| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual survey on 03/16/22 to 03/18/22. | D 000 | | |
| D 113 | 10A NCAC 13F .0311(d) Other Requirements<br><br>10A NCAC 13F .0311 Other Requirements<br>(d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure hot water temperatures were maintained at 100 to 116 degrees Farenheit (F) for 6 fixtures in shared resident bathrooms for rooms (#1, #3, #6, #7 and #10) with temperatures of 118 degrees to 126 degrees F.<br><br>The findings are:<br><br>Observation of the water temperature in the sink located in resident room #1's bathroom on 03/16/22 at 8:50am revealed the water temperature was 118 degrees F.<br><br>Interview with a resident on 03/16/22 at 8:50am revealed the water in the sink in resident room #1 would get "very hot" but he could adjust it using the cold water to lower the temperature. | D 113 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 113 | Continued From page 1<br><br>Observation of the water temperature in the sink of the shared bathroom located between resident rooms #7 and #8 on 03/16/22 at 8:55am revealed the water temperature was 120 degrees F.<br><br>Interview with a second resident on 03/16/22 at 8:55am revealed:<br>-The water in the sink of the shared bathroom between rooms #7 and #8 "gets hot."<br>-The water temperature in the shower in the same shared bathroom was "nice."<br>-She and her roommate could "cool" the water off by adjusting the hot and cold water.<br>-She had never been burned by the water.<br><br>Interview with the Resident Care Coordinator (RCC) on 03/16/22 at 10:55am revealed:<br>-She would make signs and post them in the resident rooms #1 and #7 bathrooms where the hot water temperatures were elevated.<br>-She was unable to locate the hot water temperature log where the Building Owner documented hot water temperature checks.<br><br>Observation of the water temperature in the bathroom sink located in room #1 on 03/17/22 at 1:25pm revealed the water temperature was 123 degrees F.<br><br>Interview with a resident on 03/17/22 at 1:25pm revealed:<br>-The hot water in the bathroom sink would get "very hot" but he would just turn on the cold water to cool it down.<br>-The water was so hot at times you could see steam.<br><br>Observation of the water temperature in the sink of the shared bathroom located betweeen resident rooms #9 and #10 on 03/17/22 at | D 113 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 113 | Continued From page 2<br>1:25pm revealed the water temperature was 120 degrees F.<br><br>Observation of the water temperature in the bathroom sink located in resident room #3 on 03/17/22 at 1:30pm revealed the water temperature was 126 degrees F.<br><br>Interview with a second resident on 03/17/22 at 1:30pm revealed:<br>-He had to be careful when he shaved because the hot water became very hot and he was concerned he could burn his face.<br>-He was able to turn the cold water on and adjust the water temperature while he was shaving.<br><br>Interview with the Administrator on 03/17/22 at 1:30pm revealed:<br>-Signs would be posted in the bathrooms in resident rooms #3, #6, and #10 where additional hot water temperatures had been identified.<br>-She did not know the water temperatures were too hot.<br>-The residents had not reported the water temperatures being too hot.<br>-She had contacted the Building Owner and he said he would come out to adjust the temperature on the hot water heater.<br><br>Observation of the water temperature in the sink of the bathroom located in resident room #6 on 03/17/22 at 1:31pm revealed the water temperature was 118 degrees F.<br><br>Interview with a third resident on 03/17/22 at 1:31pm revealed:<br>-He did not think the water in the sink was too hot.<br>-He could regulate the water temperature at the sink by adjusting the hot and cold water. | D 113 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 113 | Continued From page 3<br><br>Interview with the Building Owner on 03/17/22 at 3:55pm revealed:<br>-He had adjusted the hot water heater "one-quarter of a turn."<br>-It would take several hours before he would know how much the water temperatures would decrease.<br><br>Observations of re-check of water temperatures on 03/18/22 revealed:<br>-In resident room #3's bathroom at 8:33am, the hot water temperature at the sink was 115 degrees F.<br>-In resident room #1's bathroom at 8:36am, the hot water temperature at the sink was 114 degrees F.<br>-In resident room #6's bathroom at 8:37am, the hot water temperature at the sink was 116 degrees F.<br>-In resident room #7 and #8 shared bathroom at 8:41am, the hot water temperature at the sink was 112 degrees F.<br>-In resident room #9 and #10 shared bathroom at 8:45am, the hot water temperature at the tub was 116.7 degrees F.<br><br>Interview with the Administrator on 03/18/22 at 9:31am revealed:<br>-It was the responsibility of the Building Owner of the building to check hot water temperatures "monthly" and document the temperatures in the hot water log book.<br>-She was unable to locate the hot water log documentation.<br>-She had thought water temperatures were supposed to be maintained between 114 degrees F and 118 degrees F. | D 113 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 131 | Continued From page 4 | D 131 | | |
| D 131 | 10A NCAC 13F .0406(a) Test For Tuberculosis | D 131 | | |

10A NCAC 13F .0406 Test For Tuberculosis
(a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to ensure 2 of 2 sampled volunteer staff (Staff A and C) had a test for tuberculosis (TB) before volunteering in the facility.

The findings are:

1. Review of Staff A's, Cook, personnel record revealed:
-His volunteer position started on 03/03/22.
-There was no documentation of a TB skin test, chest x-ray nor a baseline symptom screening form for TB completed prior to working in the facility.

Interview with Staff A on 03/16/22 at 9:30am and 1:39pm revealed:
-He was only a volunteer; he was not employed by the facility.
-He began volunteering around the first of March.
-He fixed lunch and dinner when he was there.

Interview with the Administrator on 03/17/22 at

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 131 | Continued From page 5<br><br>11:25am revealed:<br>-Staff A had started 03/03/22 as a volunteer cook.<br>-Staff A prepared meals in the facility three days a week from 10:00am-6:00pm.<br><br>Interview with the Administrator on 03/18/22 at 9:31am revealed:<br>-She was responsible for ensuring volunteers received a first step TB test prior to starting work in the facility.<br>-The physician's assistant who visited weekly placed TB tests for new volunteers.<br>-She knew she had obtained a first step TB test for Staff A, however she had been unable to find documentation of the test and the result.<br><br>2. Observations of Staff C on 03/16/22 from 9:45am to 10:45am revealed:<br>-She intermittently observed the Housekeeper as she mopped the floors in resident rooms and the floors in the hallway.<br>-Staff C did not enter resident rooms.<br><br>Interview with Staff C on 03/16/22 at 10:45am revealed she was a "volunteer" from an outside agency.<br><br>Interview with the Resident Care Coordinator (RCC) on 03/16/22 at 10:55am revealed:<br>-The Housekeeper was from an agency.<br>-The Housekeeper worked in the facility on Mondays, Wednesdays, and Fridays and performed housekeeping duties in the facility.<br>-Staff C was the housekeeper's assistant.<br><br>Interview with the Administrator on 03/16/22 at 12:51pm revealed:<br>-The Housekeeper worked 1 to 2 hours a day on Mondays, Wednesdays, and Fridays "mopping and cleaning" in the facility. | D 131 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 131 | Continued From page 6<br><br>-The Housekeeper's last timecard showed she had worked a total of 8 hours in two weeks.<br>-Staff C was the Housekeeper's assistant and observed the Housekeeper as she worked in the facility.<br>-She did not have a personnel record for the housekeeper's assistant from the outside agency.<br><br>Interview with the Administrator on 03/17/22 at 3:20pm revealed she thought Staff C would have received a Tuberculosis (TB) test at the agency where she volunteered.<br><br>Interview with Staff C on 03/18/22 at 9:47am revealed:<br>-She was not required to have TB tests completed to volunteer in her role with the agency.<br>-She was there only to watch the Housekeeper perform her duties to the facility to provide any assistance the housekeeper might need.<br>-She did not interact with the residents in the facility in her role assisting the housekeeper.<br><br>Interview with the Administrator on 03/18/22 at 9:31am revealed:<br>-She was responsible for ensuring volunteers received a first step TB test prior to starting work in the facility.<br>-She had not obtained TB testing for Staff C.<br><br>Attempted telephone interview with a representative from the agency which Staff C volunteered on 03/17/22 at 2:17pm was unsuccessful by exit. | D 131 | | |
| D 137 | 10A NCAC 13F .0407(a)(5) Other Staff Qualifications | D 137 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 137 | Continued From page 7<br><br>10A NCAC 13F .0407 Other Staff Qualifications<br>(a) Each staff person at an adult care home shall:<br>(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews the facility failed to ensure 2 of 2 sampled volunteer staff (Staff A and C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) before volunteering in the facility.<br><br>The findings are:<br><br>1. Review of Staff A's, Cook, personnel record revealed:<br>-His volunteer position started on 03/03/22.<br>-There was no documentation Staff A had a HCPR check before starting the volunteer position.<br><br>Interview with Staff A on 03/16/22 at 9:30am and 1:39pm revealed:<br>-He was a volunteer; he was not employed by the facility.<br>-He began volunteering around the first of March.<br>-He fixed lunch and dinner when he was there.<br><br>Interview with the Administrator on 03/17/22 at 11:25am revealed:<br>-Staff A had started 03/03/22 as a volunteer cook.<br>-Staff A prepared meals in the facility three days a week from 10:00am-6:00pm.<br><br>Interview with the Administrator on 03/18/22 at 9:31am revealed: | D 137 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 137 | Continued From page 8 | D 137 | | |

-She was responsible for ensuring volunteer staff received HCPR checks prior to employment.
-She thought she had completed a HCPR check for Staff A, but she had been unable to find the documentation.

A HCPR check for Staff A was completed by the Administrator on 03/17/22; there were no findings.

2. Observations of Staff C on 03/16/22 from 9:45am to 10:45am revealed:
-She intermittently observed the Housekeeper as she mopped the floors in resident rooms and the floors in the hallway.
-Staff C did not enter resident rooms.

Interview with Staff C on 03/16/22 at 10:45am revealed she was a "volunteer" from an outside agency.

Interview with the Resident Care Coordinator (RCC) on 03/16/22 at 10:55am revealed:
-The Housekeeper was from an agency.
-The Housekeeper worked in the facility on Mondays, Wednesdays, and Fridays and performed housekeeping duties in the facility.
-Staff C was the housekeeper's assistant.

Interview with the Administrator on 03/16/22 at 12:51pm revealed:
-The Housekeeper worked 1 to 2 hours a day on Mondays, Wednesdays, and Fridays "mopping and cleaning" in the facility.
-The Housekeeper's last timecard showed she had worked a total of 8 hours in two weeks.
-Staff C was the Housekeeper's assistant and observed the Housekeeper as she worked in the facility.
-She did not have a personnel record for the

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 137 | Continued From page 9<br>housekeeper's assistant from the outside agency.<br><br>Interview with the Administrator on 03/17/22 at 3:20pm revealed she thought Staff C would have received a HCPR check at the agency where she volunteered.<br><br>Interview with Staff C on 03/18/22 at 9:47am revealed:<br>-She was not required to have a HCPR check completed to volunteer in her role with the agency.<br>-She was there only to watch the Housekeeper perform her duties to the facility and to provide any assistance the housekeeper might need.<br>-She did not interact with the residents in the facility in her role in assisting the housekeeper.<br><br>Interview with the Administrator on 03/18/22 at 9:31am revealed:<br>-She was responsible for ensuring volunteers received a HCPR check prior to starting work in the facility.<br>-She had not obtained an HCPR check for Staff C.<br>-She was not aware she needed to obtain a HCPR check for a volunteer from an outside agency.<br><br>Attempted telephone interview with a representative from the outside agency which Staff C volunteered on 03/17/22 at 2:17pm was unsuccessful by exit. | D 137 | | |
| D 139 | 10A NCAC 13F .0407(a)(7) Other Staff Qualifications<br><br>10A NCAC 13F .0407 Other Staff Qualifications<br>(a) Each staff person at an adult care home shall: | D 139 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 139 | Continued From page 10<br>(7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40;<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 sampled volunteer staff (Staff A and C) had statewide criminal background checks completed before volunteering in the facility.<br><br>The findings are:<br><br>1. Review of Staff A's, Cook, personnel record revealed:<br>-His volunteer position started on 03/03/22.<br>-There was no documentation Staff A had a statewide criminal background check before starting the volunteer position.<br>-There was no signed consent for a criminal background check.<br><br>Interview with Staff A on 03/16/22 at 9:30am and 1:39pm revealed:<br>-He was only a volunteer; he was not employed by the facility.<br>-He began volunteering around the first of March.<br>-He fixed lunch and dinner when he was there.<br><br>Interview with the Administrator on 03/17/22 at 11:25am revealed:<br>-Staff A had started 03/03/22 as a volunteer cook.<br>-Staff A prepared meals in the facility three days a week from 10:00am-6:00pm.<br><br>Interview with the Administrator on 03/18/22 at 9:31am revealed:<br>-She and Co-Owner were responsible for ensuring volunteer staff received criminal background checks prior to employment.<br>-The Co-Owner had completed the criminal | D 139 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 139 | Continued From page 11 | D 139 | | |

background check on Staff A upon hire.
-She had been unable to find the documentation of a criminal background check in Staff A's personnel record.
-The Co-Owner told her he would email her the criminal background check he did upon hire, however she had not yet received it.

2. Observations of Staff C on 03/16/22 from 9:45am to 10:45am revealed:
-She observed the Housekeeper as she mopped the floors in resident rooms and the floors in the hallway.
-Staff C did not enter resident rooms.

Interview with Staff C on 03/16/22 at 10:45am revealed she was a "volunteer" from an outside agency.

Interview with the Resident Care Coordinator (RCC) on 03/16/22 at 10:55am revealed:
-The Housekeeper was from an agency.
-The Housekeeper worked in the facility on Mondays, Wednesdays, and Fridays and performed housekeeping duties in the facility.
-Staff C was the housekeeper's assistant.

Interview with the Administrator on 03/16/22 at 12:51pm revealed:
-The Housekeeper worked 1 to 2 hours a day on Mondays, Wednesdays, and Fridays "mopping and cleaning" in the facility.
-The Housekeeper's last timecard showed she had worked a total of 8 hours in two weeks.
-Staff C was the Housekeeper's assistant and observed the Housekeeper as she worked in the facility.
-She did not have a personnel record for the housekeeper's assistant from the outside agency.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 139 | Continued From page 12<br><br>Interview with the Administrator on 03/17/22 at 3:20pm revealed she thought Staff C would have received a criminal background check at the agency where she volunteered.<br><br>Interview with Staff C on 03/18/22 at 9:47am revealed:<br>-The agency where she volunteered had completed a criminal background check when she began volunteering with their organization.<br>-She was there only to watch the Housekeeper perform her duties in the facility and to provide any assistance the housekeeper might need.<br>-She did not interact with the residents in the facility in her role in assisting the housekeeper.<br><br>Interview with the Administrator on 03/18/22 at 9:31am revealed:<br>-She was responsible for ensuring volunteers received a criminal background check prior to starting work in the facility.<br>-She had not obtained an criminal background check for Staff C.<br>-She was not aware she needed to obtain a criminal background check for a volunteer from an outside agency.<br><br>Attempted telephone interview with a representative from the outside agency which Staff C volunteered on 03/17/22 at 2:17pm was unsuccessful by exit. | D 139 | | |
| D 297 | 10A NCAC 13F .0904(d)(1) Nutrition And Food Service<br><br>10A NCAC 13F .0904 Nutrition And Food Service<br>(d) Food Requirements in Adult Care Homes:<br>(1) Each resident shall be served a minimum of three nutritionally adequate, palatable meals a | D 297 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 297 | Continued From page 13 | D 297 | | |

day at regular hours with at least 10 hours between the breakfast and evening meals.

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to assure residents were served nutritious and palatable meals.

The findings are:

Interview with the cook on 03/16/22 at 9:30am reveled:
-He was only a volunteer; he was not employed by the facility.
-He was trying to help the facility out because they did not have any dietary staff.
-He began volunteering around the first of March.
-He tried to go by the menu but was limited to using what he had available in the kitchen.
-He had been told to follow the menu by the Administrator as best he could but had not had further training.

Interview with the Administrator on 03/16/22 at 11:30am revealed the cook was a volunteer and she had told him to follow the menu.

Review of the lunch menu for 03/16/22 revealed:
-The menu listed apple glazed pork loin, stuffing, carrot souffle, dinner roll, banana pudding dessert and a beverage of choice.

Observation of the lunch meal service in the dining room on 03/16/22 at 11:55am revealed:
-There were 12 residents in the dining room
-The meal served was a pork chop, a bowl of lettuce with a few pieces of cheese in the lettuce and tea.
-One resident received a bowl of lettuce with a few pieces of cheese, no dressing and a soft

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 297 | Continued From page 14 | D 297 | | |

drink with nothing else being offered.
-One resident received a bowl of chicken noodle soup, a pork chop and tea.
-One resident received two slices of bread with a slice of cheese in the middle and tea.
- No stuffing, carrot souffle, dinner roll, banana pudding or other comparable substitutions were served nor offered during the meal service.

Interview with the resident who received a bowl of lettuce with a few cheese pieces in it on 03/16/22 at 11:55am revealed:
-She only ate a couple of bites and left the rest as it did not taste good nor was it appealing.
-She would just drink a soda until dinner as she could wait.
-She was told by the cook what the meal was but was not offered anything else.
-She did not like pork chops.

Interview with the Cook on 03/16/22 at 1:39pm revealed:
-He had prepared pork chops in the oven, a stew pot half full of lettuce with four pieces of American cheese cut up into pieces and placed in the lettuce for a salad for the lunch meal.
-He made everyone basically the same meal as he had not fixed alternates if they didn't want a pork chop.
-He was making chicken noodle soup and grilled cheese sandwiches for supper just like the menu said but did not have any other alternates for the dinner meal.
-He did not have time to fix a dessert for the meals.
-He already had the chicken noodle soup fixed in the refrigerator for the dinner meal.

Review of the dinner menu for 03/16/22 revealed:
-The menu listed chicken noodle soup, grilled

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL044046 | A. BUILDING: _____ B. WING _____ | C 03/18/2022 |

| 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 |
|---|---|---|---|---|
| D 297 | Continued From page 15<br>cheese sandwich, lettuce, tomato, pickle, saltine crackers, chef's choice fruit and milk.<br><br>Observation of dinner meal service in the dining room on 03/16/22 at 4:45pm revealed:<br>-The meal served was chicken noodle soup, a grilled cheese sandwich and tea.<br>-One resident received a grilled cheese sandwich and 5 packs of crackers.<br>-One resident received a bowl of chicken noodle soup and 3 packs of crackers.<br>-No milk was offered during the meal service.<br>-No fruit, lettuce, tomato or pickles or other comparable substitutions were served nor offered during the meal service.<br><br>Interview with a resident who received a bowl of chicken noodle soup for the dinner meal on 03/16/22 at 4:45pm revealed:<br>-He had asked for crackers to go with his soup.<br>-He didn't like grilled cheese, but the cook did not offer another type of sandwich, so he asked for crackers.<br>-He would have like to have eaten a sandwich as he was still hungry, but he would just eat the crackers.<br><br>Interview with the Administrator on 03/17/22 at 11:25am revealed:<br>-The cook had started volunteering on 03/03/22.<br>-She had specifically told the cook to stick to the menu as best we could.<br>-She had asked him to offer milk at meals.<br>-He had not taken the food service orientation offered by the State of North Carolina, but she had provided him with a copy of the study guide. | D 297 | | |