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
	HAL024015	A. BUILDING: 01 B. WING	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TABOR COMMONS	703 ELIZABETH STREET TABOR CITY, NC 28463

(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) COMPLE DATE
C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on February 8, 2018. Records indicate this facility was Licensed on April 4, 1986. The facility is currently licensed for 80 beds. Therefore the facility must meet the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code Section 409 institutional unrestrained occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Administrator the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on February 8, 2018: a. A current Fire Marshal Inspection Report was not available for review by the Surveyor. b. A current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review by the Surveyor.	C 111	a. Fire Marshall report has been complete and maintenance will schedule yearly inspections. b. Fire Alarm System Inspection was complete and will be scheduled yearly by maintenance.	3/5/20 2/20/18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL024015	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TABOR COMMONS	703 ELIZABETH STREET TABOR CITY, NC 28463

(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) COMPLE DATE
C 155	Continued From page 1	C 155		
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. Based on observations, the facility has failed to maintain the floors smooth. Findings on February 8, 2018: a. Sidewalk near New Wing Side Exit - a 4-inch black corrugated pipe crosses the sidewalk, creating a tripping hazard. b. Sidewalk Outside Smoker Courtyard - outside of the gate swing is a heap of garden hoses, creating a tripping hazard. c. Sidewalk near Old Wing Side Exit - sand bags are stacked up across the sidewalk, creating a tripping hazard. d. Sidewalk near Old Wing Side Exit - electrical extension cord crossing the sidewalk, creating a tripping hazard.	C 155	a. The pipe has been removed from the sidewalk and maintenance will make sure that the sidewalk is free of trip hazards. b. The garden hose has been removed and maintenance will make sure that it is properly stored. c. The sand bags have been removed and maintenance will monitor sidewalks to make sure that there are no tripping hazards. d. The extension cord has been removed and maintenance will make sure that we keep the sidewalk free from anything that could be a tripping hazard.	2/12/18 2/12/18 2/12/18 2/12/18

Division of Health Service Regulation

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;	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL024015	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TABOR COMMONS	703 ELIZABETH STREET TABOR CITY, NC 28463

(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) COMPLE DATE
C 164	Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on February 8, 2018: a. Men across from Bedroom 14 - the required exhaust ventilation system was running, but did not remove the required amount of air to dissipate the odors.	C 164	a. A new motor has been ordered and will be replaced to make sure that the exhaust ventilation system is working properly.	2/28/20

Division of Health Service Regulation

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. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on February 8, 2018: a. Med Room - one portable medical oxygen cylinder is stored standing up on the sink counter not secured. b. Med Room - one portable medical oxygen cylinder is stored standing up on the floor not secured.	C 166	a. The portable oxygen tank has been removed and will be stored in proper containers in designated area. b. The portable cylinder that was found in the floor was removed and placed in the designated area.	2/9/20 2/9/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL024015	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TABOR COMMONS	703 ELIZABETH STREET TABOR CITY, NC 28463

(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) COMPLE DATE

C 166	Continued From page 3 c. Old Wing Break Room Oxygen room - many portable medical oxygen cylinders are stored standing up in beverage crates not secured. 2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff, and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on February 8, 2018: a. Shower Room near Bedroom 35 - the connection of the commode to the floor is loose. b. Men across from Bedroom 14 - the connection of the right commode to the floor is loose. c. Men across from Bedroom 14 - the second from the right commode's seat was loose. d. Shower room across from Bedroom 4 - the commode's seat was loose	C 166	c. The oxygen cylinders have been removed and placed in racks for oxygen cylinders. a. The bolts for the commode were tightened. Maintenance will check to make sure that commodes are secure on a regular basis. b. The commode was tightened and maintenance will monitor to make sure that the commode is secure. c. The toilet seat was tightened and will be monitored by maintenance on a regular basis to make sure that its secure. d. The bolts for the commode's seat were replaced with new ones and tightened.	2/09/20 2/13/18 2/13/18 2/13/18 2/13/18
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency	C 183	a. Fire extinguishers are in each 25,000 square feet of floor. b. Proper Fire extinguishers have been in the kitchen and have been placed in the maintenance shop.	2/16/18 2/16/18

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
	HAL024015	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TABOR COMMONS	703 ELIZABETH STREET TABOR CITY, NC 28463

(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) COMPLE DATE
C 183	Continued From page 4 equipment not in proper working order. Findings on February 8, 2018: a. Large Pantry - access to the portable fire extinguisher was blocked with a chair, ice chest and boxes of supplies.	C 183	a. The chair has been removed and the fire extinguisher is in plain view and easy to access.	2/9/18
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Administrator, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on February 8, 2018: a. In the 2nd quarter for the last 12 months, no rehearsal was performed during 2nd shift. b. In the 3rd quarter for the last 12 months, no rehearsal was performed during 2nd shift. 2. Based on Record review and interview with Administrator the Facility failed to document all aspects of the fire plan rehearsals. Findings on February 8, 2018:	C 185	a. A fire drill was performed on 2nd shift and one will be performed and documented each quarter. b. A fire drill was performed and will be performed and documented each quarter.	3/3/18 3/13/18

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
	HAL024015	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TABOR COMMONS	703 ELIZABETH STREET TABOR CITY, NC 28463

(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) COMPLE DATE
C 185	Continued From page 5 a. The fire plan rehearsal records did not provide enough description of what the rehearsal involved.	C 185	a. Administration discussed fire plan rehearsals with staff and will make Sure that they provide enough description.	2/28/18

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 Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the fire walls do not restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on February 8, 2018: a. New Wing Fire Wall - the front leaf, of the double-egress cross-corridor doors, did not close and latch when the fire alarm system released the doors. b. New Wing Fire Wall - the back leaf, of the double-egress cross-corridor doors, has a loose bottom latch with no cover for this latch. c. Old Wing Fire Wall near Bedroom 17 - the back leaf, of the double-egress cross-corridor doors, did not close and latch when the fire alarm system released the doors.	C 189	a. The latch has been adjusted and open and closes properly. Maintenance will monitor during routine Fire Rehearsal. b. The cover has been replaced and the latch has been tightened. c. The allen screw for the back leaf was tightened with a allen wrench.	2/9/18 2/9/18 2/9/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL024015	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TABOR COMMONS	703 ELIZABETH STREET TABOR CITY, NC 28463

(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) COMPLE DATE

C 189	Continued From page 8 2. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure egress from all areas can be accomplished without the use of keys, tools or, special knowledge or effort. This could affect some residents, staff and visitors if someone becomes trapped inside. Findings on February 8, 2018: a. Smokers Courtyard -the gate, latched with a barrel bolt, has sagged, putting so much pressure on the barrel bolt it could not be operated without special knowledge and tools. 3. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing fire alarm systems indicating trouble that may not function correctly. Findings on February 8, 2018: a. The fire alarm panel is showing a memory signal. 4. Based on observation, the Building was not maintain in a safe manner. This could expose residents, staff, and visitors to fire if there was enough fuel for fire to grow beyond the ability of the Building to contain it. Findings on February 8, 2018: a. Bedroom 42 - this Bedroom is being used to storage combustible materials, like mattresses, head boards, wood furniture, boxes, and etc., significantly increasing the fire load without having the additional protection required of storage rooms. 5. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on February 8, 2018:	C 189	a. The gate was cut and adjusted and opens and closes properly. a. The fire alarm was reset and the memory signal is no longer showing. This will be monitored by maintenance. a. The items have been removed from this room. This room will be used for a small amount of storage.	2/9/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL024015	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TABOR COMMONS	703 ELIZABETH STREET TABOR CITY, NC 28463

Division of Health Service Regulation

(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) COMPLE DATE
C 189	Continued From page 7 a. Old Wing Janitor Closet - there are two hole not firestopped as they penetrate the fire-resistance-rated wall assembly. b. TV Hub Room - there is a three-inch diameter hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on February 8, 2018: a. Bedroom 35 - the corridor door did not latch into its frame when closed. b. Bedroom 35 - the corridor door has a coat hanger holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. c. Bedroom 38 - decorations on the corridor door are preventing the door from closing and latching. d. Large Pantry - the corridor door has a chair with ice chest and boxes of supplies holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. e. Bedroom 11- the door handle is loose and may not function properly when used. f. Bedroom 40 - the corridor door has a zero to 1/4 inch gap between the top of the door and the bottom of the doorframe's stop. g. Bedroom 10 - the corridor door has a 1/2 inch to 5/8 inch gap between the top of the door and the bottom of the doorframe. h. Bedroom 2 - the corridor door has two holes through the door were the door hardware has been removed. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.	C 189	a. Fire resistant caulk has been placed around the area. b. The hole has been patched and fire-resistant caulk was placed around the area. a. Magnet was placed on the top left corner of the door. b. Magnet was placed on the top left corner of the door and will stay open now. c. The decortions have been removed and the door closes properly. d. The chair has been removed and the door will close and latch with minimum effort. e. The door handle for bedroom 11 has been tightened and works properly. f. Metal Strips have been placed beside the door jam and above the door. g. Metal strips have been placed beside the door jam and above the door. h. The door hardware has been replaced.	2/21/18 2/21/18 2/21/18 2/21/18 2/9/18 2/9/18 2/14/18 2/14/18 2/14/18 2/14/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL024015	A. BUILDING: 01 B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TABOR COMMONS	703 ELIZABETH STREET TABOR CITY, NC 28463

Patricia Howe 3/15/18
Administrator

(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) COMPLE DATE
C 189	Continued From page 8 Findings on February 8, 2018: a. New Wing Break Room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle is loosely attached to the building. b. Smoker Courtyard - the electrical power receptacle's cover plate is broken.	C 189	a. The receptacle has been tightened. b. The receptacle in the smokers court yard has been replaced.	2/9/18 2/9/18
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on February 8, 2018: a. Administrator Office - a portable electric heater was found in this room.	C 191	a. The heater was removed from Administrators office and portable heaters will not be used in the building.	2/9/18

Patricia Moore 3/15/18
Administrator