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
	HAL063011	A. BUILDING: 01 B. WING _____	R 05/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TARA PLANTATION OF CARTHAGE	820 S. MCNEILL STREET CARTHAGE, NC 28327

CONSTRUCTION SECTION
JUN 17 2015
RECEIVED

(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 Follow-Up Construction Survey by Ed Miller and Dennis Harrell on May 5, 2015. The following deficiencies cited during the February 3, 2015, Follow-Up Construction Survey, have not been satisfactorily corrected and will require a new 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: 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. Findings on May 5, 2015:	{C 164}	Per request of the State Inspectors, I purchased another vacuum break that consisted of a two parts specifically directed by the State Inspector. Following is the second copy of the invoice with date of purchase on 5/11/2015. This has been placed on the beauty shop sink.	5/11/15

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: James K. Oldham
TITLE: Administrator
(X6) DATE: 6-15-15

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
	HAL063011	A. BUILDING: 01 B. WING _____	R 05/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TARA PLANTATION OF CARTHAGE	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 The shampoo sink in the Beauty Shop had been equiped with a "vacuum breaker hose", per the invoice from the plumber. The "vacuum breaker hose" did not have or work like a vacuum breaker.	{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. This Rule is not met as evidenced by: 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 141,	{C 189}	The facility shall assure that the exit lights are in working condition. The facility acknowledge that prior to the return visit of the State Inspectors we were aware that the light was out again and choose to replace it completely rather than just the battery. However we had not picked up the light yet. We monitor all exit lights on a monthly basis and replace as needed. Please see the following invoice.	5/11/15

HUBBARD PIPE & SUPPLY / SO. PINES
115 DAVIS RD.
SOUTHERN PINES NC 28387
910-692-2210 Fax 910-692-5000

Ship Ticket

ORDER DATE	ORDER NUMBER
05/11/15	S1900583.002

ORDER TO:	PAGE NO.
HUBBARD PIPE & SUPPLY / SO. PI 115 DAVIS RD. SOUTHERN PINES NC 28387 910-692-2210 Fax 910-692-5000	1

SOLD TO:
TARA PLANTATION
820 S. MCNEILL ST
CARTHAGE, NC 28327

SHIP TO:
TARA PLANTATION
820 S. MCNEILL ST
CARTHAGE, NC 28327

** C.O.D. ** C.O.D. ** C.O.D. **

CUSTOMER NUMBER	CUSTOMER ORDER NUMBER	RELEASE NUMBER	SALESPERSON
16460	DAWN		BR2 HOUSE ACCOUNT

WRITER	SHIP VIA	WAREHOUSE	SHIP DATE	FREIGHT
ERIC GARNER	PK SO-PINES	Shp 2 Prc 2	05/11/15	No

ORDER QTY	SHIP QTY		DESCRIPTION	Net Prc	Ext Prc
1ea	1ea	__	BOSHART 17YBCV050NL 1/2" CHECK VLV IPS SPRING LF CV50BS Loc: Pn: 658094	8.081	8.08
1ea	1ea	__	JSC N23-000 1/2xCLOSE RED BRS NIPL Loc: Pn: 12970	2.114	2.11
	Amount paid today - Payment # S1900583.001				-10.87

```
********************* Credit Card Information ************************
*                                                                    *
* Merchant ID# : 11758011          TimeEDT/Date: 11:43:34 11 MAY 2015 *
* Card Number  : 4662              Card Type:                        *
* Card Holder  : TARA PLANTATION   Auth Code: 075471                 *
* Charge Amount: $10.87            Charge Date: 05/11/2015           *
*                                                                    *
*                                                                    *
* Signature    : _____                                               *
*                                                                    *
* I agree to pay above total amount according to card issuer agreement.*
**********************************************************************
```

```
********** ORDER SUMMARY **********
Total Sales for Order          10.87
     Payments to Date         -10.87
                            ---------
              Balance           0.00
***********************************
05/11/15       10.87 Credit Card ENC
```

Filled by_____ Checked by_____ Pieces_____
Customer Signature: _____ Date: ___/___/___

Overdue accounts will be charged 1.50% per month finance charge. No merchandise returns can be accepted without a receipt for purchase. Returns must be made within 180 days. Product should be in its original container and in saleable condition. Credit/debit card purchases must be returned on the same card. No returns on tools or special orders! Claims for damages or shortages must be made within 24 hours of delivery.

Subtotal	-0.68
S&H CHGS	0.00
Sales Tax	0.68
Amount Due	0.00