

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 10/22/2015
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 10-22-2015. Some deficiencies were not corrected. Further action is required.	{C 000}		
{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 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 on 6-8-2015 and 10-22-2015: Both of the cross-corridor doors near room 107 did not close completely when released by activation of the fire alarm system. 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	{C 189}		

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

TITLE

(X6) DATE

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{C 189}	Continued From page 1 contaminated water into the water system unless a vacuum breaker is installed. Findings on 10-22-2015: The hair wash sink and wash wand had been removed. A kitchen type sink and faucet with a spray attachment had been installed in the same area. The spray attachment would reach the bottom of the sink and there was no vacuum breaker provided.	{C 189}		