

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER ALPHA CONCORD PLANTATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 OLD CONCORD ROAD SALISBURY, NC 28146		
(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 Section Construction Survey conducted by Suzanna Fay on November 1, 2017. Records indicate this facility was operating as a Rest Home in March of 1961. The facility is currently licensed for 29 beds. Based on this information, the facility is required to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds.	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: 1. Observations revealed that the facility does not meet requirements of the 1971 "Minimum and Desired Standards and Regulations" for "Homes	C 101		

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: HAL080027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER ALPHA CONCORD PLANTATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 OLD CONCORD ROAD SALISBURY, NC 28146		
(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 for the Aged and Infirm." Findings on November 1, 2017: a. Materials were being stored in the basement including combustible material such as files and hegiene products files and hygiene products. The fire resistance rating of the ceiling is badly deteriorated due to multiple repairs and age, Most of the basement was sterile of storage and can be considered crawlspace. Any area not maintained sterile of storage would require the 1 hour fire resistance rated ceiling to be rebuilt and automatic fire detection installed and connected to the fire alam system.	C 101		
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that throw rugs were in use. Findings on November 1, 2017: a. A throw rug was placed on the floor outside of Bath #5 to cover a damaged section of flooring.	C 155		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT	C 160		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER ALPHA CONCORD PLANTATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 OLD CONCORD ROAD SALISBURY, NC 28146		
(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 160	Continued From page 2 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 grounds were not maintained in a clean and safe condition. Findings on November 1, 2017: a. Exit stair outside of Room 130 - one of the spindles is falling out of the railing. b. Exit stair by Room 130 - the top step is loose and the fourth step from the bottom is broken making the steps hazardous to traverse. c. There was a spade on the ground beside the smoking porch with the pointed blade up. The spade was removed at the time of survey. 2. Observations revealed that the exterior kitchen deck was not maintained in a clean and safe condition. Findings on November 1, 2017: a. The deck boards were dry and giving underfoot. Further observation revealed that the brackets for the deck supports were heavily rusted and showed signs of failure. b. The deck and stair railing was loose. c. The door to the exterior storage room at the deck level was heavily damaged and could not be closed and secured. Paint was stored in the room. 3. Observations revealed that the exterior of the	C 160		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER ALPHA CONCORD PLANTATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 OLD CONCORD ROAD SALISBURY, NC 28146		
(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 160	Continued From page 3 building was not maintained in a clean and safe condition. Findings on November 1, 2017: a. The exterior wood trim had been capped with aluminum. A section of the aluminum capping has fallen off of the building outside of Room 112. b. There are four large holes in the masonry outside of Room 108 from a previous attachment. c. The doors to the basement below Rooms 112 and Room 127 are heavily damaged and no longer close. The rooms are not safe for residents if they wandered into the rooms. d. The gate to the AC courtyard is damaged and nails are protruding from the damaged posts and frames. e. The steps leading into the basement where the hot water heaters reside were damaged and had been removed. A wood pallet was leaning against the wall as a ladder for access.	C 160		
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 did not maintain the ceilings and walls in good repair. Findings on November 1, 2017:	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER ALPHA CONCORD PLANTATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 OLD CONCORD ROAD SALISBURY, NC 28146		
(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 4 a. Room 101 - the plaster finish on the walls and ceiling of the closet is cracked and falling off. b. Room 101 - ceiling around the fan is stained and cracked and several pieces have fallen off. c. Kitchen - the window trim at the window AC units had water damage and was black with mildew (two locations.) d. Bath #8 - the plaster finish on the shower wall to the left of the window was cracked and flaking. e. Bath #8 - there were black mildew stains in the grout of the shower along the base of the wall. 2. Based on observation, the facility did not maintain the floors clean and in good repair. Findings on November 1, 2017: a. Room 114 - the carpet is heavily stained throughout the room.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the home was not maintained free of all obstructions and hazards. Findings on November 1, 2017: a. Room 106 - the carpet at the threshold of the room is pulling up creating a tripping hazard. b. Room 122 - the carpet at the threshold of the	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER ALPHA CONCORD PLANTATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 OLD CONCORD ROAD SALISBURY, NC 28146		
(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 166	Continued From page 5 room is pulling up creating a tripping hazard. c. The terrazzo floor outside of Bath #5 was damaged creating a tripping hazard.	C 166		
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 the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function in the case of an emergency. Findings on November 1, 2017: a. The heat detectors were not secure to the ceiling in the following locations: 1.) Room 113 2.) Both dining rooms 3.) Room 131 2. Based on observation there is a failure to maintain the facility in a safe manner. Emergency means of egress/pathways must not be blocked or obstructed. This could delay the occupants' evacuation from the facility in an emergency.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER ALPHA CONCORD PLANTATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 OLD CONCORD ROAD SALISBURY, NC 28146		
(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 6 Findings on November 1, 2017: a. Exit door by Room 116 - the exterior trim is coming off and catching on the door requiring the use of excessive force to open the door. 3. 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 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on November 1, 2017: a. Kitchen door from right side dining-the door caught on the frame and did not close at the time of this survey. 4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on November 1, 2017: a. The emergency light outside of Room 120 was not working.	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: HAL080027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER ALPHA CONCORD PLANTATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 OLD CONCORD ROAD SALISBURY, NC 28146		
(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 7 (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. Observations revealed that the exhaust ventilation was not maintained at the rate of two cubic feet per minute per square foot. Findings on November 1, 2017: a. Bath #1 (1/2 bath near Room 107) - the exhaust fan was not working. b. Bath #2 - the exhaust fan was not working. c. Bath #6 - the exhaust fan was not working.	C 199		