PRINTED: 06/26/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059017	A. BUILDING: 01 B. WING	06/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCDOWELL ASSISTED LIVING	5235 NC 226 SOUTH MARION, NC 28752

(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 Biennial Construction Survey by Dennis Harrell on 6-25-2015. Records indicate that this facility was first licensed on 2-1-1970, for 54 beds. Based on this information, we are requiring the facility to meet the 1967 NC State Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds.	C 000	CONSTRUCTION SECTION AUG 04 2015 RECEIVED	
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 a 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 a review of documents, the required annual sanitation inspection report for the building could not be located.	C 111	copy of Fire & Building Insp. enclosed - see Also Uniform Fire & Safety Systems Report copy of Sanitation Insp. enclosed	6/30/15 6/29/15
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Doris Wellman — TITLE: Administrator — (X6) DATE: 8/5/2015

STATE FORM 6899 ZM4I21 If continuation sheet 1 of 3

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C 189	Continued From page 1 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, a corridor door could not close and latch 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. Findings include; The door to room 7 would not close and latch because it had sagged in the frame. 2. Based on observation, the facility was not being maintained in a safe condition because of a clogged relief pipe on a water heater. A clogged relief pipe could cause the water heater to explode under certain conditions. Findings include; The relief valve on the water heater in the laundry was piped to the outside. Insects had built a nest in the open end of the relief valve clogging it so water could not flow. Note, this deficiency was corrected during the survey. 3. Based on a review of documents, the fire extinguishers are not being inspected monthly as required. Failure to perform monthly safety inspections could cause the extinguishers to fail to work when needed. Findings include: The fire extingushers had not been inspected this	C 189	CORRidoR DOOR Inspected by Security UNLimited- See Repact 8/5/15 Door to Room 7 hAS been RepAiRed & is WoRKing As it Should 7/7/15 A coveR hAS been PlACed to help PRevent clogging of Relief vALve 6/27/15 Fire extinguishers ARe being checked monthly & Logged on TAgs ATTAched. Assigned to HouseKeepe 6/30/15	

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	HAL059017	A. BUILDING: 01 B. WING _____	06/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCDOWELL ASSISTED LIVING	5235 NC 226 SOUTH MARION, NC 28752

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C 189	Continued From page 2 year. 4. Based on observation, the facility is not being maintained in a safe condition because of an improper electrical connection in the corridor. Improper electrical connections could expose residents and staff to energized wires. Findings include: The electrical connections to the battery operated emergency light in the corridor near the laundry were exposed and not done in an approved junction box as required.	C 189	Electrical connections to emergency light in corridor near the laundry has been Repaired See copy of Security Unlimited's Report.	8/5/15

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 Assisted Living ADMINISTRATOR: Linda Isaacs

STREET ADDRESS: 5235 US Hwy 223 South

CITY: Marion STATE: NC ZIP: 28752 PHONE: 828-652-3033

TYPE OF POPULATION ADMITTTED: 60 + AGE RANGE OF POPULATION:

TYPE OF CONSTRUCTION: II B NUMBER OF STORIES: 1

TYPE OF HEATING SYSTEM: Hot Water Boiler LOCATION: Boiler Room in back

NUMBER OF U/L APPROVED FIRE EXTINGUISHERS: 5 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 U/L APPROVED: ☑ YES ☐ NO MAINTENANCE CONTRACT: ☑ YES ☐ NO

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

EVACUATION PLAN POSTED: ☑ YES ☐ NO FIRE DRILLS: ☑ YES ☐ NO HOW OFTEN: Each Mouth

NUMBER OF APPROVED TYPE FIRE ESCAPES: 5 PROPERLY LIGHTED: ☑ YES ☐ NO SPRINKLER SYSTEM: ☐ YES ☒ NO

FIRE RATING OF WALLS AND PARTITIONS: 1hr CEILINGS: 1hr FURNACE ROOM WALLS AND CEILINGS: 1hr

INTERIOR STAIRWELLS INCLOSED: ☐ YES ☒ NO EXIT DOORS SWING OUT: ☒ YES ☐ NO

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

TYPE OF EQUIPMENT PROVIDED FOR EMERGENCY POWER: Generator CONDITION: Good

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

CONDITION OF ATTIC: N/A USE: N/A

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:

REQUIREMENTS TO CORRECT ABOVE AND PROVIDE ADEQUATE SAFETY:

INSPECTOR: W. Dean Rayfield TITLE: McDowell County Fire Inspector

ADDRESS: 60 East Court St Marion NC 28752 DATE OF INSPECTION: 6-30-14

THIS FIRE INSPECTION IS VALID UNTIL (DATE): 6-30-15

DSS-1514 (Rev. 1/15/08)

Range Hood Systems Report

UNIFOUR FIRE & SAFETY
P.O. Box 9498
Hickory, North Carolina 28603

Hickory, NC 828.328.6363
Greensboro, NC 336.373.3973
Raleigh, NC 919.834.9644
Charlotte, NC 704.372.3473
Charleston, SC 843.278.1018
Columbia, SC 803.929.2100
Greenville, SC 864.458.7070
Atlanta, GA 770.978.7998

DATE OF SERVICE	TIME	A.M.	P.M.
6-24-15			

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION

LOCATION OF SYSTEM CYLINDERS: End of Hood

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Amerex	K-P	✓	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
375		

FUSE LINKS 360°	FUSE LINKS 450°	FUSE LINKS 550°	OTHER

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
Mech	✓	✓	1"

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE

MANUFACTURERS' MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER:

Name McDOWELL ASSISTED LIVING

Address 5235 NC 226 South

City MARION NC 28753

Telephone _____ Store No. _____

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Flat Top Grill	6-Bk Rng		

1. All appliance properly covered w/correct nozzles	✓	20. Replaced fuse links	✓
2. Duct and plenum covered w/correct nozzles	✓	21. Check travel of cable nuts/S-hooks	✓
3. Check positioning of all nozzles	✓	22. Piping & conduit securely bracketed	✓
4. System installed in accordance w/MFG UL listing	✓	23. Proper separation between fryers & flame	✓
5. Hood/duct penetrations sealed w/weld or UL device	✓	24. Proper clearance-flame to filters	✓
6. Check if seals intact, evidence of tampering	N/A	25. Exhaust fan in operating order	✓
7. If system has been discharged, report same	N/A	26. All filters replaced	✓
8. Pressure gauge in proper range (if gauged)	✓	27. Fuel shut-off in on position	✓
9. Check cartridge weight (if applicable)	✓	28. Manual & remote set/seals in place	✓
10. Hydrostatic test date	07	29. Replace systems covers	✓
11. 6 year maintenance date	✓	30. System operational & seals in place	✓
12. Inspect cylinder and mount	✓	31. Slave system operational	✓
13. Operate system from terminal link	✓	32. Clean cylinder & mount	✓
14. Test for proper operation from remote	✓	33. Fan warning sign on hood	✓
15. Check operation of micro switch	✓	34. Personnel instructed in manual operation of system	✓
16. Check operation of gas valve	✓	35. Proper hand portable extinguishers	✓
17. Clean nozzles	✓	36. Portable extinguishers properly serviced	✓
18. Proper nozzle covers in place	✓	37. Service & Certification tag on system	✓
19. Check fuse links and clean	✓	NOTE DISCREPANCIES OR DEFICIENCIES BELOW	

COMMENTS: _____

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

X					
SERVICE TECHNICIAN	PERMIT NO.	DATE: 6-24-15	TIME:	AM PM	CUSTOMER'S AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

UNIFOUR
FIRE & SAFETY
P.O. Box 9489
Hickory, North Carolina 28603

Hickory, NC 828.328.6363
Greensboro, NC 336.373.3973
Raleigh, NC 919.834.9644
Charlotte, NC 704.372.3473
Charleston, SC 843.278.1018
Columbia, SC 803.929.2100
Greenville, SC 864.458.7070
Atlanta, GA 770.978.7998
Tampa, FL 813.282.1801

COMPANY: MCDOWELL ASSISTED LIVING

ADDRESS: 5235 NC 226 SOUTH
MARION NC 28753

BILL TO:

DATE: 6-24-15

WORK ORDER: 152313

FED14-000016
EF20001192
FPC12-000114
CFC1429001

SERVICED BY: PHONE: PO# CONTACT:

QTY	SIZE	NON-TAXABLE	PRICE	AMOUNT
		SERVICE CALL		
		INSPECTION FIRE EXTINGUISHER ANNUAL MONTHLY		
		INSPECTION EXIT EMERGENCY LIGHT		
	1	LABOR		
		SIX-YEAR MAINTENANCE & REFILL		
		SIX-YEAR MAINTENANCE & REFILL		
		SIX-YEAR MAINTENANCE & REFILL		
		HYDRO-TEST LOW PRESSURE & REFILL		
		HYDRO-TEST LOW PRESSURE & REFILL		
		HYDRO-TEST HIGH PRESSURE & REFILL		
		CONDUCTIVITY TEST		
1		SEMI-ANNUAL KITCHEN FIRE SYSTEM INSPECTION		
		SEMI-ANNUAL INDUSTRIAL SYSTEM INSPECTION		
		NFPA 25 WET SPRINKLER INSPECTION		
		NFPA 25 DRY SPRINKLER INSPECTION		
		ANNUAL BACKFLOW INSPECTION		
		INSPECTION - SPRINKLER - QUAR TERLY - MONTHLY		
		INSPECTION FIRE ALARM - SEMI-ANNUAL - ANNUAL		
		ANNUAL FIRE ALARM MONITORING		
		TAXABLE		
		FIRE EXTINGUISHER REFILL NEW		
		FIRE EXTINGUISHER REFILL NEW		
		FIRE EXTINGUISHER REFILL NEW		
		FIRE EXTINGUISHER REFILL NEW		
		FIRE EXTINGUISHER REFILL NEW		
		NEW SAFETY PULL PIN SEAL		

QTY	PART NO.	EMERGENCY LIGHTING TAXABLE	PRICE	AMOUNT
		EXIT LIGHT		
		EMERGENCY LIGHT		
		BATTERY		
		BATTERY		
		BATTERY		
		BULB		
		LED BULB		

MATERIAL-TAXABLE-WORK DESCRIPTION

CONTROL VALVE SEAL #

Unifour Fire & Safety will not be responsible for damage that may occur by breakage of materials, water damage or any other damage during or after installation or repairing of the Sprinkler System. Agents, servants and employees of the Seller shall tap water mains, connect up with tanks, and turn the water on and off as and when necessary, solely as the Buyer's agents, servants and employees, and the Buyer agrees to indemnify the Seller against all damage or liability which may arise therefrom.

TERMS: NET 30 1½% PER MONTH LATE CHARGE.
ALL RETURNED CHECKS SUBJECT TO $35.00 SERVICE CHARGE.

Received by:

SUB-TOTAL	
TAX	
HAZ-MAT	
TOTAL	

08/05/2015 17:30 18286598649 MCDOWELL ASSISTED LT PAGE 09/15

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions

Score 98

Date of Insp/Chg: 03 / 05 / 2014

Status Code: A

Health Department 59

Current Facility ID 1059400005

Old Facility ID

Water: (1) Community (2) Transient Non-Community (3) Non-Transient Non-Community (4) Non-Public Water Supply

Water sample taken today? ☐ Yes ☒ No

(1) Inspection (2) Re-inspection (V) Visit

☐ Name Change ☐ Verification of Closure ☐ Status Change

Wastewater System: (1) Community (2) On-Site System Capacity 0

Name of Establishment: MCDOWELL ASSISTED LIVING Permittee: WHIT BLANTON

Location Address: 226 SOUTH Mailing Addr.

City: MARION State: NC Zip: 28752 City: State: Zip:

	Deductions Full/Half (circle one)
FLOORS, WALLS AND CEILINGS: [.1309, .1310]	
1. Floors easy to clean, no obstacles, drains where needed	☐2 ☐1
2. Floors clean, carpet clean, dry, odor free	☐2 ☐1
3. Walls and ceilings cleanable, clean, good repair	☐2 ☒1
LIGHTING, VENTILATION, MOISTURE CONTROL: [.1311]	
4. Lighting at least 10 foot candles 30 inches above floor	☐2 ☐1
5. Ambient air temperature 65° to 85° F, equipment clean	☐2 ☐1
6. No evidence of microbial growth	☐3 ☐1.5
7. Indoor smoking limited to dedicated smoking rooms	☐2 ☐1
TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES: [.1312]	
8. Facilities conveniently located, clean and in good repair	☐2 ☒1
9. Toilet rooms free of storage, handwash signs posted	☐1 ☐.5
10. Bedpans, urinals, bedside commodes and emises basins properly cleaned and disinfected	☐1 ☐.5
11. Hand sinks used only for intended purpose	☐2 ☐1
12. Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device	☐3 ☐1.5
13. Lavatory and bathing hot water between 100° and 116° F	☐2 ☐1
14. Disinfectant accessible, properly used	☐2 ☐1
WATER SUPPLY: [.1313]	
15. Approved water supply, no cross-connections	☐4 ☐2
16. Quantity and hot water sufficient, backup water supply plan	☐2 ☐1
DRINKING WATER FACILITIES, ICE HANDLING: [.1314]	
17. Water fountains clean, good repair, properly regulated	☐2 ☐1
18. Drinking utensils properly handled	☐2 ☐1
19. Ice protected, dispensed, equipment clean, in good repair	☐2 ☐1
LIQUID AND SOLID WASTES [.1315, .1316]	
20. Wastewater disposed of properly	☐4 ☐2
21. Solid waste stored properly, areas clean, facilities for cleaning	☐4 ☐2
22. Solid waste disposed of frequently, no insect breeding or nuisance	☐2 ☐1
23. Medical wastes handled and disposed of properly	☐2 ☐1
VERMIN CONTROL, PREMISES: [.1317]	
24. Vermin excluded	☐3 ☐1.5
25. Approved pesticides properly stored and handled	☐2 ☐1
26. Premises clean, no breeding places or rodent harborage	☐2 ☐1
27. Pet areas clean, veterinary records available	☐2 ☐1

	Deductions Full/Half (circle one)
MISCELLANEOUS: [.1318]	
28. Adequate storage, area clean, items properly stored	☐1 ☐.5
29. Mop sinks provided and used	☐1 ☐.5
30. Medication carts clean, sharps containers affixed, food and utensils handled properly	☐2 ☐1
31. Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions	☐2 ☐1
FURNISHINGS AND PATIENT CONTACT ITEMS: [.1319, .1312]	
32. Furniture clean and in good repair. Mattresses clean, dry, odor free	☐2 ☐1
33. Linen changed when soiled. Soiled linen handled properly	☐2 ☐1
34. Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately	☐2 ☐1
35. Patient contact items in good repair, properly stored, cleaned and disinfected	☐1 ☐.5
FOOD SERVICE UTENSILS AND EQUIPMENT: [.1320]	
36. Approved utensils and equipment, cleaned and sanitized	☐2 ☐1
37. Activity kitchens used only for approved activities	☐1 ☐.5
38. Handwash lavatory provided wherever food is handled	☐2 ☐1
FOOD SUPPLIES AND PROTECTION: [.1321, .1322, .1323]	
39. Food supply complies with 15A NCAC 18A .2600	☐4 ☐2
40. Food brought by employees or visitors handled properly	☐1 ☐.5
41. Milk and milk products comply with 15A NCAC 18A .1200	☐2 ☐1
42. Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control	☐4 ☐2
43. Food storage units with thermometers, maintain temperatures	☐1 ☐.5
44. Food stored above floor	☐1 ☐.5
45. No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals	☐2 ☐1
EMPLOYEES: [.1324]	
46. Clothing clean, no tobacco used while handling food	☐1 ☐.5
47. Hands properly washed or decontaminated	☐3 ☐1.
48. Persons with infections excluded from food service work	☐2 ☐1

TOTAL 2

Rept Received by: Linda Jessee

Inspection by: Steve Grindstaff EHS I.D. # 774 - Grindstaff, Steve

Additional Comment Sheet Attached ☐ Yes ☒ No

INSTRUCTIONS: Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1304 specifies the environmental health specialist shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the administrator or manager. 2. Copy for the local health department. 3. Copy for the Environmental Health Section, Division of Environmental Health. Disposition: This form may be destroyed in accordance with Standard 8.B.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632. (County 52-01-00)

DEHS 2213 (Revised 7/05)
Environmental Health Section Section (Revised 7/05)

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: MCDOWELL ASSISTED LIVING

ID: 1059400005

Street: 226 SOUTH

City: MARION

Time In: 03 : 46 ☐ a ☒ p

Time Out: 05 : 20 ☐ a ☒ p

Total Time: 1 hr 34 minutes

3 Walls and ceilings must be smooth and easily cleanable.)

8 (Continue painting bathrooms and rusted heat covers.)

Food Establishment Inspection Report

Score: 95

Establishment Name: MCDOWELL ASSISTED LIVING KITCH
Establishment ID: 1059160005
Location Address: 5235 US HWY 226
☒ Inspection ☐ Re-Inspection
City: MARION State: NC
Date: 04 / 13 / 2015 Status Code: A
Zip: 28752 County: 59 McDowell
Time In: 02 : 00 ○ am ◉ pm Time Out: 03 : 30 ◉ am ○ pm
Permittee: LINDA ISAACS
Total Time: 1 hr 30 minutes
Telephone:
Category #: IV
Wastewater System: ◉ Municipal/Community ☐ On-Site System
FDA Establishment Type: Nursing Home
Water Supply: ◉ Municipal/Community ☐ On-Site Supply
No. of Risk Factor/Intervention Violations: 2
No. of Repeat Risk Factor/Intervention Violations:

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.
Public Health Interventions: Control measures to prevent foodborne illness or injury.

	IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R	VR
Supervision .2652									
1	☑	☐	☐		PIC Present; Demonstration-Certification by accredited program and perform duties	2	0	☐	☐
Employee Health .2652									
2	☑	☐			Management, employees knowledge; responsibilities & reporting	2	0	☐	☐
3	☑	☐			Proper use of reporting, restriction & exclusion	2	0	☐	☐
Good Hygienic Practices .2652, .2653									
4	☑	☐			Proper eating, tasting, drinking, or tobacco use	2	0	☐	☐
5	☑	☐			No discharge from eyes, nose or mouth	2	0	☐	☐
Preventing Contamination by Hands .2652, .2653, .2655, .2656									
6	☑	☐			Hands clean & properly washed	2	0	☐	☐
7	☑	☐	☐	☐	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	2	0	☐	☐
8	☑	☐			Handwashing sinks supplied & accessible	2	0	☐	☐
Approved Source .2653, .2655									
9	☑	☐			Food obtained from approved source	2	0	☐	☐
10	☐	☐	☑		Food received at proper temperature	2	0	☐	☐
11	☑	☐			Food in good condition, safe & unadulterated	2	0	☐	☐
12	☐	☐	☑	☐	Required records available: shellstock tags, parasite destruction	2	0	☐	☐
Protection from Contamination .2653, .2654									
13	☑	☐	☐	☐	Food separated & protected	2	0	☐	☐
14	☐	☑			Food-contact surfaces: cleaned & sanitized	2	2	☐	☑
15	☑	☐			Proper disposition of returned, previously served, reconditioned, & unsafe food	2	0	☐	☐
Potentially Hazardous Food Time/Temperature .2653									
16	☐	☐	☐	☑	Proper cooking time & temperatures	2	0	☐	☐
17	☐	☐	☐	☑	Proper reheating procedures for hot holding	2	0	☐	☐
18	☐	☐	☐	☑	Proper cooling time & temperatures	2	0	☐	☐
19	☐	☐	☐	☑	Proper hot holding temperatures	2	0	☐	☐
20	☑	☐	☐	☐	Proper cold holding temperatures	2	0	☐	☐
21	☑	☐	☐	☐	Proper date marking & disposition	2	0	☐	☐
22	☐	☐	☑	☐	Time as a public health control: procedures & records	2	0	☐	☐
Consumer Advisory .2653									
23	☐	☐	☑		Consumer advisory provided for raw or undercooked foods	1	0	☐	☐
Highly Susceptible Populations .2653									
24	☑	☐	☐		Pasteurized foods used; prohibited foods not offered	2	0	☐	☐
Chemical .2653, .2657									
25	☐	☐	☑		Food additives: approved & properly used	1	0	☐	☐
26	☐	☑	☐		Toxic substances properly identified stored, & used	2	4	☐	☐
Conformance with Approved Procedures .2653, .2654, .2658									
27	☐	☐	☑		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2	0	☐	☐

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

	IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658									
28	☐	☐	☑		Pasteurized eggs used where required	1	0	☐	☐
29	☑	☐			Water and ice from approved source	2	0	☐	☐
30	☐	☐	☑		Variance obtained for specialized processing methods	1	0	☐	☐
Food Temperature Control .2653, .2654									
31	☑	☐			Proper cooling methods used; adequate equipment for temperature control	1	0	☐	☐
32	☐	☐	☐	☑	Plant food properly cooked for hot holding	1	0	☐	☐
33	☑	☐	☐	☐	Approved thawing methods used	1	0	☐	☐
34	☐	☑			Thermometers provided & accurate	1	0	☑	☐
Food Identification .2653									
35	☑	☐			Food properly labeled: original container	2	0	☐	☐
Prevention of Food Contamination .2652, .2653, .2654, .2655, .2657									
36	☐	☑			Insects & rodents not present; no unauthorized animals	2	2	☐	☐
37	☑	☐			Contamination prevented during food preparation, storage & display	2	0	☐	☐
38	☑	☐			Personal cleanliness	1	0	☐	☐
39	☐	☑			Wiping cloths: properly used & stored	1	2	☑	☐
40	☑	☐	☐		Washing fruits & vegetables	1	0	☐	☐
Proper Use of Utensils .2653, .2654									
41	☑	☐			In-use utensils: properly stored	1	0	☐	☐
42	☐	☑			Utensils, equipment & linens: properly stored, dried & handled	1	2	☐	☐
43	☑	☐			Single-use & single-service articles: properly stored & used	1	0	☐	☐
44	☑	☐			Gloves used properly	1	0	☐	☐
Utensils and Equipment .2653, .2654, .2663									
45	☐	☑			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	2	☐	☐
46	☑	☐			Warewashing facilities: installed, maintained, & used; test strips	1	0	☐	☐
47	☐	☑			Non-food contact surfaces clean	1	0	☐	☐
Physical Facilities .2654, .2655, .2656									
48	☑	☐	☐		Hot & cold water available; adequate pressure	2	0	☐	☐
49	☑	☐			Plumbing installed; proper backflow devices	2	0	☐	☐
50	☑	☐			Sewage & waste water properly disposed	2	0	☐	☐
51	☑	☐	☐		Toilet facilities: properly constructed, supplied & cleaned	1	0	☐	☐
52	☑	☐			Garbage & refuse properly disposed; facilities maintained	1	2	☐	☐
53	☐	☑			Physical facilities installed, maintained & clean	1	2	☑	☐
54	☑	☐			Meets ventilation & lighting requirements; designated areas used	1	0	☐	☐

Total Deductions: 5

1057.2971 9:30-9:

Comment Addendum to Food Establishment Inspection Report

Establishment Name: MCDOWELL ASSISTED LIVING KITCH **Establishment ID:** 1059160005

Location Address: 5235 US HWY 226 ☒ Inspection ☐ Re-Inspection Date: 04/13/2015

City: MARION State: NC Comment Addendum Attached? ☐ Status Code: A

County: 59 McDowell Zip: 28752 Category #: IV

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site System

Permittee: LINDA ISAACS Email 1:

Telephone: Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

14 4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - P Clean inside of ice machine. Black mold buildup present. Clean this machine thoroughly at least once/month. EHS will check that this has been done in 10 days.

28 7-101.11 Identifying Information, Prominence-Original Containers - PF Label all sanitizer bottles with proper chemical. "Bleach water". EHS will check this in 10 days on return visit.

34 4-502.11 (B) Good Repair and Calibration - PF Provide a working digital thermometer to check food temperatures.

Person in Charge (Print & Sign): First Last X

Regulatory Authority (Print & Sign): First Last SJacobs

REHS ID: 2163 - Jacobs, Sarah Verification Required Date: ___/___/_____

REHS Contact Phone Number: (_____) _____ - _____

Comment Addendum to Food Establishment Inspection Report

Establishment Name: MCDOWELL ASSISTED LIVING KITCH **Establishment ID:** 1059160005

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

36 6-501.111 Controlling Pests - PF Several flies present inside. Repair screen door going to outside- large gap at bottom will allow pests to come inside. Also need to install/repair the self closure on screen door.

39 , 4-901.12 Wiping Cloths, Air Drying Location - C Wet wiping cloths must be stored in sanitizer or in dirty laundry hamper. They may not be left on sink or prep tables at room temperature.

42 4-901.11 Equipment and Utensils, Air-Drying Required - C Air dry all clean untensils before stacking. All plastic cups that had just been washed were stacked wet and put in cabinet.

46 4-205.10 Food Equipment, Certification and Classification - C All equipment must be NSF or ANSI approved. Freezers, sinks, reach in.

47 4-602.13 Nonfood Contact Surfaces - C Clean shelving in reach in cooler, clean backs of equipment, clean hood filters, clean inside of cabinets.

53 6-201.11 Floors, Walls and Ceilings-Cleanability - C Floors, walls and ceilings should be smooth, nonabsorbant and easily cleanable.

SECURITY UNLIMITED, INC.

BILL R. ISAACS
PRESIDENT
1437 N. Green St.
P. O. BOX 3374
MORGANTON, NC 28680-3374
License #: 1954-CSA

Telephone 828-437-2011
Fax 828-437-2011
Email nickrothssul@att.net

8/5/15

McDowell Assisted Living
5235 NC 226 South
Marion, NC 28752

RE: Certification of a complete check of the fire alarm system on 8/5/15

Made a complete check of the fire alarm system. Activated all smoke detectors, pull stations, and heat sensor. Activated all horn/strobes. Checked power supply and standby batteries. Tested door holders. Tested digital dialer. .Fire alarm system checks ok at this time.

Attested By: Nick Roths
Security Unlimited, Inc.
Burglar & Fire Alarm Co., NC
License # 57-CSA
1437 North Green Street
Morganton, NC 28655

8/5/15