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	06/22/2017

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 Construction Section Biennial Survey by Dennis Harrell on 6-22-2017. 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		
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: Based on observation, there was no hand grip provided at the tub in the shower room on the left on the women's hall.	C 133	Shower on left has now had hand grip installed.	6/28/17
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	C 166		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Denise Harrell

TITLE: Administrator

(X6) DATE: 7/24/2017

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	06/27/2017

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 166	Continued From page 1 facilities. This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding includes: A portable medical oxygen cylinder was stored in no container or rack in the storage room beside room 5.	C 166	OXYGEN PLUS WAS CALLED. They have delivered ANOTHER RACK to hold OXYGEN cylinder. All OXYGEN cylinders ARE NOW IN A RACK. SUPERVISORS will check storage room weekly to be SURE ALL O2 cylinders ARE IN RACK	7/25/17
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185	FIRE REHEARSALS HAVE & ARE being done; however STAFF HAVE been INSTRUCTED to write more detailed descriptions of what the REHEARSAL'S INVOLVE. Administrator will READ over ALL future REHEARSALS to ensure the descriptions ARE more INVOLVED.	7/14/17
C 189	Building Equipment Maintained Safe, Operating	C 189		

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	06/22/2017

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 189	Continued From page 2 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, 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. Findings include; a. The smoke barrier doors across the corridor do not close completely to be resistant to the passage of smoke. b. The door to bedroom 8 will not latch when closed. c. The door to bedroom 9 was hard to close and latch. d. The door to bedroom 3 is sometimes blocked from closing and latching by a blanket hanging on the end of the bed. 2. Based on observation, a receptacle plate was missing on an electrical outlet at the water cooler in the corridor. Missing electrical plates expose energized parts and wires.	C 189	Security Unlimited has been contacted. they have tested the Fire system & doors. All check out At this time - see Attached Annual Inspection As Requested Bedroom #8 will now Latch when closed. Bedroom #9 closes & latches with NO Problems Bedroom #3 Blanket on bed has been Adjusted And no longer gets caught in door Maintence will Routinely check doors to besure they Latch properly once A week.	7/20/17 7/10/17 7/10/17 6/29/17

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

11/2/16

McDowell Assisted Living
5235 NC 226 South
Marion, NC 28752

RE: Certification of a complete check of the fire alarm system on 11/2/16

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

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