

PRINTED: 04/09/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD44033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/12/2015	
NAME OF PROVIDER OR SUPPLIER MCCRACKEN REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 203 MCCRACKEN STREET WAYNESVILLE, NC 28788		
(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	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Frank Strickland on 03/12/2015:</p> <p>Information obtained from the DHSR database indicates that this facility was first licensed on 10/03/1988 for 22 residents. However, the current Administrator and the owner of the building state it was in operation as early as 1951. The local Department of Social Services agrees that it was licensed as a Home for the Aged long before 1988 and a tax document supplied by the owner indicates that the building was built in 1950. Based on this information we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1987 NC State Building Code and the applicable portions of the current Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds.</p> <p>Deficiencies have been cited and A Plan of Correction is required.</p>	C 000	<p>CONSTRUCTION SECTION MAY 29 2015 RECEIVED</p>	
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, the facility emergency</p>	C 189		

Division of Health Service Regulation

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

J. Sobue

TITLE

Administrator

(X6) DATE

4/21/15

PRINTED: 04/08/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/12/2015	
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C 189	<p>Continued From page 1</p> <p>Illumination has not been maintained in a safe manner. This would effect all residents by not keeping the exits visible in an emergency.</p> <p>Findings on 03/10/2015: a. The emergency wall light between Rooms 3 & 4 did not illuminate when tested for emergency pack-up illumination condition.</p> <p>2-Based on observation, the facility has not maintained fire rated doors in a safe manner that did close completely in order to contain either smoke and/or fire.</p> <p>Findings on 03/10/2015: a-The doors for Rooms 4 & 10 failed to latch.</p>	C 189	<p>We have repaired all emergency lights</p> <p>We have repaired all doors</p> <p>We have repaired latches</p> <p><i>[Signature]</i></p>	<p>04/21/15</p> <p>04/21/15</p> <p>04/21/15</p>