

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/28/2016
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Follow-up Survey by Dennis Harrell on 12-28-2016. Some deficiencies were not corrected. Further action is required.	(C 000)		
(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. Finding on 12-28-2016: The facility's Plan of Correction stated that handrails would be provided by 12-22-2016. No handrails had been installed, but, the cross-doors were closed preventing the residents from entering the area. If the doors remain closed, handrails will not be required.	(C 148)	The doors will be kept closed	12/28/2016
(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	(C 185)		

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

M. Terrell Harrell

TITLE

Executive Director

(X6) DATE

3/6/2017

STATE FORM

FCRB22

If continuation sheet 1 of 4

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(C 185)	Continued From page 1 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 a review of documents, most of the records available onsite included no description of what the rehearsal involved. Finding on 12-28-2016: Based on interview with staff, the fire drill records were in the Administrator's office and were not available for review.	(C 185)			
(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	(C 189)	We have inservice our employees in regards to fire drills. Please see attached fire drill record of rehearsal.	1/10/2017	

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(C 189)	Continued From page 2 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 on 10-27-2016 and 12-28-2016; b. One side of the smoke barrier doors near room 307 would not latch when closed. 2. Based on observation, the section of corridor at room 103 had a visible exit sign only in the direction to Special Care. 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 fire doors near room 307 has been corrected An electrician will have to run an electric wire. Estimated completion: 3/12/2017 The escutcheon plate will be corrected by Fire Sprinkler company Estimated completion date: 3/12/2017	1/10/2017	
(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) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the exhaust system	(C 199)			

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(C 199)	Continued From page 3 provided was not working in the bathrooms off the corridor where room 302 was located.	(C 199)	The exhaust fan has been repaired.	1/10/2017	