PRINTED: 11/18/2016
FORM APPROVED

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
	HAL100005	A. BUILDING: 01 B. WING	10/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YANCEY HOUSE	4 COOPER LANE BURNSVILLE, NC 28714

(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 Biennial Construction Survey by Dennis Harrell on 10-28-2016. Records indicate this facility was licensed on 8-8-2007, for 70 residents including a 40 bed Special Care Unit. Therefore, the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and the 2008 North Carolina State Building Code(s), Intuitional Occupancy I-2.	C 000	CONSTRUCTION SECTION DEC 05 2016 RECEIVED	
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: Based on observation, there were no handrails provided in the rear service corridor beyond the cross-corridor doors. There were signs on the doors stating that they must be kept closed at all times but one door was found open being held by the magnetic hold-open device.	C 148	Handrails will be provided in the rear service corridor beyond the cross-corridor doors. Estimated completion: 12/22/2016	
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 orderly manner, free of all obstructions and	C 166		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE M. Jennelle Banfield TITLE Executive Director (X6) DATE 12/2/2016

STATE FORM 6899 FCRB21 If continuation sheet 1 of 6

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C 168	Continued From page 1 hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the ice machine drain line was only about 0.5 inch above the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. 2. Based on observation, the hoses on the shower wands in the Beauty Salon were long enough to reach the sink basins and there were no vacuum breakers provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	C 168	Ice machine drain lines will be corrected Estimated completion: 12/15/2016 Shower Wands in the Beauty Salon will vacuum breakers installed. Estimated completion: 12/15/2016	
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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.	C 185		

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C 185	Continued From page 2 This Rule is not met as evidenced by: Based on a review of documents, most of the records available onsite included no description of what the rehearsal involved.	C 185	We will do a more comprehensive discription of our quarterly fire drills.	12/2/2016
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, many corridor doors are prevented from closing quickly and latching or do not properly fit 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. One side of the smoke barrier doors near room 107 would not latch when closed. b. One side of the smoke barrier doors near room 301 would not latch when closed. This deficiency was corrected during the survey. c. The doors to rooms 306 and 411 were propped open. d. The door to room 407 was wedged open. e. The door to room 412 did not fit the opening to be smoke resisting at the top.	C 189	Smoke barrier doors near room 107 will be repaired. Estimated: 12/19/2016 Smoke barrier doors near room 301 was corrected during inspection. Doors will not be proped open. The wedged is gone. The door to room 412 will be corrected. Estimated Completion: 12/15/2016	10/27/2016 10/27/2016 10/27/2016

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C 189	Continued From page 3 2. Based on observation, the section of corridor at room 103 had a visible exit sign only in the direction to Special Care. 3. Based on observation, a portion of the panic bar latchset was missing on one of the cross-corridor doors on the rear corridor. The missing hardware exposed sharp edges. 4. Based on observation, one side of the battery powered emergency light in the corridor near room 302 would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 5. Based on observation, the sprinkler escutcheon was not tightly fitted to the ceiling to maintain the required one-hour fire rating in the mop room off the kitchen.	C 189	The visible exit sign at room 103 will be corrected: Estimated completion:12/19/16 The rear corridor cross doors will be repaired: Estimated: 12/22/2016 Emergency light in corridor close to room 302 will be repaired. Estimated Date: 12/22/2016 The sprinkler esctucheon will tighten. Estimated completion: 12/15/2016	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)	C 199		

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C 199	Continued From page 4 which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the exhaust system provided was not working in the bathrooms off the corridor where room 302 was located.	C 199	The exhaust system will be repaired. Estimated completion: 12/22/2016	