

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 R 03/14/2018
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 Follow Up Construction Survey by Ed Miller, conducted on March 14, 2018. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{C 160}	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 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: 2. Observations revealed that the exterior kitchen deck was not maintained in a clean and safe condition. Findings on March 14, 2018: a. Observation revealed that the brackets for the deck supports were heavily rusted and showed signs of failure. 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.	{C 160}	Cleaned and in Safe Condition. All repaired. Door was repaired.	4/10/18 4/30/18 4/10/18
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	{C 164}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

5/8/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 D. WING: _____	(X3) DATE SURVEY COMPLETED R 03/14/2018
NAME OF PROVIDER OR SUPPLIER ALPHA CONCORD PLANTATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2809 OLD CONCORD ROAD SALISBURY, NC 28146		
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{C 164}	Continued From page 1 (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 March 14, 2018: c. Kitchen - the window trim has been repaired but black mildew still exist (two locations.)	{C 164}	All repaired.	4/30/18
{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 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 March 14, 2018: a. The heat detectors were not secure to the	{C 189}	All cleaned up.	4/10/18

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{C 189}	Continued From page 2 ceiling in the following locations: 3.) Room 131 The room was being treated by a Pest Management Company an entry was not attempted.	{C 189}	Room 131 detector is secured.	4/10/18