

Tabor Commons Assisted Living

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Fax Cover Sheet

To: DHSB Construction Section	From: Stephen Williams
Attention:	Date: 4/11/2024
Office Location: Raleigh NC	Office Location: Tabor City
Fax Number: 919-733-6692	Phone Number: (910)653-4055 ext. 407

Total pages, including the cover sheet: (11)

Memo:

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL024015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/22/2024
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on February 22, 2024. Records indicate this facility was Licensed on April 4, 1986. The facility is currently licensed for 80 beds. Therefore the facility must meet the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1978 North Carolina State Building Code Section 409 institutional unrestrained occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current sanitation and fire and building safety inspection reports maintained in the home and available for review. Findings on February 22, 2024: a. The current Building Sanitation report was dated June 24, 2022 and was not posted in the facility. b. The current Kitchen Sanitation report was dated September 23, 2022. c. There was not a copy of the current Fire Alarm System annual inspection report.	C 111	Christy Priest with the health department in Columbus County was contacted about overdue inspections. C. Inspection Completed	4/8/24 4/3/24

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Stephanie Williams Administrator

4/11/2024

STATE FORM

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P1FP21

If continuation sheet 1 of 10

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C 116	Plans Submittals and Approvals SECTION 0300 - PHYSICAL PLANT TOA NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify	C 116		

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C 116	Continued From page 2 the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Based on observation and interview the facility did not submit plans to DHSR/Construction when changes or remodeling was conducted. Findings on February 22, 2024: a. A new fire alarm control panel has been installed since the previous survey. There is no record of plans being submitted to DHSR/Construction for review.	C 116	Lance Ware has been in contact w/ Ms. Fay 4/9/24 and State engineer about what is required for low voltage equipment upgrade/repair. Awaiting response and will follow recommendations.	
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on observation and interview, the	C 154		

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C 154	Continued From page 3 facility did not equip each exit with a sounding device as required when there is at least one resident who is disoriented or a wanderer. Findings on February 22, 2024: a. New Wing Dining - interview with staff revealed that the facility has at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer. The exterior door alarm did not sound when the door was opened.	C 154	Lance Ware, called and spoke with inspector for Ol 132, Azanna Ray about Setup. Per inspector did not understand gate is alarmed. NO Changes Needed.	4/9/24
C 164	Housekeeping and Furnishings - Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (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. Observations revealed that the walls and ceilings were not kept clean and in good repair. Findings on February 22, 2024: a. Old Wing Men's Toilet - there is a 12" diameter section of the left wall where the paint is bubbled and peeling and the wall is slightly discolored. b. Old Dining - the ceiling is cracked and separating over the beverage counter. 2. Observations revealed that the furnishings were not kept in good repair.	C 164	Area to be repaired. Area repaired	4/30/24 4/10/24

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C 164	Continued From page 4 Findings on February 22, 2024: a. Kitchen - the glass in the back door has three cracks running the width and height of the window.	C 164	Glass ordered to be replaced upon receipt.	4/18/24
O 168	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 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. (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on February 22, 2024: a. Room 18 - there is one unsecured oxygen bottle on the floor of the room.	C 166		
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	C 189		

Oxygen secured. 2/23/24

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C 189	Continued From page 5 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 facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on February 22, 2024: a. Old Wing - the right hand door of the fire doors by the Nurses' Station did not close and latch and the left hand door does not latch. 2. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on February 22, 2024: a. The fire extinguishers were last serviced in January of 2022. b. Kitchen - the hood suppression system was last serviced in July of 2023 which is one month overdue. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help	C 189	Door repaired. Company called. They will be coming to the community to complete.	4/3/24 4/15/24

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C 189	Continued From page 6 limit the spread of smoke or fire to the area of origin. Findings on February 22, 2024: a. Lobby (Old Wing) right Guest Bathroom - the door hits the top of the frame and does not close. b. Room 10 - the door rubs at the top of the frame requiring excessive force to close and latch. c. Room 3 - the door does not latch when closed. d. Room 9 - the door does not latch when closed. e. Smoking Courtyard - the door does not close completely. f. New Wing Day Room - the door by Room 21 does not latch when closed. g. Room 12 - the door hits the frame and does not close. It also drags on the floor damaging the floor. 4. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on February 22, 2024: a. Shower across from Room 14 - the toilet is not secure to the floor. 5. Based on observation there is a failure to maintain the building's 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 on February 22, 2024: a. RCC Office - there is in unsealed cable penetration over the copy machine. b. Kitchen - there are three unsealed conduit	C 189	Doors were adjusted and hinges tightened Toilet Secured. Fire Caulk applied	4/1/24 2/23/24 2/23/24

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C 189	Continued From page 7 penetrations to the left of the hood. c. Med Room - there is a 1" hole in the ceiling near the entry door. d. Housekeeping by Cable Room - there is one unsealed cable penetration, one unsealed conduit penetration and one unsealed cable bundle penetration over the data equipment. e. Cable Room - there is a 6" hole in the front corner of the ceiling. f. Cable Room - the vent is not secure leaving an opening in the fire resistant rated ceiling. 6. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on February 22, 2024: a. Smoking Courtyard - the exterior outlet does not have a protective cover. b. Housekeeping by Cable Room - the electrical outlet on the exterior wall does not have a cover plate. c. Staff Restroom by Cable Room - the electrical outlet does not have power. 7. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on February 22, 2024: a. Exit by Room 39 - the exit sign does not illuminate on test. 8. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the	C 189	Fire Caution applied and vent secured. Covers were placed. Exit will be repaired by fire extinguisher company.	4/12/24 4/16/24 4/16/24

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C 189	Continued From page 8 facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on February 22, 2024: a. Housekeeping by Cable Room - the heat detector is not secure to its base.	C 189	Heat detector secured. 4/3/24	
C 199	Exhaust Ventilation. SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on February 22, 2024: a. Old Wing Lobby right Guest Toilet - the exhaust fan is not working. b. Women's Toilet across from Room 6 - the exhaust fan is not working.	C 199		

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C 199	Continued From page 9 c. Room 04 Bath - the exhaust fan is not working. d. Housekeeping by Cable Room - the exhaust fan is not working.	C 199		