PRINTED: 01/01/2024
FORM APPROVED

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
	HAL002009	A. BUILDING: 01 B. WING _____	11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE CARE HOME OF TAYLORSVILLE	~~360 WOOD ROAD~~ 6068 Wood Road TAYLORSVILLE, NC 28681

(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 Construction Section Biennial Survey by Tod Hancock, conducted on November 29, 2023. Records indicate that this facility was first licensed on 6-1-1974, with a capacity of 34 Beds. Based on this information, the facility was surveyed using 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. Deficiencies were cited that require a Plan of Correction	C 000		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining the electrical components located near a water source in a safe manner. Findings on November 29, 2023: a. Laundry- The receptacle adjacent to the washing machine did not trip on test indicating the lack of ground fault protection.	C 188	Rule met as evidenced by, The receptacle was replaced with a GFI receptacle.	12/1/23
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa Mathis — TITLE: Executive Director — (X6) DATE: 1/2/24

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	HAL002009	A. BUILDING: 01 B. WING _____	11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE CARE HOME OF TAYLORSVILLE	~~806 WOOD ROAD~~ 1168 West Road TAYLORSVILLE, NC 28681

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C 189	Continued From page 1 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 there is a failure to maintain the fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings November 29, 2023: a. Old Office- There are gaps around penetrations in the rated ceiling. 2. Based on observation, the buildings' emergency equipment is not maintained in a safe operating condition. This could affect all if they could not promptly find their way to the exit during an emergency. a. Lobby- The emergency light did not illuminate when tested. b. Female Hall- The exit light on the entry side of the hall door is not illuminated. c. Female Hall- The exit light at the nurse station does not have a test button. 3. Based on observation the facility is not maintaining its electrical equipment in a safe manner. Findings November 29, 2023: a. Laundry- There is an open breaker space in the electric panel.	C 189	Rule met as evidenced by, 1. Small hole was sealed with fire retardant caulking. 2. All exit signs have been upgraded and replaced new ones. Female hall entry sign was removed due to improper placement. 3. Breaker space was covered with a "dummy" placard. 4. Kitchen gap was corrected on site by construction inspector.	12/1/2023 12/4/23 11/29/23

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	HAL002009	A. BUILDING: 01 B. WING	11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE CARE HOME OF TAYLORSVILLE	368 ~~360~~ WOOD ROAD TAYLORSVILLE, NC 28681

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C 189	Continued From page 2 4. Based on observation, the buildings plumbing system is not maintained in a safe manner. Findings November 29, 2023: a. Kitchen- The ice machine drain does not have a 2" air gap.	C 189		