PRINTED: 07/14/2017
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
	HAL057010	A. BUILDING: 01 B. WING	07/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARS HILL RETIREMENT COMMUNITY	170 SOUTH MAIN STREET MARS HILL, NC 28754

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 7-6-2017. Records indicate this facility was first licensed on 3-5-1998, for a capacity of 69. Therefore the facility was surveyed for conformance with the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina Building Code for Institutional Unrestrained Occupancies.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on a review of documents, the Fire Marshal building safety inspection report could not be located. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency. 2. Based on a review of documents, the most recent sprinkler system inspection for the building was dated 9-9-2015. Sprinkler systems must be inspected and approved annually as required. 3. Based on a review of documents, the most recent fire alarm system inspection for the building was dated 12-15-2015. Fire alarm systems must be inspected and approved	C 111	INSPECTED ON 7/24/17 INSPECTED ON 7/24/17 INSPECTION WAS FOUND DATED 9/30/16 INSPECTING ON 8/2/17	7/24/17 7/24/17 9/30/16 8/2/17

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 7-31-17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 7-31-17

STATE FORM 6899 QBNK21 If continuation sheet 1 of 5

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C 111	Continued From page 1 annually as required.	C 111		
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 hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, there was no documentation of the required monthly inspections provided on the inspection tags for the fire extinguishers since February of 2017. Fire extinguishers must be inspected monthly and the inspections must be documented on the tag provided on the extinguisher. 2. Based on observation, there was no documentation of monthly inspections provided on the inspection tag at the range hood fire suppression system since February of 2017. Range hood fire suppression systems must be inspected monthly and the inspections must be documented on a tag provided at the system pull. 3. Based on observation, the exterior exit door from the lower floor of the middle stairway was stuck and very difficult to open. Note: This deficiency was corrected during the survey.	C 166	COMPLETED ON 7/28/17 COMPLETED ON 7/28/17 CORRECTED DURING SURVEY	7/28/17 7/28/17 7/6/17
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT	C 185		

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C 185	Continued From page 2 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: 1. Based on a review of documents, records were available onsite for only 3 months of the rehearsals of the fire plan. At least 12 months of records must be maintained and available for review. 2. Based on a review of documents, the only records available onsite included no description of what the rehearsal involved. 3. Based on a review of documents, the only records available onsite did not include the shift when the rehearsal was conducted.	C 185	REHEARSALS WERE FOUND AND PUT IN PROPER BOOK UPDATED WITH DESCRIPTION UPDATED PER SHIFT	7/12/17 7/12/17 7/12/17
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.	C 189		

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C 189	Continued From page 3 (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 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 of the cross-corridor smoke barrier doors near room 354 did not latch when closed by activation of the fire alarm system. b. One of the cross-corridor smoke barrier doors near the 1st floor entrance did not latch when closed by activation of the fire alarm system. c. The stairway door near room 216 was dragging and not closing and latching consistently. d. The right side doors to the 3rd floor Living room do not latch when closed. e. One side of the double doors to the Dining room does not latch when closed. f. The door to bedroom 353 does not latch when closed. g. The door to bedroom 210 was wedged open. h. There is a 1/4 inch gap between both pairs of double doors to the main floor Living room. i. The latchset is missing on the 3/4 hour fire rated door between the laundry and the trash storage room. j. There are holes through the door to room 341. 2. Based on observation, the battery powered emergency light at the bottom of the south stairwell would not work when tested. Battery	C 189	CORRECTED ON 7/7/17 CORRECTED ON 7/7/17 CORRECTED ON 7/9/17 CORRECTED ON 7/9/17 CORRECTED ON 7/9/17 CORRECTED ON 7/10/17 CORRECTED DURING SURVEY CORRECT 7/31/17 CORRECTED 7/10/17 CORRECTED 7/10/17 WILL CORRECT 8/2/17	7/7/17 7/7/17 7/9/17 7/9/17 7/9/17 7/10/17 7/6/17 7/31/17 7/10/17 7/10/17 8/2/17

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C 189	Continued From page 4 powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 3. Based on observation the required one-hour fire rated walls and/or ceilings was compromised in a location. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Finding includes: There were unsealed conduit sleeves (4) through the ceiling in the storage room across from room 227.	C 189	WILL CORRECT 8/2/17 CORRECTED 7/28/17	8/2/17 7/28/17