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 _____	R 02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE CARE HOME OF TAYLORSVILLE	360 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 Follow Up Survey by Tod Hancock, conducted on February 27, 2024. Deficiencies that were cited require a Plan of Correction	{C 000}		
{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: 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. Findings on February 27, 2024: a. Female Hall- The exit light on the entry side of the hall door, that was present at the time of the initial survey, is now missing. 4. Based on observation, the buildings plumbing system is not maintained in a safe manner. Findings on February 27, 2024: a. Kitchen- The ice machine drain does not have the correct air gap.	{C 189}	Rule met as evidenced by, A. Illuminated Emergency light installed at womens hall entry side. B.Kitchen ice machine air gap has been adjusted to correct air gap. To prevent future occurrence, Supervisors will monitor to ensure all signage are properly placed and illuminated daily. All dietary staff will monitor daily to ensure ice maker maintains correct air gap. Administrator will monitor monthly as needed.	4/2/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa Matos | TITLE: Executive Director | (X6) DATE: 4/2/2024