STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL003011	A. BUILDING: 01 B. WING	05/04/2017

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 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanne Fay and Billy S. Bryant conducted on May 4, 2017. Records indicate this facility was first licensed on September 23, 1997. The facility is currently licensed for 80 Beds including a 40 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 Edition of the North Carolina Building Code, Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101	See Attached	

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	05/04/2017

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 101	Continued From page 1 1. Based on observation, the facility did not meet Code requirements in effect at the time of construction or renovation. Findings on May 4, 2017: a. A schematic plan of the special locking system was not posted at the fire alarm panel.	C 101		
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 observations, the facility failed to keep the floors clean and in good repair. Findings on May 4, 2017: a. The carpet in the main lobby, living areas and down through the corridors was frayed and worn. b. There were large discolored stains down the length of the end hall in A Hall. c. A 5" triangular section of the insert carpet was torn out at the front living area. d. The carpet under the water coolers was heavily stained. e. There was a pattern of stains and worn carpet in the corridors and common area of the SCU.	C 164		
C 189	Building Equipment Maintained Safe, Operating	C 189		

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	05/04/2017

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 189	Continued From page 2 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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the mechanical equipment was not maintained in a safe condition. Findings on May 4, 2017: a. Room 102-the HVAC grille by the window had dropped down below the ceiling leaving an opening in the rated ceiling assembly. b. Dining Room-the HVAC grille at the back of the room has shifted leaving a small gap between the grille and the rated ceiling assembly. 2. Based on observations, the building was not maintained in a safe condition. Findings on May 4, 2017: a. A short section of handrail outside of Room 101 was detaching from the wall. This affects the safety of the Residents, Staff and Visitors. b. Room 116-had an unsecured oxygen tank in the room. This tank was removed at the time of this survey. Therefore, no further action is required. c. B Hall-Oxygen Storage-three oxygen tanks were found unsecured in the closet. d. Storage Room in the Memory Care Unit-an unsecured oxygen tank was found in the room.	C 189		

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	05/04/2017

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 189	Continued From page 3 3. Based on observations, the facility failed to maintain all fire safety equipment in operating condition. Findings on May 4, 2017: a. The wall mounted emergency light outside of Room 103 did not operate on battery backup. b. The wall mounted emergency light outside of Room 113 did not operate on battery backup. c. The fire alarm panel was indicating a trouble signal at the SCU receptionist desk. d. B Hall, Med Room-the emergency light was not working. e. Room 131-pillows were stacked in the closet within 18" of the sprinkler head which might prevent the head from providing coverage in the case of a fire. f. Kitchen-The emergency light at the exit door was not working. 4. Based on observations, the mechanical exhaust equipment was not maintained in operating condition. Findings on May 4, 2017: a. Beauty Salon-the exhaust fan was not working. b. Room A122 (Memory Care Unit)-the bathroom exhaust fan was not working. 5. Based on observations, the electrical equipment was not maintained in a safe condition. Findings on May 4, 2017: a. Exterior Electrical Room outside of the Kitchen-metal covers were installed over the conduit from the electrical panels. The covers are larger than the electrical panels leaving	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL083011	A. BUILDING: 01 B. WING	05/04/2017

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 189	Continued From page 4 openings that are not sealed with fire caulk in order to maintain the 1 hour rated assembly. b. Memory Care Unit Electrical Room-metal covers were installed over the conduit from the electrical panels. The covers are larger than the electrical panels leaving openings that are not sealed with fire caulk in order to maintain the 1 hour rated assembly. 8. Based on observations, the plumbing equipment was not maintained in a safe condition. Findings on May 4, 2017: a. Room A122 (Memory Care Unit)-the toilet was twisted and sitting at an angle and the tank was not secure at the back of the fixture. 7. Based on observations, the ceilings were maintained in a safe condition. Findings on May 4, 2017: a. Housekeeping closet by the Beauty Salon-the sprinkler head had dropped down, leaving a small 1/4 opening in the ceiling around the head. This compromises the 1 hour rated ceiling assembly. b. Maintenance Office-the sprinkler head had shifted leaving approximately a 1/2" gap in the 1 hour rated ceiling assembly. c. Maintenance Office-an 18" section of the ceiling had bubbled and was beginning to tear from a possible leak at the front corner of the room. d. Riser Room-there are several small holes in the rated ceiling assembly that are not protected with fire caulk. e. Riser Room-there is damage from a roof leak to the left of the door. Patching was performed but the sheetrock tape and finish is falling off at the patched area.	C 189		

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	05/04/2017

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 189	Continued From page 5 f. Laundry Room-there is a 3" diameter hole in the ceiling behind the dryer exhaust duct which compromises the 1 hour rated ceiling assembly. g. Room A102 (Memory Care Unit)-the ceiling in the bath is stained from a previous leak and has not been repaired.	C 189		
C 157	Outside Premises-Clean, Safe IV. The Building C. Physical Environment (10 NCAC 42D .1503) 13. The requirements for outside premises are: a. The outside grounds must be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. Based on observations, the outside grounds were not maintained in a safe condition. Findings on May 4, 2017: a. Gas cans and equipment were stored outside the exit by the Maintenance Office.	C 157		

Construction Survey

Survey Completion Date: *05/04/2017*
Tara Plantation of Carthage
HAL063011

C 101-*Locking system Schematic posted at the fire alarm panel.*

As per rule 10A NCAC 13F .1304 (3) *Unit exit doors may be locked only if the locking devices meet the requirements outlined in the N.C. State Building Code for special locking devices.*
The door locking device does meet the requirements according to the building code for special locking devices. I have reviewed the rules for special care locking devices and I cannot locate the section about posting the schematic at the fire panel. Would it be possible for your division to provide me that rule so I can ensure our facility is in compliance?

C 164-*Facility failed to keep floors clean and in good repair.*

The facility has received a quote to replace all carpet throughout the facility from Flooring Gallery and Interiors in Pinehurst, NC for $61,337.89 dated 5/9/17. Kathy Lewis (owner) has contacted her financial institution on 5/24 to move forward with replacing the existing carpet.

C 189-*Medical equipment not maintained in a safe condition.*

<u>Mechanical Equipment</u>	
1(a) Rm 102 HVAC grille repaired	completed 5/17
1(b) Dining Rm HVAC grille repaired	completed 5/17
<u>Building not in safe condition</u>	
2(a) Handrail outside Rm 101 repaired	completed 5/17
2(b) Rm 116 O2 tank removed during survey	
2(c) B-Hall O2 takes have all been secured	completed 5/17
2(d) Storage Rm Memory Care Closet o2 tank secured	completed 5/17
<u>Fire Safety Equipment</u>	
3(a) Emergency light outside Rm 103 repaired	completed 5/17
3(b) Emergency light outside Rm 113 repaired	completed 5/17
3(c) Fire Alarm smoke detector replaced. Panel now reads clear	completed 5/25
3(d) B-Hall Emergency light repaired	completed 5/17
3(e) Room 131 pillows have been cleared to provide 18 inch clearance for sprinklers	completed 5/17
3(f) Kitchen Emergency light repaired	completed 5/17
<u>Mechanical Exhaust Equipment</u>	
4(a) Beauty salon was found to be operational and	

in good repair. No action needed.

4(b) Rm 122 Exhaust fan motor replaced — completed 5/25

Electrical Equipment

5(a) Exterior Electrical Room outside kitchen metal covers openings have been repaired and fire caulked. — completed 5/25

5(b) Memory Care Unit Electrical Rm metal covering openings have been repaired and fire caulked — completed 5/25

Plumbing Equipment

6(a) Rm A122 toilet has been reset and repaired — completed 5/17

Ceilings maintained in safe condition

7(a) Housekeeping closet near Beauty salon sprinkler repaired — completed 5/17

7(b) Maintenance Office Sprinkler repaired — completed 5/17

7(c) Maintenance Office bubbled ceiling has been repaired — completed 5/25

7(d) Riser Room holes have been fire caulked — completed 5/25

7(e) Riser Room roof patched area has been repaired — completed 5/25

7(f) Laundry Room 3" hole has been repaired — completed 5/17

7(g) Rm A122 Memory Care Unit stained ceiling has been repaired — completed 5/25

C 157-*Outside Premises*

Outside Grounds

1(a) Gas cans have been removed and stored properly — completed 5/17

James E. Weeks, Administrator — 5-26-17 Date