

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL059018</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/24/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MCDOWELL HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1687 DAIRY ROAD</b><br><b>NEBO, NC 28761</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| D 000                                                     | Initial Comments<br><br>The Adult Care Licensure Section conducted an Annual and follow up survey on 6/23/15 and 6/24/15.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D 000                                                                                    |                                                                                                                          |                                                                    |
| D 034                                                     | 10A NCAC 13F .0302 (f) Design And Construction<br><br>10A NCAC 13F .0302 Design And Construction<br><br>(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<br><br>This Rule is not met as evidenced by:<br>Based on interview and observation, the facility failed to assure a current fire inspection report was maintained in the facility at all times.<br><br>The finding is:<br><br>Interview on 6/23/15 at 10:30am with the Resident Care Coordinator revealed there was no current fire inspection report for the facility in the building.<br><br>Telephone interview on 6/23/15 at 10:45am with the Administrator revealed:<br>-He had paid the fire inspection fee on March 30, 2015.<br>-The fire inspector had not been to the building to do the inspection.<br>-He had not called the fire inspector to see why the inspection had not been done.<br><br>Observation on 6/23/15 of fire inspection related documentation provided by the facility revealed:<br>-A canceled check from the facility to the local fire | D 034                                                                                    |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| D 034                                                     | Continued From page 1<br><br>inspection department dated 3/30/15.<br>-A paid receipt to the facility from the local county<br>fire inspection department dated 3/30/15 for fire<br>inspection.<br><br>Telephone interview on 6/24/15 at 10:00am with<br>the local County Fire Inspector revealed:<br>-The facility did pay the permit fee on 3/30/15 for<br>the inspection to be done.<br>-His supervisor was going to have to do the<br>inspection because he did not have a certification<br>to inspect residential facilities.<br>-He did not know why the inspection had not been<br>completed yet, but he would check on it and have<br>his supervisor complete the survey.<br>-The last fire inspection, he had on file, was<br>completed at the facility was on June 6, 2010 with<br>no deficiencies.<br>-The facility had not paid for or scheduled a fire<br>inspection since June 2010.<br>-It is the responsibility of the facility to notify the<br>county to arrange a fire inspecion.<br><br>Review of a fire inspection report, provided by the<br>facility, from a local fire and safety company<br>revealed the fire extinguishers in the building had<br>been inspected on April 17, 2015, and was noted<br>to have been in working order. | D 034                                                                                    |                                                                                                                          |                                                                    |
| D 049                                                     | 10A NCAC 13F .0305 (d) Physical Environment<br><br>10A NCAC 13F .0305Physical Environment<br><br>(d) The requirements for the bedroom are:<br>(1) The number of resident beds set up shall not<br>exceed the licensed capacity of the facility;<br>(2) There shall be bedrooms sufficient in number<br>and size to meet the individual needs according<br>to age and sex of the residents, any live-in staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D 049                                                                                    |                                                                                                                          |                                                                    |

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| D 049                                                     | Continued From page 2<br><br>and other persons living in the home. Residents shall not share bedrooms with staff or other live-in non-residents;<br>(3) Only rooms authorized as bedrooms shall be used for residents' bedrooms;<br>(4) Bedrooms shall be located on an outside wall and off a corridor. A room where access is through a bathroom, kitchen, or another bedroom shall not be approved for a resident's bedroom;<br>(5) There shall be a minimum area of 100 square feet excluding vestibule, closet or wardrobe space in rooms occupied by one person and a minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in rooms occupied by two people;<br>(6) The total number of residents assigned to a bedroom shall not exceed the number authorized for that particular bedroom;<br>(7) A bedroom may not be occupied by more than two residents.<br>(8) Resident bedrooms shall be designed to accommodate all required furnishings;<br>(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<br>(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. | D 049                                                                                    |                                                                                                                          |                                                                    |

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| D 049                                                     | <p>Continued From page 3</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview, the facility failed to assure that 10 of 10 resident room windows were maintained in operable condition.</p> <p>The findings are:</p> <p>Observation during the initial tour of the facility on 6/23/15 between 9:00am and 11:00am revealed the windows in all of the resident rooms in the facility would not open.</p> <p>Further observation revealed screws in the windows preventing them from opening.</p> <p>Telephone interview on 6/23/15 at 11:15am with the Administrator revealed:<br/>-There were residents in the facility who would open the windows and get out of the building if the windows were opened.<br/>-He thought since the building was secured the windows did not have to open.<br/>-He was unsure of how long the windows had been screwed shut, but it had been "a while".<br/>-There was a resident in the building who would leave if the windows were open.<br/>-He had spoken with someone from State Construction and would have the maintenance staff correct the problem.</p> <p>Interview on 6/23/15 at 11:35am with the Maintenance Staff revealed:<br/>-He had been working at the facility for about a year.<br/>-He was unaware of the windows being screwed shut.<br/>-He had just been told by the Administrator that he needed to fix the windows.</p> | D 049                                                                                    |                                                                                                                          |                                                                    |

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| D 049                                                     | Continued From page 4<br><br>Interview on 6/24/15 at 11:45am with the<br>Resident Care Coordinator revealed:<br>-There were residents in the building that would<br>leave if they could.<br>-She did not know why the windows were<br>screwed shut.<br>-She deferred to question to the Administrator.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D 049                                                                                    |                                                                                                                          |                                                                    |
| D 074                                                     | 10A NCAC 13F .0306(a)(1) Housekeeping And<br>Furnishings<br><br>10A NCAC 13F .0306 Housekeeping And<br>Furnishings<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor<br>coverings kept clean and in good repair;<br><br>This Rule is not met as evidenced by:<br>Based on observations and interviews, the facility<br>failed to maintain floor coverings in good repair in<br>2 of 10 resident rooms (Room 103 and Room 106<br>bathroom floor), and the common bathroom on<br>the woman's hall.<br><br>The findings are<br><br>Observation on 6/23/15 at 9:15am of Resident<br>Room 103 revealed:<br>-Room 103 contained 3 beds and 3 residents<br>resided in Room 103.<br>-Room 103 contained 1 sink next to the entry<br>door to a shared bathroom.<br>-A 4 foot by 2 foot section of laminate flooring in<br>front of the sink was bulging and separating.<br>-The raised laminate could have created a trip<br>hazard.<br><br>Interview on 6/23/15 at 9:15am with the residents | D 074                                                                                    |                                                                                                                          |                                                                    |

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| D 074                                                     | <p>Continued From page 5</p> <p>residing in room 103 revealed:</p> <ul style="list-style-type: none"> <li>-They had not noticed the floor was damaged.</li> <li>-None of them had ever tripped on the floor.</li> <li>-Someone did come and fix the floor in the room "about six months ago", but was unsure of what the problem was.</li> <li>-The sink had leaked in the past and was repaired by the Maintenance Staff.</li> </ul> <p>Continued tour of the facility on 6/23/15 from 9:00am to 11:00am revealed:</p> <ul style="list-style-type: none"> <li>-The shared bathroom in Room 106 had a dark brown area around the base of the commode where the surface of the tile had worn away.</li> <li>-No dirt was observed around the base of the toilet.</li> </ul> <p>Further observation on 6/23/15 between 9:00am to 11:00am of the women's common bathroom revealed:</p> <ul style="list-style-type: none"> <li>-The floor tiles in the shower near the drain were broken and some were missing, did not present a trip hazard.</li> <li>-The floor at the back of the shower was separating from the wall with about a 1 inch gap.</li> <li>-There was approximately a 1 foot by 8 foot section of ceiling tile that had been water stained, but was currently dry.</li> <li>-The tile floor around the toilet had a sunken area of approximately 2 feet by 2 feet which had separated from the back wall exposing a 2 inch gap.</li> </ul> <p>Telephone interview on 6/23/15 at 10:45am with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-The floor in room 103 had been repaired approximately six months ago from the last survey.</li> <li>-There had been a leak in the adjoining bathroom that came under the flooring and caused the</li> </ul> | D 074                                                                                    |                                                                                                                          |                                                                    |

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| D 074                                                     | Continued From page 6<br><br>flooring to raise up.<br>-He will have the Maintenance Staff bring some<br>flooring from another facility and repair it.<br>-He was aware of some things in the building that<br>needed repairing and funding was partially the<br>issue.<br>-He had to assure the things more emergent<br>were repaired first.<br><br>Interview on 6/23/15 at 11:10am with the<br>Resident Care Coordinator (RCC) revealed:<br>-She had not noticed the floor in room 103 being<br>damaged.<br>-She was not aware the women's common<br>bathroom floor was damaged.<br><br>Interview on 6/23/15 at 12:10pm with the<br>Maintenance Staff revealed:<br>-He had been working at the facility for about a<br>year.<br>-He had repaired the floor in Room 103 about 4 to<br>5 months ago.<br>-There had been a leak in the bathroom which<br>caused the subflooring to buckle up.<br>-He had not been made aware of the problem in<br>the floor in Room 103.<br><br>Interview on 6/23/15 at 1:30 pm with the facility<br>housekeeper revealed:<br>-She had only been working at the facility full time<br>for about a month.<br>-She was having to mop up water in front of the<br>sink where a resident in the room kept the floor in<br>front of the sink wet.<br>-If she ever noticed any problems she would let<br>the RCC know and they would be repaired. | D 074                                                                                    |                                                                                                                          |                                                                    |
| D 076                                                     | 10A NCAC 13F .0306(a)(3) Housekeeping And<br>Furnishings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D 076                                                                                    |                                                                                                                          |                                                                    |

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| D 076                                                     | <p>Continued From page 7</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings<br/>(a) Adult care homes shall:<br/>(3) have furniture clean and in good repair;<br/>This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations and interviews, the facility failed to assure 6 of 10 resident rooms had furniture in good repair (Rooms 102, 103, 104, 106, 107 and 108).</p> <p>The findings are:</p> <p>Observation of resident rooms 102, 103, 104, 106, 107 and 108 on 6/23/15 from 9:00am to 11:00am revealed:</p> <ul style="list-style-type: none"> <li>-Five of the ten resident rooms contained nightstands and dressers with missing knobs and handles for opening and closing drawers.</li> <li>-Room 107 had two nightstands with one missing two drawers, and one missing one drawer.</li> <li>-Room 102 had a nightstand with one missing drawer, and one broken drawer.</li> <li>-Room 102 had a missing closet door.</li> <li>-Room 106 had a dresser missing knobs.</li> <li>-Room 106 had a nightstand missing knobs from the bottom drawer.</li> <li>-Room 104 had a nightstand with a missing drawer and the other drawer with no knobs.</li> <li>-Room 104 had a dresser with no knobs.</li> <li>-Room 108 had a nightstand with a broken drawer laying on the top.</li> <li>-Room 103 had a nightstand with no drawer.</li> </ul> <p>Confidential interviews with two staff revealed:</p> <ul style="list-style-type: none"> <li>-The residents are "rough" on the furniture in their rooms.</li> </ul> | D 076                                                                                    |                                                                                                                          |                                                                    |

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| D 076                                                     | Continued From page 8<br><br>-They had told the Resident Care Coordinator about the broken furniture.<br>-The residents don't tell the staff about the broken furniture.<br><br>Interview on 6/23/15 at 11:15am with the Maintenance Staff revealed:<br>-He did not know the nightstands were missing pulls.<br>-He would rearrange the pulls on the nightstands to have one set on each drawer.<br>-He had just finished repairing the top of the nightstands.<br><br>Observation on 6/23/15 between 9:00am and 11:00am revealed the nightstands and dressers in the resident rooms had repaired tops.<br><br>Interview on 6/23/15 at 10:45am with the Administrator revealed:<br>-The residents "tear up the nightstands and dressers."<br>-The nightstands are on a list of things to get done.<br>-The nightstands are not at the top of the list.<br>-He had never had any residents complain about the drawers not having handles. | D 076                                                                         |                                                                                                                          |  |                                                                    |
| D 079                                                     | 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings<br><br>10A NCAC 13F .0306 Housekeeping and Furnishings<br>(a) Adult care homes shall<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>This Rule shall apply to new and existing facilities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D 079                                                                         |                                                                                                                          |  |                                                                    |

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| D 079                                                     | <p>Continued From page 9</p> <p>This Rule is not met as evidenced by:<br/>TYPE B VIOLATION</p> <p>Based on observations and interviews, the facility was not maintained in a hazard free environment related to the numerous flies in the facility.</p> <p>The findings are:</p> <p>Observation on 6/23/15 between 9:00am and 11:00am of the resident rooms revealed:</p> <ul style="list-style-type: none"> <li>-Room 101 had 20 plus flies on the floor, walls and ceiling.</li> <li>-Room 102 had multiple flies on the floor, walls, ceiling and resident beds.</li> <li>-Room 103 had 25 plus flies on the floor, walls, ceilings and resident beds.</li> <li>-Room 104 had multiple flies on the floor, and flying around.</li> <li>-Room 106 had multiple flies on the floor and walls.</li> <li>-Room 107 had 15 plus flies on floor, walls, ceilings and resident bed.</li> </ul> <p>Continued observation on 6/23/15 between 9:00am and 11:00am of the dining room and kitchen revealed the absence of flies.</p> <p>Observation of the door leading into a fenced in smoking area revealed:</p> <ul style="list-style-type: none"> <li>-The door was on an automatic opening switch that was activated by a button on the wall.</li> <li>-The door stayed open approximately 30 seconds.</li> <li>-Several residents were observed holding the door open.</li> <li>-The door was located close to the dining room.</li> </ul> | D 079                                                                                    |                                                                                                                          |                                                                    |

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| D 079                                                     | <p>Continued From page 10</p> <p>Observation of the activity room on 6/23/15 and 6/24/15 where the surveyors were working revealed:</p> <ul style="list-style-type: none"> <li>-Multiple flies in the area.</li> <li>-A manual door leading into the fenced in smoking area.</li> <li>-A resident holding the door open for approximately 1 minute.</li> </ul> <p>Interview with residents who resided in Room 103 revealed:</p> <ul style="list-style-type: none"> <li>-The flies are always real bad.</li> <li>-Sometimes the flies are worse than they are now.</li> <li>-They don't ever have food, or drink in the room.</li> <li>-The housekeeper always does a good job of cleaning the room.</li> <li>-There is a dairy farm and chicken houses close by that brings the flies here.</li> <li>-They don't know what could be done to stop the flies.</li> <li>-Someone comes once a month to spray for the flies, but it does not help.</li> </ul> <p>Interview on 6/23/15 at 10:30am with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-This building had always had problems with the flies.</li> <li>-He did have an exterminator come monthly during the summer and spray the outside and doorways.</li> <li>-He did not really know what else could be done about the flies.</li> </ul> <p>Interview on 6/23/15 at 2:10pm with the Resident Care Coordinator revealed:</p> <ul style="list-style-type: none"> <li>-This time of year the flies are always bad.</li> <li>-It does not seem like they are as bad now as in the past.</li> </ul> | D 079                                                                                    |                                                                                                                          |                                                                    |

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| D 079                                                     | <p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-There is a company that comes and sprays around the outside and doorways once per month.</li> <li>-There is a dairy farm next door, and the flies have always been a problem.</li> <li>-She was unsure of what could be done to stop the flies.</li> </ul> <p>Confidential interviews with 3 staff revealed:</p> <ul style="list-style-type: none"> <li>-The flies are always bad in the summer.</li> <li>-They feel like it is because of the dairy farm next door.</li> <li>-The facility is always kept clean.</li> <li>-Residents are not allowed food or drink in their rooms because of flies.</li> <li>-They don't know what could be done about the flies.</li> <li>-On occasion there are flies in the dining room, but not often.</li> </ul> <p>Confidential interviews with 4 residents revealed:</p> <ul style="list-style-type: none"> <li>-The flies are a bother.</li> <li>-Sometimes they get awoken by flies "buzzing" around their heads.</li> <li>-They wished there was something that could be done to get rid of the flies.</li> <li>-Some residents who smoke hold the door to the smoking area open and let the flies in.</li> <li>-Sometimes they have to "swish" the flies away from their food.</li> <li>-The flies get worse as the day goes on.</li> </ul> <p>Interview on 6/24/15 at 10:40am with the housekeeper revealed:</p> <ul style="list-style-type: none"> <li>-She cleans the rooms daily.</li> <li>-She had noticed the flies getting worse as the summer comes.</li> <li>-She mops the floors, dusts, and cleans the bathrooms.</li> </ul> | D 079                                                                         |                                                                                                                          |  |                                                                    |

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| D 079                                                     | <p>Continued From page 12</p> <p>Observation of the facility between 6/23/15 at 9:00am and 6/24/15 at 12:30pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility was absent of odors.</li> <li>-The floors were clean.</li> <li>-The walls, ceilings and fans were dust free.</li> <li>-The residents were clean and odor free.</li> <li>-The bathrooms were clean and odor free.</li> <li>-The kitchen and dining room was clean and odor free.</li> </ul> <p>Review of the facility's current sanitation rating dated October 9, 2014 revealed a score of 93%, and no documentation of flies or other vermin.</p> <p>Further review of the facility's current sanitation rating dated June 2014 revealed a score of 98%, and documented the need to continue working on eliminating flies.</p> <p>An attempt to contact the exterminator on 6/23/15 and 6/24/15 was unsuccessful.</p> <p>-----</p> <p>The facility provided the following plan of protection on 6/23/15:</p> <ul style="list-style-type: none"> <li>-The facility will place fly strips in the resident rooms and throughout the facility.</li> <li>-The facility will have the exterminator come back out and spray for flies.</li> <li>-The facility will check on the feasibility of installing fly curtains.</li> </ul> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION IS AUGUST 8, 2015.</p> | D 079                                                                                    |                                                                                                                          |                                                                    |
| D 080                                                     | 10A NCAC 13F .0306(a)(6) Housekeeping And Furnishings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D 080                                                                                    |                                                                                                                          |                                                                    |

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| D 080                                                     | <p>Continued From page 13</p> <p>10A NCAC 13F .0306 Housekeeping And<br/>Furnishings<br/>(a) Adult care homes shall<br/>(6) have a supply of bath soap, clean towels,<br/>washcloths, sheets, pillow cases, blankets, and<br/>additional coverings adequate for resident use on<br/>hand at all times;<br/>This Rule shall apply to new and existing<br/>facilities.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview, the facility<br/>failed to assure residents in the facility had<br/>access to soap to wash their hands.</p> <p>The findings are:</p> <p>Observation of all occupied Resident Rooms on<br/>6/23/15 and 6/24/15 revealed:<br/>-There was no hand soap available for residents<br/>to utilize for handwashing.<br/>-All of the liquid soap dispensers, in all occupied<br/>resident rooms, were empty.</p> <p>Observation of the two common bath and shower<br/>rooms in the facility on 6/23/15 and 6/24/15<br/>revealed:<br/>-There was no hand soap available for resident<br/>use.<br/>-All liquid soap dispensers were empty.</p> <p>Observation of the facility on 6/23/15 and 6/24/15<br/>revealed:<br/>-The only liquid hand soap available was located<br/>in the facility's medication room, kitchen, and staff<br/>bathrooms.<br/>-These areas are locked and unavailable for<br/>resident use.</p> <p>Confidential interviews with two residents on</p> | D 080                                                                                    |                                                                                                                          |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MCDOWELL HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1687 DAIRY ROAD</b><br><b>NEBO, NC 28761</b> |                                                                                                                          |                                                                    |
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| D 080                                                     | Continued From page 14<br><br>6/23/15 revealed:<br>-"We have never had soap in our rooms or the<br>shower room".<br>-"We just wash with water".<br>-"I would like to wash my hands".<br>-Residents are not offered hand sanitizer as an<br>alternative to hand soap.<br><br>Interview with the housekeeper on 6/23/15 at<br>12:20pm revealed:<br>-The facility does not use the liquid soap<br>dispensers that are located in the resident rooms<br>or common bath areas.<br>-"We just use soap bottle containers like the ones<br>in the staff bathrooms".<br>-The housekeeper was unaware that there was<br>no hand soap in any of the resident rooms or the<br>two common bath and shower rooms.<br><br>Interview on 6/24/15 at 11:15am with the<br>Resident Care Coordinator revealed:<br>-There are some residents that would try and<br>drink the liquid soap if it were in the dispensers in<br>their rooms.<br>-In the past we did have liquid soap in the<br>dispensers, but residents would take it and spill it<br>on the floor and create a slick floor.<br>-She said that when staff took residents to the<br>rest room they would assure the residents<br>washed their hands. | D 080                                                                                    |                                                                                                                          |                                                                    |
| D912                                                      | G.S. 131D-21(2) Declaration of Residents' Rights<br><br>G.S. 131D-21 Declaration of Residents' Rights<br>Every resident shall have the following rights:<br>2. To receive care and services which are<br>adequate, appropriate, and in compliance with<br>relevant federal and state laws and rules and<br>regulations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D912                                                                                     |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL059018</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/24/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MCDOWELL HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1687 DAIRY ROAD</b><br><b>NEBO, NC 28761</b> |                                                                                                                          |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                           |
| D912                                                      | Continued From page 15<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to flies in the facility.<br><br>The findings are:<br><br>A. Based on observations and interviews, the facility was not maintained in a hazard free environment related to the numerous flies in the facility. [Refer to Tag 0079 10A NCAC 13F .0306(a)(5) (Type B Violation)]. | D912                                                                                     |                                                                                                                          |  |                                                                    |