

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 04/29/2025
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 a Biennial Follow Up Construction Survey by Suzanna Fay on April 29, 2025. There are deficiencies from the Biennial Construction Survey that remain to be corrected and new deficiencies have been added.	{C 000}			
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with code requirements in effect at the time of renovation or alteration. The facility's exit doors are equipped with a system of magnetic locks, Special Locking. Special locking doors requires that the buildings be protected throughout by an automatic fire detection system or automatic sprinkler system.	{C 101}			

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

TITLE

(X6) DATE

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STATE FORM		6899	QU6523	If continuation sheet 1 of 3	
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{C 101}	Continued From page 1 Findings on April 29, 2025: a. Protection was not found in the resident room closets.	{C 101}	Quotes will be obtained by 7/1/25 And work completed by 8/1/25		

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{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: 4. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on April 29, 2025: b. Kitchen - there is one unsealed conduit penetration at the back of the exhaust hood. (New Deficiency) New Deficiency: 5. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire.	{C 189}	Fire rated sealant will be applied around conduit.7/1/25	
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If continuation sheet 2 of 3

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{C 189}	Continued From page 2 Findings on April 29, 2025: a. The fire alarm panel is in trouble mode showing a communications failure. The system was tested and the monitoring company received a signal.	{C 189}	This will be completed by 7/15/25	
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