

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 R 06/08/2015
NAME OF PROVIDER OR SUPPLIER MCDOWELL HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1687 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 000)	Initial Comments Report of Follow-up Survey by Dennis Harrell on 6-8-2015. Most deficiencies were not corrected. Further action is required.	(C 000)	CONSTRUCTION SECTION AUG 10 2015 RECEIVED <i>Fire & Safety Inspection Completed.</i>	
(C 111)	Must Have Current San. & Fire Safety Reports 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.	(C 111)		
(C 189)	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult	(C 189)		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dennis Harrell

TITLE
Chief Administrator

(X6) DATE

8/10/15

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NAME OF PROVIDER OR SUPPLIER MCDOWELL HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1667 DAIRY ROAD NEBO, NC 28761		
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(C 189)	Continued From page 1 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. Findings on 6-8-2015: Both of the cross-corridor doors 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: b. The attic access opening above the corridor on the left end of the building was of plywood resting on wood casing. c. Hole through the one-hour plaster ceiling above the nurse station. 4. Based on observation, the ice machine drain line extends into the floor drain. Ice machine	(C 189)	Fire Doors ordered 7/29/15 - should be approx. 2 to 3 weeks before delivery & installation. 831-15- Completed by Attic Access complete - 7/20/15 Repaired 7/20/15 Ice Machine Drain repaired 7/18/15	

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NAME OF PROVIDER OR SUPPLIER MCDOWELL HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1887 DAIRY ROAD NEBO, NC 28761		
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(C 189)	Continued From page 2 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. 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 receptacle could not be tested for proper operation.	(C 189)	Beauty Salon sink removed 7/15/15 GFCI receptacle repaired 7/14/15	
(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.	(C 199)		

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(C 199)	Continued From page 3 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)	Ex fan replaced	7/15/15

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STATE FORM

9709

Z5DPZ2

If continuation sheet 4 of 4

Patricia Baker Administrator

7/29/15