STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063011	A. BUILDING: _____ B. WING _____	R 03/16/2022

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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and a follow up survey on March 15-16, 2022.	D 000		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 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; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure one of two oxygen storage rooms (assisted living oxygen storage room) observed for oxygen tank storage remained free of hazards in that three oxygen cannisters were unsecured. The findings are: Observation of the assisted living (AL) oxygen supply closet on 03/15/22 at 10:01 am revealed: - There were two small and one large oxygen cannisters in the closet not in a rack. -The large cannister was approximately five feet tall and twelve inches in diameter. -There were empty slots in the racks for small cannisters but no empty rack for the large cannister. Interview with the Resident Care Coordinator (RCC) on 03/15/22 at 11:34am revealed: -She confirmed the three tanks were not secured. -She put the two smaller cannisters into racks.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063011	A. BUILDING: _____ B. WING _____	R 03/16/2022

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
D 079	Continued From page 1 -There was not a rack large enough for the larger cannister. -It was the responsibility of all staff to ensure oxygen cannisters were secured. Interview with a personal care aide (PCA) on 03/16/22 at 12:27pm revealed: -She worked in the AL unit. -PCAs did not go into the oxygen closet. -Medication aides (MA) were responsible for oxygen usage and storage. Interview with the Administrator on 03/16/22 at 12:34pm revealed: -Oxygen cannisters should be stored in racks. -MAs and the RCC were responsible for oxygen application and storage. -The MAs had the cannister adjustment key in the medication room, not accessible to the PCAs. -They normally only have the small oxygen cannisters, which have racks. She was not sure why the large cannister was delivered. Telephone interview with the Branch Manager at the oxygen supply company on 03/16/22 at 12:38pm revealed: -Oxygen tanks should not be put on the floor without a rack. -They deliver racks to facilities when they deliver oxygen cannisters. -They had received a request for the large cannister to be returned to the oxygen supplier that morning but they could not identify which resident the oxygen was ordered for and were unable to pick up the equipment. -They would send a rack for the oxygen cannister to the facility.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063011	A. BUILDING: _____ B. WING _____	R 03/16/2022

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
D 296	Continued From page 2	D 296		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to have matching therapeutic menus to use as guidance in food service for 4 of 5 residents who had physician orders for therapeutic diets. The findings are: 1. Review of Resident #1's FL-2 dated 08/20/21 revealed the resident's diet order was no added salt (NAS). (NAS diet is a therapeutic diet used for residents with hypertension). 2. Review of Resident #2's FL-2 dated 01/08/22 revealed the resident's diet order was regular, ground meat. (Regular, ground meat diet is used for residents with difficulty swallowing meat). 3. Review of Resident #3's physician's order dated 01/28/22 revealed the resident's diet order was NAS. 4. Review of Resident #5's FL-2 dated 01/26/22 revealed the resident's diet order was consistent carbohydrate diet (CCHO). (CCHO diet is a therapeutic diet used to control diabetes).	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063011	A. BUILDING: _____ B. WING _____	R 03/16/2022

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
D 296	Continued From page 3 Review of the food service contract company's limited labor conventional menu revealed: -A regular diet was provided for a two-week cycle. -There were no therapeutic diets included. Interview with the Dietary Manager (DM) on 03/15/22 at 10:08am and 10:49am revealed: -She called the food service contract company and requested they send her new menus. -The food service contract company sent a temporary menu for a regular diet until the 2022 menus could be approved by a registered dietitian. -She started using the temporary menu in January 2022. -She was aware she did not have a therapeutic menu to match the regular diet. -All the residents in the facility were served the same menu. -The dietary staff needed the therapeutic menus to use as a reference to determine what to serve residents with physician orders for therapeutic diets. -She was told she could not reuse her 2021 menus because they were outdated. Interview with the Administrator on 03/15/22 at 11:35am revealed: -The regular menu served to the resident should have a matching therapeutic menu. -She was not aware the dietary staff could continue to use the 2021 menus provided by the food service contract company.	D 296		