrected before Construction Surveys departed the site.. b. Some plumbing fixtures had hoses long enough to reach into the gray water and no vacuum breakers were provided to prevent the gray water from being siphoned back into the plumbing lines. The hoses are at the following locations to include but not limited to The shampoo sink in the Beauty Shop. 2. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, dirty/clogged building components and equipment in disrepair. Findings: on February 3, 2015: a. The return HVAC grilles, and their radiation dampers have an excessive accumulation of dust/lint in the following locations to include but not limited to: Large Kitchen return grille. Deficiency corrected before Construction Surveys departed the site.	C 164		
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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2015
NAME OF PROVIDER OR SUPPLIER TARA PLANTATION OF CARTHAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 820 S. MCNEILL STREET CARTHAGE, NC 28327		
(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 2 This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the hatch door in the attic was open in the smoke barrier wall. This could affect all residents, staff and visitors if the door is left allowing the smoke and fire to spread to the next smoke compartment. Findings on February 3, 2015: a. In the smoke barrier wall, at the back right wing attic, there was a wall mounted hatch door left open. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not being maintained. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on February 3, 2015: a. The sample tubes for the HVAC duct mounted smoke detectors were dirty throughout the "A" wing. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings in the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and can not contained fire in the Room or compartment of origin. Findings on February 3, 2015: a. The fire sprinkler escutcheon plate had drop down from the ceiling, exposing an unprotected opening through the fire-resistance-rated/smoke tight construction at the following locations to include but not limited to: Front Porch of "B" wing.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2015
NAME OF PROVIDER OR SUPPLIER TARA PLANTATION OF CARTHAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 820 S. MCNEILL STREET CARTHAGE, NC 28327		
(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 3 b. The fire sprinkler escutcheon plate did not cover the hole through fire-resistance-rated/smoke tight construction at the following locations to include but not limited to: Business Office Manager's Closet. c. The fire sprinkler escutcheon plate was missing, exposing an unprotected opening through the fire-resistance-rated/smoke tight ceiling construction at the following locations to include but not limited to: Beauty Shop. Deficiency corrected before Construction Surveys departed the site. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during and emergency. Findings on February 3, 2015: a. The exit sign did not work on backup power when the test button was pushed at the following locations to include but not limited to: Exit near Bedroom 111, Exit near Bedroom 141, 5. Based on Observation, the Building was not maintained in a safe and operating condition, because, some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on February 3 2015: a. Corridor door to Bedroom 103 was wedged open,	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2015
NAME OF PROVIDER OR SUPPLIER TARA PLANTATION OF CARTHAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 820 S. MCNEILL STREET CARTHAGE, NC 28327		
(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 4 6. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on February 3, 2015: a. Eight portable medical oxygen cylinders were stored standing up not secured to the structure at the following locations to include but not limited to: Oxygen Room. 7. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on February 3, 2015: a. Corridor door to Bedroom 139 was warped. 8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on February 3, 2015: a. Corridor door to Bedroom A128 did not latch to its frame, b. Corridor door to Bedroom A113 did not latch to its frame.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2015
NAME OF PROVIDER OR SUPPLIER TARA PLANTATION OF CARTHAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 820 S. MCNEILL STREET CARTHAGE, NC 28327		
(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 5 9. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on February 3, 2015: a. There were two 1/4 inch diameter holes through the door beside the door latching device in the following room: Bedroom A112. 10. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a smoke barrier wall that did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on February 3, 2015: a. The left leaf of the cross-corridor doors near Bedroom A117 did not latch when the fire alarm system released the doors. Deficiency corrected before Construction Surveys departed the site.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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:	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2015
NAME OF PROVIDER OR SUPPLIER TARA PLANTATION OF CARTHAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 820 S. MCNEILL STREET CARTHAGE, NC 28327		
(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	Continued From page 6 (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on February 3, 2015: a. The spot exhaust fan did not remove the required CFM's of ventilation from the following locations to include but not limited to: Common Shower in the SCU. 2. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on February 3, 2015: a. There was no ventilation to the following locations to include but not limited to: The Clean Linen on the same short Corridor with the Beauty Shop is now a Housekeeping closet.	C 199		