

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL059018

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING: _____

(X3) DATE SURVEY
COMPLETED

03/27/2015

NAME OF PROVIDER OR SUPPLIER

MC DOWELL HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE

1687 DAIRY ROAD

NEBO, NC 28781

(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)
COMPLETION
DATE

C 000

Initial Comments

C 000

Report of Biennial Construction Survey by Dennis Harrell on 3-27-2015.

Records indicate this facility was converted from a school to a Home for the Aged on 1-1-1985. The facility is licensed for 25 residents. Based on this information, the facility was surveyed using the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled, the 1978 NC State Building Code and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds.

CONSTRUCTION SECTION
APR 27 2015
RECEIVED

C 111

Must Have Current San. & Fire Safety Reports

C 111

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. Based on review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.

2. Based on review of documents, the current fire and building safety inspection report from the local Fire Official could not be located. Buildings that are not inspected and approved as required could result in systems not operating properly in the event of an actual emergency.

Annual fire inspection
was paid for on 3/30/15
\$55.00 fee - The McDowell
Fire Inspector should be
out within 30 days of
this payment.
PS: They do these inspections
here in McDowell

Division of Health Service Regulation

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

Patricia B. B. B.

TITLE

Administrator

(X6) DATE

4/27/15

STATE FORM

Z5DP21

If continuation sheet 1 of 4

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

DOWELL HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE

1687 DAIRY ROAD
NEBO, NC 28761

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(X5)
COMPLETE
DATE

C 189

Continued From page 1

C 189

C 189

Building Equipment Maintained Safe, Operating

C 189

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, cross-corridor doors
are not closing completely to resist the passage
of fire and smoke. Cross-corridor doors that do
not close completely present the possibility that a
fire that begins in one smoke compartment can
quickly spread to the adjacent smoke
compartment and the remainder of the facility.
Findings include:
One of the cross-corridors near room 107 did not
close completely when released by activation of
the fire alarm system.

2. Based on observation the required one-hour
fire rated walls and/or ceilings were compromised
in several locations. Holes and penetrations that
are not sealed with materials approved for use in
one-hour fire rated construction present the
possibility that a fire that begins in one space can
quickly spread to other areas of the facility.
Findings include:

a. The attic smoke barrier wall above room 101
has holes through it at wire penetrations.
b. The attic access opening above the corridor
on the left end of the building was of plywood
resting on wood casing.

will do multiple tests
and request doors so
they shut properly -

5/5/15

Attic smoke barrier wall will be
caulked with 1 hr fire rated
caulk in and around
penetrations

Access panel will be sandwiched
with 5/8 sheetrock

5/5/15

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CDOWELL HOUSE

1887 DAIRY ROAD
NEBO, NC 28761

(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 189	Continued From page 2 c. Hole through the one-hour plaster ceiling above the nurse station. 3. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in no container. 4. Based on observation, the ice machine drain line extends into the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. 5. Based on observation, the hose on the shower wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. 6. Based on observation, a double sink had collapsed in the Beauty Salon exposing sharp edges and breaking the seal on the waste trap system. Sharp edges could harm residents and damaged waste trap systems allow noxious, combustible odors and possibly harmful bacteria to enter the facility. 7. Based on observation, there was no power available at GFCI type receptacle in the men's shower room. With no power, the GFCI type	C 189	plaster ceiling patched with 5/5/15 5/8 sheetrock / fine caulk will store all portable O2 5/30/15 bottles in approved storage Ice machine drain 5/1/15 adjusted to 2" above drain with PVC + taper resistive materials - will install vacuum 5/15/15 breaker on shower hoses And verify all shower hoses have vacuum breakers. Double sink will be 5/15/15 replaced & all plumbing fixtures repaired/replaced	

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NAME OF PROVIDER OR SUPPLIER DOWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1687 DAIRY ROAD NEBO, NC 28761
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4) 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 189	Continued From page 3 receptacle could not be tested for proper operation.	C 189	will replace / replace receptacle & verify its properly functioning -	5/6/15
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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; The exhaust fan was removed from the housing in the Women's guest bathroom.	C 199	will replace fan motor & verify proper functioning	5/20/15