Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING: 01						
		HAL012041	B. WING		R 06/19/2024			
					06/13/2024			
NAME OF P	ROVIDER OR SUPPLIER	0.0. (1971)		STATE, ZIP CODE				
MCALPINE ADULT CARE 3806 KATHY ROAD MORGANTON, NC 28655								
(VA) ID	SUMMADVSTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON (X5)			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE			
{C 000}	Initial Comments		{C 000}					
		I Follow Up Construction , conducted on June 19, 2024.						
1	Not all previously c corrected; therefore required.	ited deficiencies have been e, a new plan of correction is						
{C 166}	Housekeeping-Mai	ntained Free of Hazards	{C 166}					
	orderly manner, free hazards;	806 HOUSEKEEPING AND						
	 Based on obsermaintained free frowere improperly stany means of restralling or being known. 	net as evidenced by: rvation the facility was not om hazards. Oxygen bottles ored. Oxygen bottles without raint to prevent them from ocked over may present a pants of the facility.		02 bottles stared correctly stands	+n 6/19/24			
	oxygen bottles on	here were three unsecured the floor behind the door & one bottle standing on the floor		Oz holles temoved from la closet a stored correctly	inen 6/19/24			
{C 188}	Electrical Outlets in	n Wet Locations	{C 188}					
Diudelan		310 ELECTRICAL OUTLETS						
Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (XS) DATE								
TITLE (X6) DATE								
STATE FORM	И	I will bary	9600	1DOH22	If continuation shoot 1			

Division	of Health Service Re	egulation			Foregon Victorian Control of Control
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A BUILDING: 01		(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER	A BUILDING	01	
		HAL012041	B. WING		R 06/19/2024
			DDEEC CITY I	STATE, ZIP CODE	00/10/2021
NAME OF P	PROVIDER OR SUPPLIER		HY ROAD	STATE, ZIF GODE	
MCALPIN	IE ADULT CARE		TON, NC 28	8655	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE
{C 188}	Continued From pa	ige 1	{C 188}		
	locations at sinks, t	e electrical outlets in wet pathrooms and outside of ground fault interrupters.			i I
	maintaining the ele near a water sourc Findings on June 1 a. Laundry- The re-	vation the facility is not octrical components located e in a safe manner. 9, 2024: ceptacles behind the washing p on test indicating the lack of		Grand fault resignacle	4/20/24
{C 189}	Building Equipmen	t Maintained Safe, Operating	{C 189}		,
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	B11 OTHER Ind all fire safety, electrical, lumbing equipment in an adult a maintained in a safe and			
	Based on observas not maintained	(
		vere missing acoustical ceiling resistance-rated ceiling		Roof leaks replaced +	6/30/24

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						
AND FLAN OF CONNECTION		A BUILDING 01								
	HAL012041	B. WING		R 06/19/2024						
NAME OF PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	TATE, ZIP CODE							
		THY ROAD								
MCALPINE ADULT CARE MORGANTON, NC 28655										
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE						
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Division of Health Service Regulation