STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL024015	A. BUILDING: _____ B. WING _____	02/06/2020

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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Columbus County Department of Social Services conducted an annual and follow up survey on 02/04/20-02/06/20.	D 000		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to assure foods were stored in a manner to prevent contamination related to food packages not being labeled or dated after opening. The findings are: Observation of the pantry on 02/04/20 at 2:10pm revealed: -There was a 1-gallon jar of mayonnaise that had already been opened and unsealed without a date opened label on the third shelf of the wire rack that had instructions to refrigerate after opening. -There was a large white bin full of white granules labeled sugar, white powdery substance labeled flour, and a 24-ounce bag of cornmeal with a clear cover that was cracked approximate 5-6 inches and had no open date all items were in the same bin. -There were two clear packaged containers of meat thawing in a sink with no cold running water running over it.	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL024015	A. BUILDING: _____ B. WING _____	02/06/2020

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) COMPLETE DATE
D 283	Continued From page 1 Interview with the Dietary Manager on 02/04/20 at 2:45pm revealed: -There were four workers in the kitchen that were all cross trained to be cooks and dietary aides. -She was aware the lid that contained the white granules, white powdery substance, and corn meal had been cracked since November 2019. -The Administrator was aware that the bin had been cracked. -The Dietary Manager was unsure if a new been had been ordered. -She had not known there was a jar of mayonnaise that had been opened on the wire rack. -She did not know the last person to use the mayonnaise and did not believe any of her workers would put opened mayonnaise back on the shelf. -She expects all items in the kitchen to be labeled when they are opened and to be securely closed after opening. -She inspects the pantry once a week to make sure items are closed and labeled. Interview with a cook/dietary aide on 02/05/20 at 4:58pm revealed: -She made the meat sandwiches on 02/04/20 and she normally puts them in the refrigerator after she makes them. -When she thaws out meat, she puts the meat in a pan in the sink under cold running water. -She had not used mayonnaise recently and had not noticed there was an open jar of mayonnaise in the pantry. Interview with the Administrator on 02/05/20 at 5:04pm revealed: -She was unaware the large white in the pantry that contained the bag of white granules was	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL024015	A. BUILDING: _____ B. WING _____	02/06/2020

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) COMPLETE DATE
D 283	Continued From page 2 cracked. -She inspects the pantry once a month to make sure everything is cleaned and organized. -She monitors food service quarterly. -She notifies the owner if she had identified an issue. -Her expectation is that opened items in the pantry are to be closed and secured once opened with an opened date labeled. Interview with the Owner on 02/05/20 at 5:15pm revealed: -She expected kitchen staff to thaw meat in a pan in the sink with cold water running over it. -Her expectation is for anything that is required to be refrigerated is placed in the refrigerator. -Her expectation is that opened items in the pantry are to be closed and secured once opened with an opened date labeled.	D 283		