McDowell Assisted Living

5235 NC 226 South
Marion, N.C. 28752
Phone: 828-652-3033 Fax: 828-659-8649

FAX COVER SHEET

DATE: 8-29-19

FROM: DIANE COLWELL, RCC

TO: DHSR Construction

FAX# 919-733-6592

COVER SHEET PLUS 4 PAGES

URGENT · FOR REVIEW · PLEASE COMMENT · PLEASE REPLY

NOTES/COMMENTS:

Faxed + E-mailed ☒
8-30-19 D.C.

...of Health Service Regulation

FORM APPROVED

...MENT OF DEFICIENCIES ...PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL059017	A. BUILDING: 01 B. WING	08/15/2019

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 a Construction Section Biennial Survey by Suzanna Fay conducted on August 15, 2019. Records indicate that this facility was first licensed on February, 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. Deficiencies were cited and a plan of correction is required.	C 000		
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. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on August 15, 2019: a. Oxygen Storage - there is one unsecured bottle sitting on the floor. There is one oxygen bottle not secured in the rack. Items were stored	C 166	Oxygen Plus called to pick up empties. Advised staff to be sure and call if bottles not in rack + do not store items on top.	8/22

Health Service Regulation

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

Diane Colwell

TITLE

RCC

(X6) DATE

8-30-19

RM

6899

3R1221

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 166	Continued From page 1 on top of the bottles.	C 166		
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. Review of records revealed that the fire drill rehearsal records did not provide a short description of what the rehearsal involved. Findings on August 15, 2019: a. The description did not include what the rehearsal involved.	C 185	ADDED Lines for Location of mock fire + Route of evacuation + Description of what was involved Attached new copy of Fire Drill	8/22
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	C 189		

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C 189	Continued From page 2 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on August 15, 2019: a. Women's Bath (lower hall) - a piece was missing on the shower control leaving a hole in the shower wall for water to penetrate. b. Kitchen - the pressure relief valve on the hot water heater has fallen off and is sitting beside the water heater. c. The electric water cooler outside of the staff bath is leaking and water is collecting on the floor below the EWC. 2. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on August 15, 2019: a. Room 3 - the electrical outlet mounted in the wall between the beds is not secure and there appear to be scorch marks around the plugs. 3. 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 or walls could allow fire and smoke to spread beyond the area of origin. Findings on August 15, 2019: a. Med Room - there is an unsealed cable penetration in the corridor wall over the door.	C 189	maintenance will replace shower control maintenance re-attached with plumbing glue. maintenance checked and tightened some loose connections, no leak noted. maintenance tightened loose outlet. K+W electrician contacted - repaired Replaced Receptacle. Invoice Attached maintenance sealed cable over the door.	8/29 8/23 8/23 8/23 8/30 8/23

Fire Drill Schedule

(Drills must be conducted once a quarter on each shift)

Name of Adult Care Home: **McDowell Assisted Living**

Address: 5235 NC 226 South Marion, N.C. 28752

Date of rehearsal:_____ Time of rehearsal:_____ Shift 1st 2nd 3rd (circle any that apply)

Person in charge:_____

Other staff members present:_____

_____

Location of mock fire:_____

Route of evacuation:_____

Amount of time to evacuate:_____

Areas covered: (check all that apply)

Fire extinguishers instructions_____ Fire alarm operation_____

Fire evacuation maps _____ Discuss fire hazards to look for_____

Description/other:_____

****

Date of rehearsal:_____ Time of rehearsal:_____ Shift 1st 2nd 3rd (circle any that apply)

Person in charge:_____

Other staff members present:_____

_____

Location of mock fire:_____

Route of evacuation:_____

Amount of time to evacuate:_____

Areas covered: (check all that apply)

Fire extinguishers instructions_____ Fire alarm operation_____

Fire evacuation maps _____ Discuss fire hazards to look for_____

Description/Other:_____

Invoice

K+ W Electric

60095

SOLD TO: M-Dowell Assisted Living
ADDRESS: 5235 NC 226 S.
CITY, STATE, ZIP: Marion, NC 28752

SHIP TO:
ADDRESS:
CITY, STATE, ZIP:

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		Replaced Damaged Receptacle			
		Inside Room #3			
		Electrician	75 00		
		Material	7 65		
		Tibir Fee	29 00		
		Tax	7.19		
		Pd ck # 16556			113 84

adams 5840

09-15