

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/24/2015
NAME OF PROVIDER OR SUPPLIER MCDOWELL HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1687 DAIRY ROAD NEBO, NC 28761		ADULT CARE LICENSURE SECTION RALEIGH <i>County: McDowell</i>	
(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 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 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: Based on interview and observation, the facility failed to assure a current fire inspection report was maintained in the facility at all times. The finding is: 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. Telephone interview on 6/23/15 at 10:45am with the Administrator revealed: -He had paid the fire inspection fee on March 30, 2015. -The fire inspector had not been to the building to do the inspection. -He had not called the fire inspector to see why the inspection had not been done. Observation on 6/23/15 of fire inspection related documentation provided by the facility revealed: -A canceled check from the facility to the local fire	D 034	<u>D034</u> <u>To Correct</u>: Fire Inspector came on 7/6/15 - copy of report attached. <u>To Prevent</u>: Manager will put reminder on calendar to call inspector annually. <u>To Monitor</u>: Administrator will check with Manager to ensure call has been placed. <u>Date Completed</u>: 7/6/15		

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

TITLE

(X6) DATE

STATE FORM

0899

WX3011

If continuation sheet 1 of 16

*Accepted at appeal by
John Cline, PA 7/30/15*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/24/2015
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
D 034	Continued From page 1 Inspection department dated 3/30/15. -A paid receipt to the facility from the local county fire inspection department dated 3/30/15 for fire inspection. Telephone interview on 6/24/15 at 10:00am with the local County Fire Inspector revealed: -The facility did pay the permit fee on 3/30/15 for the inspection to be done. -His supervisor was going to have to do the inspection because he did not have a certification to inspect residential facilities. -He did not know why the inspection had not been completed yet, but he would check on it and have his supervisor complete the survey. -The last fire inspection, he had on file, was completed at the facility was on June 6, 2010 with no deficiencies. -The facility had not paid for or scheduled a fire inspection since June 2010. -It is the responsibility of the facility to notify the county to arrange a fire inspection. Review of a fire inspection report, provided by the facility, from a local fire and safety company revealed the fire extinguishers in the building had been inspected on April 17, 2015, and was noted to have been in working order.	D 034		
D 049	10A NCAC 13F .0305 (d) Physical Environment 10A NCAC 13F .0305 Physical Environment (d) The requirements for the bedroom are: (1) The number of resident beds set up shall not exceed the licensed capacity of the facility; (2) There shall be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, any live-in staff	D 049	<i>D049</i> <i>So correct: Windows have been corrected + now open 6" as directed by Dennis Harrell.</i> <i>Cent'</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/24/2015
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
D 049	Continued From page 2 and other persons living in the home. Residents shall not share bedrooms with staff or other live-in non-residents; (3) Only rooms authorized as bedrooms shall be used for residents' bedrooms; (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; (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; (6) The total number of residents assigned to a bedroom shall not exceed the number authorized for that particular bedroom; (7) A bedroom may not be occupied by more than two residents. (8) Resident bedrooms shall be designed to accommodate all required furnishings; (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 (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	D049 cont' <u>To Prevent:</u> Manager will not allow anyone to screw windows shut. <u>To Monitor:</u> Manager will check windows monthly to ensure they open 6". Date Complete: 6/24/15	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/24/2015
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	
D 049	Continued From page 3 This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure that 10 of 10 resident room windows were maintained in operable condition. The findings are: 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. Further observation revealed screws in the windows preventing them from opening. Telephone interview on 6/23/15 at 11:15am with the Administrator revealed: -There were residents in the facility who would open the windows and get out of the building if the windows were opened. -He thought since the building was secured the windows did not have to open. -He was unsure of how long the windows had been screwed shut, but it had been "a while". -There was a resident in the building who would leave if the windows were open. -He had spoken with someone from State Construction and would have the maintenance staff correct the problem. Interview on 6/23/15 at 11:35am with the Maintenance Staff revealed: -He had been working at the facility for about a year. -He was unaware of the windows being screwed shut. -He had just been told by the Administrator that he needed to fix the windows.	D 049			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/24/2015
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
D 049	Continued From page 4 Interview on 6/24/15 at 11:45am with the Resident Care Coordinator revealed: -There were residents in the building that would leave if they could. -She did not know why the windows were screwed shut. -She deferred to question to the Administrator.	D 049		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 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; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain floor coverings in good repair in 2 of 10 resident rooms (Room 103 and Room 106 bathroom floor), and the common bathroom on the woman's hall. The findings are Observation on 6/23/15 at 9:15am of Resident Room 103 revealed: -Room 103 contained 3 beds and 3 residents resided in Room 103. -Room 103 contained 1 sink next to the entry door to a shared bathroom. -A 4 foot by 2 foot section of laminate flooring in front of the sink was bulging and separating. -The raised laminate could have created a trip hazard. Interview on 6/23/15 at 9:15am with the residents	D 074	D 074 To Correct: floor will be repaired so it is flat. Prevent So Monitor Housekeeping will report all areas of raised flooring to Manager. So Monitor: Manager will conduct walk through of building monthly to ensure there is no flooring that is raised Date Complete: 8-15-15	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/24/2015
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	
D 074	Continued From page 5 residing in room 103 revealed: -They had not noticed the floor was damaged. -None of them had ever tripped on the floor. -Someone did come and fix the floor in the room "about six months ago", but was unsure of what the problem was. -The sink had leaked in the past and was repaired by the Maintenance Staff. Continued tour of the facility on 6/23/15 from 9:00am to 11:00am revealed: -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. -No dirt was observed around the base of the toilet. Further observation on 6/23/15 between 9:00am to 11:00am of the women's common bathroom revealed: -The floor tiles in the shower near the drain were broken and some were missing, did not present a trip hazard. -The floor at the back of the shower was separating from the wall with about a 1 inch gap. -There was approximately a 1 foot by 8 foot section of ceiling tile that had been water stained, but was currently dry. -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. Telephone interview on 6/23/15 at 10:45am with the Administrator revealed: -The floor in room 103 had been repaired approximately six months ago from the last survey. -There had been a leak in the adjoining bathroom that came under the flooring and caused the	D 074	D074 cont <u>To Correct:</u> The dark brown area around the base of the commode in the common bathroom in Room 106 has been removed by cleaning. There are no missing tiles or worn away tiles. <u>To Prevent:</u> Housekeeping will check all toilets for dark brown areas and clean as necessary. <u>To Monitor:</u> Manager will do walk through of building to look for dark brown areas on base of toilets + ensure they are cleaned. Date Complete: 7/20/15		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/24/2015
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
D 074	Continued From page 6 flooring to raise up. -He will have the Maintenance Staff bring some flooring from another facility and repair it. -He was aware of some things in the building that needed repairing and funding was partially the issue. -He had to assure the things more emergent were repaired first. Interview on 6/23/15 at 11:10am with the Resident Care Coordinator (RCC) revealed: -She had not noticed the floor in room 103 being damaged. -She was not aware the women's common bathroom floor was damaged. Interview on 6/23/15 at 12:10pm with the Maintenance Staff revealed: -He had been working at the facility for about a year. -He had repaired the floor in Room 103 about 4 to 5 months ago. -There had been a leak in the bathroom which caused the subflooring to buckle up. -He had not been made aware of the problem in the floor in Room 103. Interview on 6/23/15 at 1:30 pm with the facility housekeeper revealed: -She had only been working at the facility full time for about a month. -She was having to mop up water in front of the sink where a resident in the room kept the floor in front of the sink wet. -If she ever noticed any problems she would let the RCC know and they would be repaired.	D 074	<i>D074 cont'</i> <u>To Correct:</u> In the Women's Common Bathroom the broken/missing floor tiles will be replaced. The 1" gap near wall area will be repaired. The ceiling tile stain will be removed and the sunken area around toilet will be repaired. <u>To Prevent:</u> Housekeeping to monitor for broken/missing floor tiles, gaps between tile + walls + sunken floors. She is also to monitor for stained ceiling tiles + report	
D 076	10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings	D 076		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/24/2015
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MCDOWELL HOUSE

**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
D 076	Continued From page 7 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 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). The findings are: Observation of resident rooms 102, 103, 104, 106, 107 and 108 on 6/23/15 from 9:00am to 11:00am revealed: -Five of the ten resident rooms contained nightstands and dressers with missing knobs and handles for opening and closing drawers. -Room 107 had two nightstands with one missing two drawers, and one missing one drawer. -Room 102 had a nightstand with one missing drawer, and one broken drawer. -Room 102 had a missing closet door. -Room 106 had a dresser missing knobs. -Room 106 had a nightstand missing knobs from the bottom drawer. -Room 104 had a nightstand with a missing drawer and the other drawer with no knobs. -Room 104 had a dresser with no knobs. -Room 108 had a nightstand with a broken drawer laying on the top. -Room 103 had a nightstand with no drawer. Confidential interviews with two staff revealed: -The residents are "rough" on the furniture in their rooms.	D 076	<u>D074 cont</u> all problems to Manager. <u>To Monitor</u> : Manager to do walk through of building monthly to look for cracked/missing tiles, gaps between tiles + walls, stains on ceiling tiles, and broken floors <u>Date Corrected:</u> <u>9-23-15</u> <u>D076</u> <u>To Correct</u> : knobs and pulls on all furniture that are missing will be replaced. Broken drawers will be repaired	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/24/2015
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
D 076	Continued From page 8 -They had told the Resident Care Coordinator about the broken furniture. -The residents don't tell the staff about the broken furniture. Interview on 6/23/15 at 11:15am with the Maintenance Staff revealed: -He did not know the nightstands were missing pulls. -He would rearrange the pulls on the nightstands to have one set on each drawer. -He had just finished repairing the top of the nightstands. Observation on 6/23/15 between 9:00am and 11:00am revealed the nightstands and dressers in the resident rooms had repaired tops. Interview on 6/23/15 at 10:45am with the Administrator revealed: -The residents "tear up the nightstands and dressers." -The nightstands are on a list of things to get done. -The nightstands are not at the top of the list. -He had never had any residents complain about the drawers not having handles.	D 076	<i>D076 cont and missing drawers will be replaced. So: Prevent: Housekeeping and floor staff will check furniture daily to make sure all knobs and pulls are present, that all drawers are present and are in proper working order. So Monitor: Manager will do walk through monthly to check furniture and report problems as necessary. Date Complete: 8-23-15</i>	
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 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; This Rule shall apply to new and existing facilities.	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/24/2015
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	
D 079	Continued From page 9 This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility was not maintained in a hazard free environment related to the numerous flies in the facility. The findings are: Observation on 6/23/15 between 9:00am and 11:00am of the resident rooms revealed: -Room 101 had 20 plus flies on the floor, walls and ceiling. -Room 102 had multiple flies on the floor, walls, ceiling and resident beds. -Room 103 had 25 plus flies on the floor, walls, ceilings and resident beds. -Room 104 had multiple flies on the floor, and flying around. -Room 106 had multiple flies on the floor and walls. -Room 107 had 15 plus flies on floor, walls, ceilings and resident bed. Continued observation on 6/23/15 between 9:00am and 11:00am of the dining room and kitchen revealed the absence of flies. Observation of the door leading into a fenced in smoking area revealed: -The door was on an automatic opening switch that was activated by a button on the wall. -The door stayed open approximately 30 seconds. -Several residents were observed holding the door open. -The door was located close to the dining room.	D 079	<u>DO 79</u> <u>To Correct:</u> Fly strips and other devices to attract flies have been placed in numerous areas around the property. The exterminator will make <u>3</u> trips to the facility to ensure the elimination of flies between 6/24/15 and 8/8/15. <u>To Prevent</u> Will continue to hang fly strips + other devices that attract flies to eliminate flies in the building. Exterminator will continue to monitor each.		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/24/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MCDOWELL HOUSE

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
D 079	Continued From page 10 Observation of the activity room on 6/23/15 and 6/24/15 where the surveyors were working revealed: -Multiple flies in the area. -A manual door leading into the fenced in smoking area. -A resident holding the door open for approximately 1 minute. Interview with residents who resided in Room 103 revealed: -The flies are always real bad. -Sometimes the flies are worse than they are now. -They don't ever have food, or drink in the room. -The housekeeper always does a good job of cleaning the room. -There is a dairy farm and chicken houses close by that brings the flies here. -They don't know what could be done to stop the flies. -Someone comes once a month to spray for the flies, but it does not help. Interview on 6/23/15 at 10:30am with the Administrator revealed: -This building had always had problems with the flies. -He did have an exterminator come monthly during the summer and spray the outside and doorways. -He did not really know what else could be done about the flies. Interview on 6/23/15 at 2:10pm with the Resident Care Coordinator revealed: -This time of year the flies are always bad. -It does not seem like they are as bad now as in the past.	D 079	D079 cont for flies + exterminate as necessary. So Monitor: Manager will monitor for flies + call exterminator as necessary date complete: 8/8/15 We checked the feasibility of a fly curtain + prices range between \$500 to \$1000. This extra expense is not feasible at this time due to the extra cost of all the other repairs made ie floors, tiles, etc.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/24/2015
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
D 079	Continued From page 11 -There is a company that comes and sprays around the outside and doorways once per month. -There is a dairy farm next door, and the flies have always been a problem. -She was unsure of what could be done to stop the flies. Confidential interviews with 3 staff revealed: -The flies are always bad in the summer. -They feel like it is because of the dairy farm next door. -The facility is always kept clean. -Residents are not allowed food or drink in their rooms because of flies. -They don't know what could be done about the flies. -On occasion there are flies in the dining room, but not often. Confidential interviews with 4 residents revealed: -The flies are a bother. -Sometimes they get awoken by flies "buzzing" around their heads. -They wished there was something that could be done to get rid of the flies. -Some residents who smoke hold the door to the smoking area open and let the flies in. -Sometimes they have to "swish" the flies away from their food. -The flies get worse as the day goes on. Interview on 6/24/15 at 10:40am with the housekeeper revealed: -She cleans the rooms daily. -She had noticed the flies getting worse as the summer comes. -She mops the floors, dusts, and cleans the bathrooms.	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/24/2015
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	
D 079	Continued From page 12 Observation of the facility between 6/23/15 at 9:00am and 6/24/15 at 12:30pm revealed: -The facility was absent of odors. -The floors were clean. -The walls, ceilings and fans were dust free. -The residents were clean and odor free. -The bathrooms were clean and odor free. -The kitchen and dining room was clean and odor free. 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. 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. An attempt to contact the exterminator on 6/23/15 and 6/24/15 was unsuccessful. The facility provided the following plan of protection on 6/23/15: -The facility will place fly strips in the resident rooms and throughout the facility. -The facility will have the exterminator come back out and spray for flies. -The facility will check on the feasibility of installing fly curtains. THE CORRECTION DATE FOR THE TYPE B VIOLATION IS AUGUST 8, 2015.	D 079			
D 080	10A NCAC 13F .0306(a)(6) Housekeeping And Furnishings	D 080			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/24/2015
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	
D 080	Continued From page 13 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall (6) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure residents in the facility had access to soap to wash their hands. The findings are: Observation of all occupied Resident Rooms on 6/23/15 and 6/24/15 revealed: -There was no hand soap available for residents to utilize for handwashing. -All of the liquid soap dispensers, in all occupied resident rooms, were empty. Observation of the two common bath and shower rooms in the facility on 6/23/15 and 6/24/15 revealed: -There was no hand soap available for resident use. -All liquid soap dispensers were empty. Observation of the facility on 6/23/15 and 6/24/15 revealed: -The only liquid hand soap available was located in the facility's medication room, kitchen, and staff bathrooms. -These areas are locked and unavailable for resident use. Confidential interviews with two residents on	D 080	D080 <u>To Correct</u>: Liquid soap (which is more sanitary than bar soap) has been used in the past but is problematic for several residents - one rubs it in her eyes & the other resident pours it out causing fall hazards. We are currently trying <u>bar soap</u> <u>To Prevent</u>: Housekeeping will ensure that bar soap is available at all suit areas. <u>To Monitor</u>: The Manager		

cont'

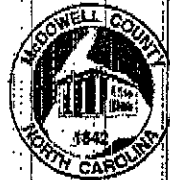
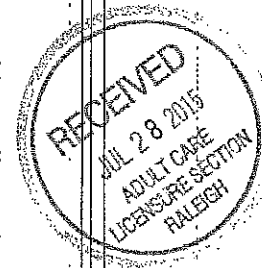
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/24/2015
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
D 080	Continued From page 14 6/23/15 revealed: -"We have never had soap in our rooms or the shower room". -"We just wash with water". -"I would like to wash my hands". -Residents are not offered hand sanitizer as an alternative to hand soap. Interview with the housekeeper on 6/23/15 at 12:20pm revealed: -The facility does not use the liquid soap dispensers that are located in the resident rooms or common bath areas. -"We just use soap bottle containers like the ones in the staff bathrooms". -The housekeeper was unaware that there was no hand soap in any of the resident rooms or the two common bath and shower rooms. Interview on 6/24/15 at 11:15am with the Resident Care Coordinator revealed: -There are some residents that would try and drink the liquid soap if it were in the dispensers in their rooms. -In the past we did have liquid soap in the dispensers, but residents would take it and spill it on the floor and create a slick floor. -She said that when staff took residents to the rest room they would assure the residents washed their hands.	D 080	<i>D080 cont</i> <i>will do monthly wash throughs of all sink areas to make sure soap is available.</i> <i>Date Complete: 6/30/15</i> <i>D912</i> <i>To Correct: Fly strips and other devices to attract flies have been placed in numerous areas around the property. The exterminator will make 3 trips to the facility to ensure elimination of flies between 6/24/15 and 8/8/15.</i> <i>To Prevent: Will continue to hang fly strips and other cont.</i>	
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.	D912		

PRINTED: 07/07/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/24/2015
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	
D912	Continued From page 15 This Rule is not met as evidenced by: 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. The findings are: 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	D912 cont devices that attract flies to eliminate flies in the building. Exterminator will continue to monitor for flies + exterminate as necessary. To Monitor: Manager will monitor for flies + call exterminator as necessary. <u>Date Complete</u> 8/6/15		



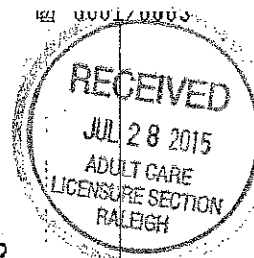
McDowell County Fire/ Safety Inspection
60 East Court St
Marion N.C. 28752
Phone 828-652-7030
Fax 828-652-0706

Name of Business: McDowell House	Date: July 2, 2015
Address: 1687 Dairy Rd. Nebo	
Phone # (828) 652-5458	
Owner: Patrick Barlow	
Contact Person: Linda Edwards	
Occupancy Group: I-2	Inspection Scheduled: Each Year
Number Story's: 1	Sprinklered Building: Y () N (x)

FIRE AND BUILDING SAFETY INSPECTION REPORT

NORTH CAROLINA DIVISION OF SOCIAL SERVICES

INSTITUTIONAL BUILDING



FOR: ☐ CHILD CARING INSTITUTION ☐ MATERNITY HOME ☐ HOME FOR THE AGED

NAME OF FACILITY: McDowell House ADMINISTRATOR: Patrick Barlow

STREET ADDRESS: 1687 Dairy Rd

CITY: Nobo STATE: NC ZIP: 28761 PHONE: (828) 652-5458

TYPE OF POPULATION ADMITTED: aged AGE RANGE OF POPULATION: 30-99

TYPE OF CONSTRUCTION: Brick Frame NUMBER OF STORIES: 1

TYPE OF HEATING SYSTEM: Heat Pumps LOCATION: Attic

NUMBER OF UL APPROVED FIRE EXTINGUISHERS: 4 PROPERLY LOCATED: ☒ YES ☐ NO PROPERLY MAINTAINED: ☒ YES ☐ NO

PROPER TYPE FIRE EXTINGUISHERS: ☒ YES ☐ NO PERSONNEL FAMILIAR WITH USE: ☒ YES ☐ NO

SMOKE DETECTION SYSTEM: ☒ YES ☐ NO UL APPROVED: ☒ YES ☐ NO MAINTENANCE CONTRACT: ☐ YES ☒ NO

MANUAL FIRE ALARM: ☒ YES ☐ NO TYPE: Pull station IN WORKING ORDER: ☒ YES ☐ NO

EVACUATION PLAN POSTED: ☒ YES ☐ NO FIRE DRILLS: ☒ YES ☐ NO HOW OFTEN: Monthly Smoke, Shift

NUMBER OF APPROVED TYPE FIRE ESCAPES: 4 PROPERLY LIGHTED: ☒ YES ☐ NO SPRINKLER SYSTEM: ☐ YES ☒ NO

FIRE RATING OF WALLS AND PARTITIONS: Yes CEILINGS: Yes FURNACE ROOM WALLS AND CEILINGS: NO

INTERIOR STAIRWELLS ENCLOSED: ☐ YES ☒ NO N/A EXIT DOORS SWING OUT: ☒ YES ☐ NO

DOORS UNLOCKED AND READILY OPENABLE FROM INSIDE: ☒ YES ☐ NO UL EMERGENCY LIGHTING IN CORRIDORS: ☒ YES ☐ NO

TYPE OF EQUIPMENT PROVIDED FOR EMERGENCY POWER: _____ CONDITION: _____

CONDITION OF BASEMENT: N/A USE: N/A

CONDITION OF ATTIC: Good USE: NA

CONDITION OF BUILDING: ☐ SATISFACTORY ☐ UNSATISFACTORY

TYPES OF HAZARDS (Please check those which apply)

HEATING

- ☐ Defective Furnace
- ☐ Defective Flue
- ☐ Defective Smoke Pipe
- ☐ Unsatisfactory Storage of Ashes
- ☐ Portable Heaters Used

ELECTRICAL

- ☐ Defective Fixtures
- ☐ Defective Wiring
- ☐ Defective Fuses
- ☐ Defective Lighting in Stairways and Halls

EXITS

- ☐ Halls Blocked
- ☐ Exits Blocked
- ☐ Unsatisfactory Fire Exits
- ☐ Storage on Escapes
- ☐ Inadequate Exit Lighting

MISCELLANEOUS

- ☐ Rubbish and Trash
- ☐ Unsatisfactory Fire Extinguishers
- ☐ Improper Storage and Use of Flammable Materials
- ☐ Defective Water Heater
- ☐ Storage of Mower and Garden Tractor
- ☐ Unsupervised Smoking of Residents

LOCATION OF HAZARDS FOUND: See Attached

REQUIREMENTS TO CORRECT ABOVE AND PROVIDE ADEQUATE SAFETY: See Attached

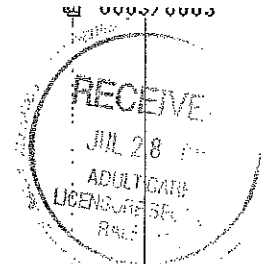
INSPECTOR: David C. [Signature]

TITLE: McDowell County Fire Inspector

ADDRESS: 60 East Court St Marion NC 28752

DATE OF INSPECTION: July 2, 2015

THIS FIRE INSPECTION IS VALID UNTIL (DATE): July 2, 2016



Fire & Safety Code

Outside

1. Repair the steps leading out from the activity room

Guest res room

2. Replace or repair ground fault outlet.

Kitchen

3. Type I ventilation hood to be cleaned each and every 6 months to remove grease accumulations. Written records shall be maintained of the hood cleaning. Also have the service person attach the old Fire links that are removed with the inspection card at the pull station.

Other

4. Combustible storage in storage rooms not permitted within 24 inches of ceiling

Testing of Fire Alarm

The Fire Alarm was tested with all the door magnetic locking devices releasing on activation, doors also release with activation of Exit button at the door. All magnetic locking devices released on loss of power.

Thank You

McDowell County Fire Inspections

Gerald Silvers

ID# 8317

Certification # 19302

W. Oren Benfield

ID# 15894

Certification # 19414

This page is intentionally blank.