

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL012041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/31/2017</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**MCALPINE ADULT CARE**

**3806 KATHY ROAD  
MORGANTON, NC 28655**

(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 10-31-2017.  Records indicate this facility was first licensed on 5-1-1977. The facility is licensed for 60 beds. Based on this information, the facility is required to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1967 Edition of the North Carolina State Building Code Group D Institutional and the applicable portions of the current 2005 Rules for Adult Care Homes of Seven or More Beds.	C 000		
C 133	Bathrooms-Hand Grips  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;  This Rule is not met as evidenced by: Based on observation, the hand grip provided at the toilet in the little men's bathroom on the back hall was not firmly mounted to the wall. Loose hand grips could cause a resident to fall.	C 133		
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	C 166		

*Hand rail was repaired 12/5/17*

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

DD6221

If continuation sheet 1 of 4

*Patricia Barlow*

*Administrator*

*12/29/17*

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NAME OF PROVIDER OR SUPPLIER  MCALPINE ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3806 KATHY ROAD MORGANTON, NC 28655		
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C 166	Continued From page 1  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 building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: a. Several (3) portable medical oxygen cylinders were stored in no container in the med room. b. A portable medical oxygen cylinder was stored in no container in room 17.	C 166	<i>O<sub>2</sub> cylinders are properly stored in appropriate containers</i>	12/5/17
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: Based on review of documents, fire drill rehearsals are not being done regularly with at	C 185		

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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. Finding includes: In the 2nd quarter of this year, there was only one rehearsal done.	C 185	There was a failure to document all fire drills now all fire drill rehearsals are to be turned into main office	12/5/17.
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, the corridor smoke detector near bedroom 3 delayed activation for several minutes when tested with smoke. Smoke detectors that do not work properly endanger all residents and staff.  2. Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The latchbolt was installed backwards on the door to the dining room. Note; This deficiency was corrected during the survey.	C 189	Smoyer Security notified to diagnose smoke detector issue - will follow up & make sure issue resolved	11/12/18

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