STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080027	A. BUILDING: 01 B. WING _____	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA CONCORD PLANTATION	2809 OLD CONCORD ROAD SALISBURY, NC 28146

(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 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on October 10, 2024: a. Front porch - the railing is loose and may not support the weight of the residents, staff or visitors who are using the handrail. b. Kitchen Deck - the stair rails are loose. The paint on the handrails is chipped and rusting. c. Basement across from Kitchen stairs - the door to the basement is warped and curled over onto itself leaving the basement open for pests to enter. d. Four of the window pains at the basement window by the damaged door have fallen out leaving holes for pests to enter the basement. e. Fenced in area - a couple of sections of the exterior soffit have fallen out near the Kitchen leaving holes in the exterior soffit for pests to enter.	C 160	Waiting for estimate on repairs and date repairs will be completed.	12/31/24
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 164		

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C 164	Continued From page 2 (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, ceilings and floors were not kept clean and in good repair. Findings on October 10, 2024: a. Front entry - there are yellow stains around the smoke detector outside of the Nurses' Station and there is a three foot section of the popcorn finish that has been pulled off. b. There is a pattern of dust accumulating on the exhaust fans of the interior bathrooms. c. Room 122 - the carpet is stained and littered with loose tobacco. d. Restroom #4 - there are small orange spots staining the entire ceiling. e. Laundry - there is an excessive amount of lint collecting on the overhead fan blades. f. Room 117 - there is a layer of dust around the smoke detector and heat detector. g. Tub Bath across from Room 112 - there is one broken tile at the floor drain. The floor around the toilet is damp and stained brown. h. Room 101 - the ceiling finish is cracking and there are orange water stains around the cracks.	C 164	maintenance repaired section missing popcorn at nurses' station including yellow areas. Housekeeping cleaned all exhaust fans Housekeeping vacuumed up loose tobacco and attempted to shampoo carpet to remove stains. Housekeeping cleaned ceiling in restroom in restroom #4 and cleaned blades on fan in laundry area. housekeeping cleaned dust from smoke and heat detector in room 117 waiting on quote and date repairs will be completed for g and h.	11/25/2024 10/11/2024 10/11/2024 10/11/2024 10/11/2024 12/31/24
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 166		

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C 166	Continued From page 3 (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. Observations revealed that the facility was not free of all hazards. Damaged thresholds create a tripping hazard which could result in injury. Findings on October 10, 2024: a. Front entry - the threshold at the entry door is broken and loose creating an unsafe condition. 2. Observations revealed that the facility was not free of all hazards. Floors were not kept in a safe and level condition to prevent falls from tripping. Findings on October 10, 2024: a. Room 109 - there is an old drain pipe in the floor in the center of the room. The concrete fill is chipped and there is a 1" divet in the floor that creates a trip hazard.	C 166	waiting for quote and date repairs will be completed. waiting for quote and date repairs will be completed.	12/31/24 12/31/24
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.	C 184		

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C 184	Continued From page 4 (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that fire evacuation plans are to be posted in the facility. The plans shall be oriented to the direction of travel from the posted location. Findings on October 10, 2024: a. The evacuation plan by Room 122 was not oriented to the direction of travel. This was corrected at the time of survey.	C 184		
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: 1. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating due to sprinkler heads being obstructed could affect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on October 10, 2024: a. Front Lobby outside of Nurses' Station - there	C 189		

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C 189	Continued From page 5 is a piece of clear packing tape attached to the side of the smoke detector.	C 189	tape removed day of survey and smoke detector replaced.	10/12/2024
	2. 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 or walls could allow fire and smoke to spread beyond the area of origin.			
	Findings on October 10, 2024: a. There is an unsealed conduit penetration at the pull station by Room 130.		red fire caulk placed around opening of unsealed conduit outside of 130	11/22/2024
	b. Room 118 - at the back, right corner of the room, there are cracks around the joints in the ceiling finish and large yellow water stains radiating out from the cracks. There is black microbial growth between the joints and the finish at the joints is bubbled. There is also yellow water stains around the cable penetration at the wall.		waiting on quote and date repairs will be completed.	12/31/24
	c. Room 117 - at the back, right corner of the room, there is a 3 foot by 5 foot area of the ceiling where the finish is cracked and breaking off in large pieces. The wall finish is cracked and bubbled adjacent to the ceiling damage and there are eight brown drips running down the exterior wall.		waiting on quote and date repairs will be completed.	12/31/24
	d. Front Lobby by Nurses' Station - the HVAC vent is loose on one end and is pulling away from the ceiling leaving a gap in the fire resistant rated ceiling.		housekeeping fixed the day of survey	10/10/2024
	e. Supply Room across from Room 107 - the door hardware was removed and there is a 3" hole through the door.		maintenance fixed the day of survey	10/10/2024
	f. There is a 1/2 inch diameter hole in the wall by the time clock.		hole filled in by time clock	11/25/2024
	g. Manager's Office - there is an unsealed phone cable penetration.		red fire caulk placed around opening around unsealed phone cable.	11/22/2024
	h. Room 101 - there are cracks in the ceiling			

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C 189	Continued From page 6 finish in the middle of the room and the finish is curled and separating along the crack lines. i. Basement below the Bathroom on the 122-131 Hall - a large hole was cut into the ceiling to run new plumbing lines. The hole has not been properly patched. There are multiple unsealed pipe penetrations around the hole for the plumbing repairs. 3. Observations revealed that the electrical equipment was not maintained in a safe condition. Electrical equipment should be protected from the elements. Findings on October 10, 2024: a. Kitchen Deck - the latch on the electrical box is broken and the door does not fully close and seal to protect the electrical equipment from the weather. 4. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on October 10, 2024: a. Tub Bath across from Room 112 - the base of the toilet is cracked from the bowl to the floor. 5. 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 limit the spread of smoke or fire to the area of origin. Findings on October 10, 2024: a. Tub Bath across from Room 112 - the door does not latch when closed.	C 189	waiting for quote for repair and date repairs will be completed waiting on quote and date repair will be completed. Toilet was replaced door knob was replaced	12/31/24 12/31/24 11/1/2024 11/22/2024

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C 000	Initial Comments Report of a Biennial Section Construction Survey conducted by Suzanna Fay on October 10, 2024. Records indicate this facility was operating as a Rest Home in March of 1961. The facility is currently licensed for 29 beds. Based on this information, the facility is required to meet 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 and a Plan of Corrections is required.	C 000		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the janitor's closets were not kept locked. Findings on October 10, 2024: a. Janitor's Closet - cleaning items are stored in the closet and the latch and latch plate were taped over to prevent the door from closing and locking. Interview with staff revealed that they had lost the key and had taped the door latch to access the room.	C 143	Maintenance replaced existing door knob	11/21/2024

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Director