

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 11/18/2015
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NAME OF PROVIDER OR SUPPLIER TABOR COMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 703 ELIZABETH STREET TABOR CITY, NC 28463
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C 000 Initial Comments

Report of a Biennial Construction Survey by Ed Miller and Bob Getchell on November 18, 2015.

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.

Physical plant deficiencies were noted which require a plan of correction.

C 000

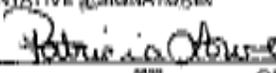
C 128 Bedrooms-Windows

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(d) The requirements for the bedroom are:
(9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and

This Rule is not met as evidenced by:
1. Based on observation, the facility failed to maintain operable windows and in good working order. This deficiency affects all residents who do not have an operable window so the resident can control the ventilation of their bedroom.
Findings on November 18, 2015:
a. Exterior Back side - the bedrooms on the

C 128

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: 	TITLE: Executive Director (X6) DATE: 12-30-15
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C 126	Continued From page 1 back side do not have screens on the windows. b. Exterior Back side - the windows with operable sashes would not stay in the open position.	C 126	a. On 11-18-15 & 11-19-15 locks were removed & hardware replaced to prevent cracks. b. On 11-19-15 maintenance started replacing screens for all of the windows and this way completed on 11-20-15	11-18-15 11-19-15
C 127	Bedrooms-Closets SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (d) The requirements for the bedroom are: (10) Bedroom closets or wardrobes shall be large enough to provide each resident with a minimum of 48 cubic feet of clothing storage space (approximately two feet deep by three feet wide by eight feet high) of which at least one-half shall be for hanging clothes with an adjustable height hanging bar. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to maintain the minimum hanging space required by the Rule. This deficiency affects all residents who do not have the enough hanging space for their belongings. Findings on November 18, 2015: a. Bedroom 1 - did not have a rod in it closet. b. Bedroom 39 - did not have a rod in it closet	C 127	a. Rod was replaced in closet of Bedroom 1 b. Rod was replaced in closet of Bedroom 39	11-20-15 11-23-15 11-23-15
C 152	Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails;	C 152		

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C 152	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails/guardrails or handrails/guardrails at steps, porches, stoops and ramps. This would affect all residents, staff and visitors who use these unstable handrail/guardrails by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on November 18, 2015: a. Front Right Entrance Patio- the handrail/guardrail has been removed from outer edge of the slab.	C 152	a Handrails have been ordered and will be replaced 1-27-16
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. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings kept clean and in good repair. Findings on November 18, 2015: a. Shower Room near Bedroom 7 - the ceramic tile wall and floor were dirty and need cleaning. b. Shower Room near Bedroom 17 - the ceramic tile wall and floor were dirty and need cleaning.	C 164	a Housekeeping notified and areas have been cleaned and will receive monthly inspections with extra cleaning to ensure that the tile is clean. 11-26-15 b Trig area near bedroom 17 has also been cleaned and will receive extra monthly cleaning 11-26-15

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C 184	Continued From page 3 2. Based on observations, the facility has failed to maintain the furniture clean and in good repair. Findings on November 18, 2015: a. Bedroom 23 - , the dresser was missing two handles	C 184	<i>a. the handles on dresser in Room 23 have been replaced 12-30-15</i>
C 188	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; (c) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on November 18, 2015: a. Corridor near Employee Lounge - The HVAC return grille with and radiation damper have an excessive accumulation of dust/lint. b. Kitchen - The HVAC return grille and radiation damper had an excessive accumulation of dust/lint. 2. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if	C 188	<i>a. The return grille with radiation damper were taken down, and cleaned 12-30-15</i> <i>b. The return grille and radiation damper have been taken down 12-30-15 and cleaned.</i>

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C 186	Continued From page 4 cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on November 18, 2015: a. Med Room - one portable medical oxygen cylinder was stored standing up not secured to the structure.	C 186	2 oxygen cylinder was removed and placed in proper storage with label 11-23-15
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on November 18, 2015: a. Throughout the building - the documentation of the portable fire extinguisher's monthly inspections stopped in July 2015. b. Pantry - access to the portable fire extinguisher, was blocked with shelving.	C 183	2 Fire extinguishers were inspected and will continue to be inspected monthly 11-18-15
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	C 184	This will be evaluated to make sure it is approved by local code

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C 184	<p>Continued From page 5</p> <p>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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the building failed to properly post and maintain the evacuation maps. This would affect all residents, staff and visitors by not providing proper guidance during an emergency.</p> <p>Findings on November 18, 2015:</p> <p>a. In the Corridor near Bedroom 7, the mounted evacuation map was not oriented to the actual floor arrangement. Deficiency corrected before Construction Surveyors departed Site</p>	C 184	<p>enforcement official</p> <p>1-27-15</p> <p>2. The correct Evacuation map was placed in the corridor near Bedroom 7</p> <p>11-23-15</p>
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility fire resistance rated components have not been maintained safe and operating condition because the corridor doors are not smoke resisting. This</p>	C 189	

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C 189	<p>Continued From page 6</p> <p>could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on November 18, 2015:</p> <p>a. Bedroom 8 - The corridor door did not latch when closed.</p> <p>2. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated ceiling construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on November 18, 2015:</p> <p>a. Employee Lounge - there was a gap was around a cable that penetrated through the fire-resistance-rated ceiling assembly and was not firestopped.</p> <p>b. Nurse Station - there was a gap was around a cable that penetrated through the fire-resistance-rated ceiling assembly and was not firestopped</p> <p>c. Nurse Station Storage Closet - there was a gap was around a cable that penetrated through the fire-resistance-rated ceiling assembly and it was not firestopped</p> <p>d. Med Room - there was a cable bundle that that penetrated through the fire-resistance-rated ceiling assembly and was not firestopped.</p> <p>e. Employee Lounge - the ceiling had HVAC grille without a radiation damper.</p> <p>f. Admin Storage Room -the ceiling had HVAC grille which appears to be without a radiation damper</p> <p>g. Kitchen - the 220 outlet conduit near the stove had a gap was around the penetrated through the fire-resistance-rated ceiling assembly and it was not firestopped</p> <p>h. Kitchen Office - the conduit from panel C had</p>	C 189	<p>A Hardware has been replaced and the door closes properly</p> <p>2-i All of these areas were can checked and caulked with fireproof caulking to fill the gaps</p>	<p>12-30-15</p> <p>11-29-15</p>

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C 189	<p>Continued From page 7</p> <p>a gap was around the penetrated through the fire-resistance-rated ceiling assembly and it was not firestopped</p> <p>1. Laundry - the water heater pipes had a gap was around the penetrated through the fire-resistance-rated ceiling assembly and it was not firestopped</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on November 18, 2015:</p> <p>a. Smoking Courtyard - The gate is very difficult to set into motion.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on November 18, 2015:</p> <p>a. Clean Linen - the fire alarm system's heat smoke detector had a damaged sensor.</p> <p>5. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on November 18, 2015:</p> <p>a. Employee Lounge - the corridor door was blocked open with a trash can.</p> <p>b. Kitchen - the corridor door had a wedge</p>	C 189	<p>3a The door is being measured and cut to make the gate easier to open 1-27-16</p> <p>4a This sensor is being replaced 1-27-16</p> <p>5a The door will stay open by itself and staff have been notified not to use the trash can 12-28-15</p>

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C 189	<p>Continued From page 9</p> <p>protection being used in this room.</p> <p>8. Based on Observation, and interview with Administrator, the Building was not maintained accessible for inspection. This deficiency affects all residents, staff and visitors by not preventing any deficiency that may be discovered with inspections from being corrected. Findings on November 18, 2015: a. Bedroom 34 - there was no key onsite to allow access into this area.</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all residents, staff and visitors by allowing unsafe conditions to persist. Findings on November 18, 2015: a. Attic (entire building) - many cables to exhaust fan junction boxes, were not secured to the junction box with romax connector.</p> <p>10. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin Findings on November 18, 2015: a. Firewall near Bedroom 15 - the panic hardware was missing and covers where the vertical rods are. b. Firewall near Bedroom 15 - the floor receptor for the vertical rod was missing providing a trip hazardous.</p> <p>11. Based on observation, the Building was not</p>	C 189	<p>with a surge protector</p> <p>9a Key has been given</p> <p>9a Romax connectors were placed to secure cables</p> <p>10 Hardware is being replaced</p> <p>10 Rod is being replaced and will be fixed by</p>	<p>12-28-15</p> <p>12-21-15</p> <p>12-8-15</p> <p>1-27-15</p> <p>1-27-15</p>

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C 189	<p>Continued From page 10</p> <p>maintained in a safe and operating condition, because the doors protecting the opening in the Firewall had excessive gaps between leafs that could not restrict fire and smoke. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin.</p> <p>Findings on November 18, 2015:</p> <p>a. Firewall near Bedroom 15 - the cross-corridor double-egress pair of doors when closed had 5/16 to 7/16 gap between leafs.</p> <p>12. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.</p> <p>Findings on November 18, 2015:</p> <p>a. Laundry - The corridor door assembly had a ¼ inch to zero gap between the top edge of the door and the bottom of the doorframe's stop.</p> <p>13. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.</p> <p>Findings on November 18, 2015:</p> <p>a. Men - the corridor door hits the floor preventing it from closing and latching without extra force.</p> <p>b. Laundry - the corridor door hits the frame preventing it from closing and latching without extra force.</p>	C 189	<p>11a Hardware has been ordered and will be replaced by 1-18-16</p> <p>12 a Door is being measured and cut to fit door frame</p> <p>13a door has been measured and cut to fit and will easily close</p>	<p>1-18-16</p> <p>1-13-16</p> <p>1-13-14</p>

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C 189	<p>Continued From page 11</p> <p>14. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 18, 2015: a. Kitchen - Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in May 2015, there has been no record keeping of the monthly inspections.</p> <p>15. Based on observation, the Building was not maintain in a safe manner, the normal fire load had increased in certain areas. This could affect all residents, staff and visitors if a fire could not be contained adequately. Findings on November 18, 2015: a. Bedroom 37 - the room was being used to storage combustible materials like diapers.</p>	C 189	<p>14a Tag has been placed and we will start keeping monthly inspection</p> <p>14b All of the diapers were removed on 12-9-15</p>
C 199	<p>Exhaust Ventilation</p> <p>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;</p>	C 199	

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C 199	<p>Continued From page 12</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on November 18, 2015: a. Laundry - the exhaust fan was missing its motor.</p>	C 199	La motor was replaced	12-2-13