STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084001	A. BUILDING: _____ B. WING _____	C 02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

(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 and the Stanly County Department of Social Services conducted a complaint investigation on 01/29/26 through 02/12/26. The Stanly County Department of Social Services initiated this complaint on 12/15/25.	D 000		
D 112	10A NCAC 13F .0311 (c) Other Requirements 10A NCAC 13F .0311 Other requirements (c) The facility shall have heating and cooling systems such that environmental temperature controls shall be capable of maintaining temperatures in the facility at 75 degrees F minimum in the heating season, and not exceed 80 degrees F during the non-heating season. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews, and record reviews the facility failed to ensure sufficient heating to maintain a temperature of 75 degrees Fahrenheit (F) during the heating season. The findings are: Review of recorded temperatures at the local airport revealed: -On 12/15/25, the high was 37.4 degrees Fahrenheit (F) and the low was 11.3 degrees F. -On 12/30/25, the high was 50.7 degrees F and the low was 20.5 degrees F. -On 1/8/26, the high was 39.2 degrees F and the	D 112	D 112 10A NCAN 13F .0311 (c) Other Requirements Corrective Action: Replaced the boiler. Identification of other residents who may be involved with this practice: All residents were evacuated until the temperatures were back within range. At which time, the residents were able to return to their home. Systemic Changes: On 1/27/2026, the maintenance director and administrator were educated on the temperature requirements for an ACH. All team members were educated on this as well. All in services were completed by 3/6/2025. All Taylor House staff (full time, part time, and PRN) and members of the interdisciplinary team who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Monitoring: To ensure compliance, the Maintenance Director or designee during winter months, all residents' rooms will be monitored daily for one week by maintenance (Monday through Friday) or housekeeping staff (on weekends). If no temperatures below 75 are found, monitoring will change to weekly unless complaints of cold temperatures are reported. If no complaints of cold temperatures are reported and monitored temperatures remain above 75 for one week, maintenance will monitor three rooms on all floors	3/13/2026

"Reviewed and Acknowledged" PHR 03/13/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 112	Continued From page 1 low was 15.8 degrees F. Observation of the facility on 01/27/26 at various times revealed: -There were 5 heat blowers noted in the hallway. -The temperature in the building fluctuated but all temperatures in resident rooms were below 75 degrees F. Observation of a resident's room on 1/27/2026 at 10:50am revealed: -The room was located on the top floor of the facility. -The resident was shivering. -The temperature in the room was 71 degrees F using a thermostat provided by the Maintenance Director. Interview with the resident on 02/05/26 at 12:31pm revealed: -The heat was broken at the facility and had been since the end of November 2025. -Her room was very cold and her room thermostat read at 64 degrees F which was freezing to her. Telephone interview with the resident's family member on 02/06/26 at 12:19pm revealed: -She first learned of a heating issue at the facility sometime around Thanksgiving 2025. -Around that time (Thanksgiving) she visited her family member at the facility, and it was cold and there were residents in the hallway wearing winter jackets trying to keep warm. -The heating issue continued for about a week or so and then it seemed to get better, but then it got worse again (unsure of when). Observation of a second resident's room on 01/27/26 at 10:50am revealed:	D 112	weekly to ensure temperatures remain above 75. If no temperatures below 75 are found or reported, maintenance will check room temperatures monthly during winter months. Maintenance will report all temps below 75 to the administrator. Reports will also be presented to COO and EVP of Quality, Safety, Risk and Compliance by the Maintenance Director and/or Administrator to ensure all concerns are being addressed. Any immediate concerns will be brought to the Administrator for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the Monthly Meeting.	

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THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

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D 112	Continued From page 2 -The room was located on the middle floor of the facility at the end of the hallway. -The temperature in the room was 65 degrees F using a thermostat provided by the Maintenance Director. Observation of a third resident's room on 01/27/26 at 11:05am revealed: -The room was located on the middle floor of the facility at the end of the hall. -The temperature in the room was 71 degrees F using a thermostat provided by the Maintenance Director. Telephone interview with the Administrator on 01/30/26 at 10:05am revealed: -There were two boilers that provided heat for the facility, one for the resident rooms and the other for the hallways/common areas. -The boiler for the resident rooms broke the weekend after Thanksgiving, on or about 12/01/26. -At that time, she notified the corporate office, and they started the process of getting the heater fixed. -The broken heating unit was very old, and the unit had to be built specifically for the building, they were "not a one size fits all". -The unit was also unique in that it was a steam boiler which lent itself to a slower production process. -The construction company fixing the unit quoted 8-12 weeks before the unit could be replaced and they recommended portable heat pumps and thought these would be sufficient to warm the building until the permanent boiler could be replaced in early March 2026. -The county Department of Social Services (DSS) Adult Home Specialist (AHS) was out at least two times during December 2025 and there were no	D 112		

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D 112	Continued From page 3	D 112		

problems with the temperature during their visits.
-The facility had an emergency back-up plan to evacuate the facility to their sister facilities if the power were to go out, but they had power.
-Prior to the Winter Storm Fern and under the guidance of the construction company (the company replacing the boiler), they placed 4 portable heat pumps in the building to push the heat around and into the resident rooms.
-When the winter storm became imminent, they added two additional heat pumps in efforts to further disperse the heat to the resident rooms and other areas of the building.
-During and/or after the storm, the outside temperature dropped below 20 degrees F and the facility could not maintain a temperature of 75 F, despite the 6 portable heat pumps.
-It was determined the facility needed to evacuate the residents.
-The facility did not check the temperatures in the residents' rooms prior to the AHS coming out and checking them at the end of January 2026.
-She spent the night at the facility because of the cold and she was comfortable with the temperature and did not find any resident rooms that were "unbearable".
-She was not aware she was to notify construction section of the broken boiler and did not notify them when the boiler failed.

Telephone interview with the facility's Chief Operating Officer (COO) on 02/10/26 at 10:16am revealed:
-She first learned of the heating issue in the facility around 12/01/25.
-When she learned of the heating issues she looked into purchasing a new boiler for the facility.
-At that time the new boiler was not expected to be installed and functional until around March 2026.

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	HAL084001	A. BUILDING: _____ B. WING _____	C 02/12/2026

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THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

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D 112	Continued From page 4 -The time frame had moved up now and the new boiler was expected to be installed on 02/13/26. -They also looked at purchasing a temporary boiler and also at alternate heating sources. -The facility chose to go with using alternative heating sources. -Sometime around the second week in December 2025 they placed 4 portable heaters in the basement of the facility which solved the heating problem on the second floor of the facility. -The third floor of the facility was already warm enough at that time. -When there was another cold spell, somewhere around 01/22/26 or 01/23/26, the facility installed 2 more portable heaters to help with the heat on the second floor. -She visited the facility after the heaters were installed and the temperatures were "fine". -When they checked the temperatures in the facility (unsure of when) they ranged between 72 to 74 degrees F. _____ The facility failed to ensure that the temperature in the facility was maintained at a minimum of 75 degrees Fahrenheit (F) for a period of at least 8 weeks. This failure was detrimental to the health and safety of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/27/26 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 29, 2026.	D 112		
D 338	10A NCAC 13F .0909 Resident Rights	D 338	D 338 10A NCAN 13F .0909 Resident Rights	3/13/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 338	Continued From page 5 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE B VIOLATION The facility failed to ensure the rights of the residents were maintained related to residents being cold and uncomfortable, avoiding showers and the dining room due to the cold, and lack of privacy due to a failed heating system. Interview with the Administrator on 12/15/2025 at 3:20 pm revealed: -The facility was being renovated. -The broiler broke and was expected to be repaired in six weeks, but due to the broiler being so old it could not be repaired. -They [Administrator and corporate] discussed purchasing a used one for the time being. -She was not sure if they will be able to find a boiler. -They had extra heat blowers in the hallways to circulate the heat; the residents had to keep their room doors open to ensure their room were heated. Observation of the facility on 12/16/25 at 3:30pm revealed: -The facility was cool. -The facility was using heat blowers in the hallways. Review of recorded temperatures at the local airport revealed: -On 12/15/25, the high was 37.4 degrees	D 338	Corrective Action: Replaced the boiler. Identification of other residents who may be involved with this practice: All residents were evacuated until the temperatures were back within range. At which time, the residents were able to return to their home. They no longer had to leave their doors open. And regained privacy in their rooms. Systemic Changes: On 1/27/2026, the administrator was educated on resident rights. All team members were educated on resident rights and to bring all resident concerns to administration. All in services were completed by 3/6/2025. All Taylor House staff (full time, part time, and PRN) and members of the interdisciplinary team who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Monitoring: To ensure compliance, the Chaplin or designee will walk through weekly and interview 5 residents. This will be done on a weekly basis for 4 weeks then monthly for 3 months. Reports will be presented to COO and EVP of Quality, Safety, Risk and Compliance by the Chaplin and/or Administrator to ensure all concerns are being addressed. Any immediate concerns will be brought to the Administrator for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the Monthly QA Meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084001	A. BUILDING: _____ B. WING _____	C 02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

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D 338	Continued From page 6	D 338		

Fahrenheit (F) and the low was 11.3 degrees F.
-On 12/30/25, the high was 50.7 degrees F and the low was 20.5 degrees F.
-On 01/08/26, the high was 39.2 degrees F and the low was 15.8 degrees F.

Interview with a resident on 1/27/26 at 10:50 am revealed:
-It was cold in her room.
-She was not feeling well today because of being so cold and she was aching.
-She was not planning go down to eat because it was extremely cold in the dining area this morning.
-She could feel cold air on her neck and due to her diagnosis the cold can make her ache.
-She did not like keeping her door open because the new lights shine in her eyes when she lay in the bed.
-She loved being at the facility and the staff treated her nicely, but the situation had gone on for far too long.
-She believed the heater broke some time at the end of November.
-The facility gave the residents blankets and they brought the cart around with hot coffee and chocolate through out the day, but again the situation had been going on too long.

Observation of the temperature in the resident's room on 01/27/26 at 10:50am was 65 degrees (F).

Interview with a second resident on 01/27/26 at 11:05am revealed:
-Her room was located across from one of the heaters and it felt like the heater was throwing out cold air.
-The heater was set to 75 degrees but it did not feel like it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084001	A. BUILDING: _____ B. WING _____	C 02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

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D 338	Continued From page 7	D 338		

-She was sitting in the chair in her room and the heater blew towards the chair and the resident reported she could not get warm.
-She had Anemia and Chronic Lymphatic Leukemia.
-She tried to get under the cover to get warm and it was not easy to get warm and it was too cold to take a shower.
-Instead of a shower she took a sink bath.
-She would rather keep her door closed but she left it open during the day to keep warm, but at night she closed it and made sure to stay under the blankets.
-In the middle of the night she would get cold especially if they had to turn over because the cold air got under the covers.
-She was in the dining area during this morning (01/27/26) and it was colder than it had been and the air would hit her neck and she began to ache.
-The facility staff were trying their best but it had been several months since November and she was ready for it to "get back to normal ".
-The resident also reported that they have been sitting in the hall at times because it was warmer.

Second interview with the second resident on 02/05/26 at 12:31pm revealed:
-The heat was broken at the facility and had been since the end of November [2025].
-Her room was very cold and her room thermometer read at 64 degrees, which was freezing to her.
-The other room that was very cold was the dining room; it was very uncomfortable.
-The cold temperature made it hard for her to shower, but she kept clean.
-She had to keep her door open to let the heat in, but this did not bother her much because she would rather be warm.
-She was happy they had a plan to fix the heater,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084001	A. BUILDING: _____ B. WING _____	C 02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

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D 338	Continued From page 8	D 338		

and she recognized they had done things to try to make the facility warmer.
-Anytime you have to fix something like a boiler it had to go through the chain to get approval, but this took longer than she would have expected.

Observation of the second resident's room on 01/27/26 at 11:05am revealed:
-The resident was shivering and her arms were crossed and the resident was sitting under a blanket.
-The temperature of the resident's room was 71 degrees F.

Interview with a third resident on 01/27/26 at 11:20am revealed:
-He was wearing a battery powered heated vest and he would also bundle up and put plenty of clothes on.
-The facility supplied him with an extra blanket.
-He slept with his door closed at night and the cold did not bother him as much as the other residents because of the vest that he slept in.
-The heater was working some but it was not enough, especially in the dining area.
-He dressed in layers just to stay warm but it was still a bit cool in the dining area.

Observation of the third resident's room on 01/27/26 at 11:20am revealed the temperature of the room and it was 69 degrees F.

Interview with a forth resident on 01/27/26 at 11:40 am revealed:
-She did not have any heat in her room and had to keep their doors open.
-She was cold now, in fact it was too cold.
-She had to choose between heating her room or closing her door.
-She would rather close her door but she did not

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	HAL084001	A. BUILDING: _____ B. WING _____	C 02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

(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 338	Continued From page 9	D 338		

want to be cold.
-The dining room was freezing this morning (01/27/26)
-She was not looking forward to going down to the dining area but she had to eat.
-The facility offered blankets but they were not able to have heating blankets even though that would help.
-She had Parkinson's Disease and the cold affected her condition.
-She thought the facility was doing the best they could, but it was not enough.

Observation of the forth resident's room on 01/27/26 at 11:40 am revealed the temperature of the room and it was 70 degrees F.

Interview with a fifth resident on 02/05/26 at 11:59am revealed:
-The heat was out at the facility for several weeks and some areas of the building were colder than others.
-Her room was "pretty warm" but only if she left her door open.
-She did not like to leave her door open because there was a man who lived across the hall who would "check in on her" if her door was open.
-She did not want the male resident to come in and check on her so she would turn her lights out in efforts to signal to him she was not available to talk.
-She was not comfortable leaving her door open all the time because it was not private but needed to so her room could be heated.
-She did not have any reluctance about showering, the bathroom she used was warm enough and she liked this bathroom because it had a lock on the door.
-The dining room was cold, and all the residents would come together for meals and be cold

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084001	A. BUILDING: _____ B. WING _____	C 02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

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D 338	Continued From page 10	D 338		

together.
-She understood things break but felt it took too long to get anything done.
-The facility made arrangements to temporarily place her at another facility, and she was given a choice of facilities.
-She chose the one closest to her family member so she could still have visits, and they could bring personal items she left behind.

Interview with a Personal Care Aide (PCA) on 01/28/26 at 3:00pm revealed:
-If the residents closed their doors their room would be chilly.
-The facility brought two heat blower units onto the second floor of the building and the floor felt a lot better when the heaters were added.
-Some residents that wanted their door closed during the night but she would encourage them to leave the door open because she did not want them to get too cold.
-The facility would also offered extra blankets to the residents. There were some residents that told her that she was a little chilly.
-Some of the residents would complain that the heaters were blowing cool air at times.
-The residents did not understand that the heaters cool down once the temperature reached the temperature that it was set too.
-The units were set to 74 degrees F to 75 degrees F.
-Most of the residents took showers but there were some that complained about it being too cold to take showers.
-When the residents did not want to take a shower she would try to encourage them to take a shower.
-They protected the resident's privacy because they were able to close the resident's doors while they were changing or performing any other

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THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

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D 338	Continued From page 11 activities that required privacy. Telephone interview with the Administrator on 01/30/26 at 10:20am revealed: -She had one resident who complained of "cold coming out from underneath her bed". -The resident reported the cold made it difficult for her to get dressed due to her arthritis. -Staff assisted the resident to dress in the bathroom next door to her room because it was warmer than her room. -She was not aware there were residents that complained about it being too cold to bathe. -The bathroom were right next to the heat pumps and she did not feel the temperature was uncomfortable. -Many residents complained previously (prior to the boiler breaking down) about not wanting to shower despite the facility being warm so if she had received a complaint, it would not have been something out of the ordinary. -No residents complained to her about having to leave their doors open. -She acknowledged that keeping their doors open was an inconvenience, but it was what they needed to do to keep the heat flowing into the residents' rooms. -The heater failed around the Saturday after Thanksgiving. -She called her corporate office immediately upon learning of the failure. -She thought the supplemental heat blowers were sufficient. -The outside temperatures were predicted to be lower than 20 degrees F and in preparation for the storm added two additional blowers in hopes these would maintain temperatures at or above 75 degrees. -Unfortunately, these were not entirely effective and on 01/29/26, the decision was made to	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084001	A. BUILDING: _____ B. WING _____	C 02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 338	Continued From page 12 evacuate the building. Telephone interview with the facility's Chief Operating Officer (COO) on 02/10/26 at 10:16am revealed: -The Administrator first made her aware of the heating issues at the facility around 12/01/25. -She had made visits to the facility after the boiler broke and did not find it to be too cold. -She did not receive any complaints from residents or resident's family members regarding it being too cold in the building or any complaints about residents having to keep their doors open. -She did not receive any reports from the Administrator that residents or residents' families had any complaints about the temperatures in the facility. _____ The facility failed to ensure the residents' privacy was maintained as related to residents having to keep their doors open in order to heat their rooms and failed to ensure residents were treated with dignity and respect related to it being too cold to shower for some residents, too cold to eat meals in the dining room for some residents. Some residents experienced difficulty sleeping, increased aches and pains and worsening symptoms of their diagnoses exacerbated by the cold temperatures. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/29/26 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 29, 2026.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084001	A. BUILDING: _____ B. WING _____	C 02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 507	Continued From page 13	D 507		
D 507	13F .0309 (l) (m) (n) Fire Safety and Emergency Preparedness Plans 10A NCAC 13F .0309 Fire Safety and Emergency Preparedness Plans (l) If the facility evacuates residents for any reason, the administrator or their designee shall report the evacuation to the local emergency management agency, the local county department of social services, and the Division of Health Service Regulation Adult Care Licensure Section within four hours or as soon as practicable of the decision to evacuate and shall notify the agencies within four hours of the return of residents to the facility. (m) Any damage to the facility or building systems that disrupts the normal care and services provided to residents shall be reported to the Division of Health Service Regulation Construction Section within four hours or as soon as practicable of the incidence occurring. (n) If a facility is ordered to evacuate residents by the local emergency management or public health official due to an emergency, the facility shall not re-occupy the building until local building or public health officials have given approval to do so. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: The facility failed to report the heating system failure which disrupted the normal care and services provided to residents to the Division of	D 507	D 507 13F .0309 (l) (m) (n) Fire Safety and Emergency Preparedness Plan 10A NCAN 13F .0309 Resident Rights Fire Safety and Emergency Preparedness Plans Corrective Action: All agencies were notified. Identification of other residents who may be involved with this practice: All residents were evacuated until the temperatures were back within range. At which time, the residents were able to return to their home with normal care and services. Systemic Changes: On 1/27/2026, the administrator was educated on DHSR reportable incidents. All team members were educated on reportable incidents as well and they should report these incidents to the maintenance director or administrator. All in services were completed by 3/6/2025. All Taylor House staff (full time, part time, and PRN) and members of the interdisciplinary team who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Monitoring: To ensure compliance, the Maintenance Director or designee will walk through weekly and interview 5 team members to see if they have anything they think could reach the regulatory reportable requirement. This will be done on a weekly basis for 4 weeks then monthly for 3 months. Reports will be presented to COO and EVP of Quality, Safety, Risk and Compliance by the Chaplin and/or Administrator to ensure all concerns are being addressed. Any immediate concerns will be brought to the Administrator for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the Monthly Meeting	3/13/2026

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D 507	Continued From page 14 Health Service Regulation (DHSR) Construction Section within four hours or as soon as practicable. Telephone interview with the Administrator on 01/30/26 at 10:05am revealed: -There were two boilers that provided heat for the facility, one for the resident rooms and the other for the hallways/common areas. -The boiler for the resident rooms broke the weekend after Thanksgiving, on or about 12/01/26. -At that time, she notified the corporate office, and they started the process of getting the heater fixed. -The broken heating unit was very old, and the unit had to be built specifically for the building, they were "not a one size fits all". -The unit was also unique in that it was a steam boiler which lent itself to a slower production process. -The construction company replacing the boiler unit quoted 8-12 weeks before the unit could be replaced and they recommended portable heat pumps and thought these would be sufficient to warm the building until the permanent boiler could be replaced in early March 2026. -The county Department of Social Services (DSS) Adult Home Specialist (AHS) was out at least two times during December 2025 and there were no problems with the temperature during their visits. -The facility had an emergency back-up plan to evacuate the facility to their sister facilities if the power were to go out, but they had power. -Prior to the Winter Storm Fern the construction company (the company replacing the boiler), placed 4 portable heat pumps in the building to push the heat around and into the resident rooms. -When the winter storm became imminent, they	D 507		

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D 507	Continued From page 15 added two additional heat pumps in efforts to further disperse the heat to the resident rooms and other areas of the building. -She was not aware she was to notify DHSR construction section and did not notify them when the heater failed. [Refer to Tag 0112, 13F NCAC .0311 Other Requirements]	D 507		