

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL059034</b>         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                                                                                                                                                | (X3) DATE SURVEY COMPLETED<br><br>R<br><b>09/11/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MCDOWELL HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1687 DAIRY ROAD<br/>NEBO, NC 28761</b> |                                                                                                                                                                                                                    |                                                          |
| (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<br><br>Report of Biennial Follow Up Construction Survey by Dennis Harrell on 9-11-2019.<br><br>Some deficiencies were not corrected. Further action is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | {C 000}                                                                            |                                                                                                                                                                                                                    |                                                          |
| {C 189}                                                   | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>2. Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.<br>Findings on 9-11-2019;<br>a. There was a hole at the latchset through the door to the locker room.<br>b. There was a hole at the latchset through the door to the laundry.<br>c. The laundry door is impossible to open from the inside when closed.<br>d. The door to the shower room near the dining room was sagged and hard to close. | {C 189}                                                                            | Corridor door closures were adjusted so that doors close in a quick fashion.<br><br>Hole in door will be repaired by 10/11/19<br><br>Hole in door will be repaired 10/11/19<br><br>Door will be fixed from sagging | 10/11/19<br><br>10/11/19<br>10/11/19<br>10/11/19         |

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

*Ratna Barla*

TITLE

*Administrator*

(X6) DATE

10/7/19