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
	HAL011011	A. BUILDING: 01 B. WING _____	11/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARJORIE MCCUNE MEMORIAL CENTER	101 LIONS WAY BLACK MOUNTAIN, NC 28711

(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 Ed Miller and Dennis Harrell, conducted on November 21, 2019. Records indicate this facility was first licensed on 6-4-1979, for 64 beds. Based on this information, we are requiring this facility to meet the 1978 Edition of the North Carolina State Building Code-Section 409.1(c) Institutional Occupancy, the 1977 Rules for the Licensing of Adult Care Homes, and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a Plan of Correction.	C 000		
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: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on November 21, 2019: a. Back Hall - there is an unattended medication cart and sofa, obstructing the required six feet width corridor to less than three feet. and 6 inches.	C 150 11/21/19	The center was preparing for a Thanksgiving Banquet. Maintenance was moving a sofa and med carts to accommodate 200 guests. Items were removed from corridors immediately.	

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C 166	Continued From page 1	C 166		
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. This Rule is not met as evidenced by: 1. Based on Observation, a hazard is present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on November 21, 2019: a. Exterior Can Wash - the cold-water line is not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water system. 2. Based on Observation, the Building was not maintained free of hazards, if compress gas cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on November 21, 2019: a. Oxygen Room - many portable oxygen cylinders are standing up on the floor in two plastic beverage crates not physically secured in racks, stands or chained to the structure. b. Oxygen Room - many loose portable medical oxygen cylinders are stored in two unslotted plastic crate not individually secured.	C 166 11/22/19 11/22/19	Backflow preventer had been removed. It has been reinstalled. The plastic racks have been removed and replaced with metal racks by the oxygen company.	
C 185	Fire Safety-Rehearsals on Each Shift	C 185		

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C 185	Continued From page 2 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 Record review and interview with Administrator and Maintenance Director, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on November 21, 2019: a. In the 2nd quarter for the last 12 months, no rehearsals occurred during 1st shift. b. In the 3rd quarter for the last 12 months, no rehearsals occurred during 1st shift. 2. Based on Record review of the last 12 months of rehearsals, and interview with Administrator and Maintenance Director the Facility failed to provide a short description of what the rehearsal involved. Findings on November 21, 2019: a. Many of the rehearsal records do not provide a short description of what the rehearsal involved.	C 185 11/22/19 11/22/19	A new form has been created and is now in use. The first shift fire drill report for the 2nd quarter had not been properly filed. The new form and system will eliminate this from happening.	
C 189	Building Equipment Maintained Safe, Operating	C 189		

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C 189	Continued From page 3 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 observations, the Building was not maintained in a safe and operating condition, because of breaches through the fire-resistance-rated wall construction invalidated its integrity. This could affect all if fire/smoke is not contained in the compartment of origin. Findings on November 21, 2019: a. Fire Wall near Administrator Office - the doors, protecting the opening in the fire wall have holes, where previous hardware was removed. b. Fire Wall near Bedroom 102 - the doors, protecting the opening in the fire wall have holes, where previous hardware was removed. 2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on November 21, 2019: a. Common Room - at the back exit the self-contained combination exit sign/emergency light unit does not illuminate on backup power when the test button is pushed. 3. Based on observation, the Building was not maintained in a safe and operating condition,	C 189	Screw holes in the all of the metal fire doors have been filled. 12/20/19 The battery has been replaced. 11/22/19	

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C 189	Continued From page 4 because the door(s) protecting the opening in the fire wall do not close completely and latch to restrict fire and smoke. This could affect all by not containing the smoke of the fire in the compartment of origin. Findings on November 21, 2019: a. Fire wall near Bedroom 125 - the leaf closest to Bedroom 125, of the double-egress cross-corridor doors, does not latch into its frame when the fire alarm system released the doors. b. Fire wall near Bedroom 108 - the leaf closest to Bedroom 108, of the double-egress cross-corridor doors, does not latch into its frame when the fire alarm system released the doors. 4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on November 21, 2019: a. Dining - the pair of doors to the corridor are not smoke tight. There is a 3/8-inch gap between their meeting stiles. b. Kitchen - the door to Dining is hinge bound and will not close without the used extra force. c. Bedroom 111 - there is a 1/4-inch diameter hole through the corridor door near the door handle. 5. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on November 21, 2019: a. Dining Room above Beverage Area - there are gaps around two conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Kitchen - the utilities for the newly installed PTAC unit have gaps and openings not firestopped as they penetrate the	C 189 12/6/19	The door was filed down at the top so that it no longer hits the frame. The material has arrived to correct the gap. Metal strips have been mounted to close the gap. 12/20/19 The HVAC Company repaired the intake fan and made adjustments to the door closures. 12/6/19 A metal ring was installed behind the door knob to seal the gap. 11/29/19 The gaps have been fire caulked.	

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C 189	Continued From page 5 fire-resistance-rated ceiling assembly. c. Corridor near Administrators Office - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Common Room - near the front exit there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on November 21, 2019: a. Med Room - the electrical power receptacle, near the sink, is not protected against ground faults. 7. Based on observations, the Facility's method of storing material in the facility was not maintained in a safe and proper operating condition for a non-sprinklered building. High storage could hinder firefighter availability to effectively provide manual hose streams of water to a fire. Findings on November 21, 2019: a. Maintenance Office - materials are being stored within 24-inches of the ceiling.+ 8. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on November 21, 2019: a. Pantry - the door has a cart holding the door open. Deficiency corrected before Construction		11/29/19 Has been fire caulked. 12/09/19 Has been fire caulked. 11/25/19 GFI Plug was installed by electrician. 12/18/19 Items have been removed from the top shelf in the Maintenance Office and it will remain clear. 11/21/19 The cart was removed and will not be placed to hold open a door in the future.	

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C 189	Continued From page 6 Surveyors departed site. b. Bedroom 131 - the door has a heavy object holding the door open. c. Maintenance Office - the door has a coat hanger holding the door open.	C 189	11/21/19 The ceramic cat has been removed from the resident's doorway.	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on November 21, 2019: a. Bedroom 120 Bathroom - the required exhaust ventilation system does not work.	C 199	12/26/19 A new method has been installed. 01/03/19 The electrician was contacted. A new motor was installed in the exhaust system. It was a faulty motor. HVAC was contacted. They will be working together to install a new motor that functions properly by 1/3/19.	