STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL044046	A. BUILDING: **01** B. WING _____	**05/10/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCRACKEN REST HOME	**203 MCCRACKEN STREET WAYNESVILLE, NC 28786**

(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 Construction Section Biennial Survey by Ed Miller on May 10, 2017. Records indicate that this facility was first licensed on 10/03/1988 for 22 residents. However, the current Administrator and the owner of the building state it was in operation as early as 1951. The local Department of Social Services agrees that it was licensed as a Home for the Aged long before 1988 and a tax document supplied by the owner indicates that the building was built in 1950. Based on this information we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1967 NC State Building Code and the applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a Plan of Correction.	C 000		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against	C 133		

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C 133	Continued From page 1 instability/balance, and maneuverability at the fixtures. Findings on May 10, 2017: a. Bedroom 6 Bathroom - there were no hand grip (grab bar) for the commode. b. Bedroom 5 Bathroom - The hand grip (grab bar) for the commode was of the suctions cup type which cannot support a person weight.	C 133		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds are not maintained in a clean and safe condition. Findings on May 10, 2017: a. Exterior Front Left Side - part of the soffit and fascia board was missing allowing pest and vermin access to the attic.	C 160		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 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; (e) This Rule shall apply to new and existing facilities.	C 166		

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C 166	Continued From page 2 This Rule is not met as evidenced by: 1. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on May 10, 2017: a. Bedroom 10 Bathroom - the tub had a shower wand with hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. b. Bedroom 1 Bathroom - the tub had a shower wand with hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. 2. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on May 10, 2017: a. Med Room - one portable medical oxygen cylinder was stored standing up, four portable medical oxygen cylinders were stored standing up in two beverage crates not secured to the structure. 3. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on May 10, 2017: a. Kitchen - a HVAC supply grille was falling out of the ceiling.	C 166		

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C 183	Continued From page 3	C 183		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on May 10, 2017: a. Storage Room near Dining - the last annual maintenance check of the portable fire extinguishers was last performed in November 2014. b. Basement - since January 2017, there has been no documentation of the portable fire extinguisher's monthly inspections.	C 183		
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)	C 189		

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C 189	Continued From page 4 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked all of the required componenets. Findings on May 10, 2017: a. Kitchen - the fire suppression system for the commercial kitchen hood does not have an automatic gas cutoff valve. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on May 10, 2017: a. Bedroom 11 Closet - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated wall assembly. b. Service Hall - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated wall assembly. c. Bedroom 1 - a leak had deteriorated the one-hour fire-resistance-rated gypsum ceiling assembly to a point where the tape and joint compound had disappeared, and a black substance was present. d. Basement - there are gaps around a cable, a pipe, and conduit, not firestopped as they penetrate the fire-resistance-rated wall assembly.	C 189		