



# McCracken Rest Home

SINCE 1951

*Assisted Living*

203 McCracken Street

Waynesville NC 28786

Phone: 828-456-9004 Fax: 828-456-9122

## Fax

To: DHQR Construction From: MRH  
Fax: 919-733-6592 Pages: 4  
Phone: \_\_\_\_\_ Date: 11/7/24  
Re: \_\_\_\_\_ CC: \_\_\_\_\_

Urgent

For Review

Please Comment

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## Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL044049                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                                                                                                                                      |                    | (X3) DATE SURVEY COMPLETED<br><br>08/27/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>MCCRACKEN REST HOME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br>203 MCCracken STREET<br>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<br><br>Report of a Construction Section Biennial Survey by Tod Hancock, conducted on August 27, 2024. A Construction Section Biennial Follow Up Survey was also conducted on this date.<br><br>Tax records indicate that the building was built in 1950. DHSR records show the license was converted to a Home for the Aged on October 3, 1988. The facility is currently licensed for 22 residents. Based on this information, we require the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirmed the applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds.<br><br>Deficiencies were identified and a Plan of Correction is required.     | C 000                                                                                  |                                                                                                                                                                                                          |                    |                                              |
| C 111                                                   | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION<br>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.<br><br>This Rule is not met as evidenced by:<br>1. Based on an interview with the Executive Director the facility failed to maintain in the facility, current (completed within the last twelve months) sanitation and fire and building safety inspection reports available for review.<br>Findings on August 27, 2024:<br>a. Basement- There was no Standard for the Inspection, Testing, and Maintenance of Water-Base Fire Protection System (NFPA 25) | C 111                                                                                  | Waynesville Fire Department office of the Fire Marshall completed inspection done by Darrell Calhoun on 1/23/24 at 11:40am. Inspection has been added to survey ready book and is now easily accessible. |                    |                                              |

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

TITLE

DATE

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL044049                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING:                                                   | (X3) DATE SURVEY COMPLETED<br><br>08/27/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>MCCRACKEN REST HOME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br>203 MCCRACKEN STREET<br>WAYNESVILLE, NC 28786 |                                                                                                                 |                                              |
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| C 111                                                   | Continued From page 1<br>report available for review.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C 111                                                                                  |                                                                                                                 |                                              |
| C 162                                                   | Outside Premises-Outdoor Lighting<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(m) The requirements for outside premises are:<br>(3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation the facility failed to maintain its outdoor lighting.<br>Findings on August 27, 2024:<br>a. Women's Hall- Side door- The exterior light failed to illuminate when activated.                                                                                                                                           | C 162                                                                                  | Building manager switched out the light bulb on the women's hall outside light. The issue was resolved.         |                                              |
| C 189                                                   | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation the facility is not maintaining the electrical components in a safe manner.<br>Findings on August 27, 2024:<br>a. Electric Service- Rear of Building- There are | C 189                                                                                  |                                                                                                                 |                                              |

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1008

KSCN21

If continuation sheet 2 of 3

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HA1041049</b>                                                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                            |                                                                                                                                                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/27/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MCCRACKEN REST HOME</b> |                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>203 MCCRACKEN STREET<br/>WAYNESVILLE, NC 28786</b> |                                                                                                                                                            |                                                        |
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| C 189                                                          | Continued From page 2<br><br>combustibles located on equipment containing<br>energized electrical components.                | C 189                                                                                          | The building manager<br>removed a birds<br>nest from wires in<br>the back of facility.<br>He also checked the<br>rest of the building<br>to ensure safety. |                                                        |

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STATE FORM

2004

KSCN21

If continuation sheet 3 of 3