



CDS Management Group, LLC
"The personal touch from our family to yours"

*McCracken Rest Home
203 McCracken St
Waynesville, NC 28786
Phone: 828-456-9004
Fax 828-456-9122*

To: DHSR Construction Section

Fax # 919-733-6592

From: Dennis Seely

Fax # 828-456-9122

Date: July 26, 2019

Pages including cover: 5

Re: HA Biennial Survey

Comments: Attached is survey with plan of correction.

PRINTED: 07/17/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2019
NAME OF PROVIDER OR SUPPLIER MCCRACKEN REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Dennis Harrell on 7-10-2019. Records indicate that this facility was first licensed on 10-3-1988, for 22 residents. However, the current Administrator and the owner of the building stated 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.	C 000		
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: Based on a review of documents, the most recent Fire Marshal building safety inspection report was dated in December of 2016. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency.	C 111	Section .0300 10ANCAC 13F .0302 I have contacted the local Fire Marshall and spoke to him about the requirement for annual inspections. Spoke with David Kelley at code enforcement and he will attempt to complete his inspection this Friday. 7/26/19 - Inspection completed and results will be sent back via email. Diary has been set up in outlook calendar to issue an annual reminder to contact for inspection if not already done.	7/26/2019

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8899

MSXZ21

If continuation sheet 1 of 4

PRINTED: 07/17/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2019
NAME OF PROVIDER OR SUPPLIER MCCRACKEN REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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 150	Continued From page 1	C 150		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings on 7-10-2019: There were walkers stored in the corridor and furniture placed in the corridor reducing the clear width to 5 feet.	C 150	Section .0300 10ANCAC 13F .0305 The furniture in the main hallway has been re-arranged to provide a clear 6 foot walkway. Both staff and residents have been informed that furniture can not be moved without reviewing with administration. Periodic checks will be performed to ensure that the required walkway is maintained.	7/14/2019
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: 1. Based on review of documents, fire drill rehearsals are not being done regularly with at	C 185	Section .0300 10A NCAC 13F .0309 Required fire drills have been scheduled in a team calendar to notify staff when they are to be completed. The schedule has been put in for the required quarterly drills one on each shift. The report form has been updated to include the shift and description. We have conducted a drill and trained staff.	7/24/2019

Division of Health Service Regulation
STATE FORM

8800

MSXZ21

If continuation sheet 2 of 4

PRINTED: 07/17/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/10/2019
NAME OF PROVIDER OR SUPPLIER MCCRACKEN REST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 185	Continued From page 2 least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings on 7-10-2019: a. In the 1st quarter of this year, there were no rehearsals done. b. In the 2nd quarter of this year, there was no rehearsals done. c. In the 2nd quarter of last year, there was no rehearsals done. e. In the 3rd quarter of last year, there was no rehearsals done. f. In the 4th quarter of last year, there was no rehearsal done during the 1st shift. 2. Based on a review of documents, the records available onsite included no description of what the rehearsal involved.	C 185			
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: 1. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.	C 189			

Division of Health Service Regulation
STATE FORM