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 _____	09/26/2018

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

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on September 26, 2018. 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 2006 North Carolina State Building Code(s), Intuitional Occupancy I-2. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation and interview with	C 101		

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C 101	Continued From page 1 Building Maintenance, the facility failed to meet the Code requirements in effect at the time of construction or alteration, by not having exits that all staff can operate including the Special Locking System exits. Findings on September 26, 2018: a. Dining Room Courtyard - the gate has a non-alarmed protective cover over the emergency release switch that is secured with regular cable tie, making it impossible to open the protective cover in an emergency. Provider removed the cable tie at time of survey.	C 101	C101 (a) A proper breakaway tie has been placed on cover, making it accessible in case of emergency.	9/28/18
	2. Based on observation, the Building did not meet the code requirements in effect at the time of initial Licensing or alteration, by not providing all required exits or exit access doors with exit signs. This could affect residents, staff, and visitors by not providing egress directions for a prompt evacuation of the building. Findings on September 26, 2018: a. Smoke Barrier near Bedroom 307 - there is no exit sign directing you to exit through the Smoke Barrier Doors. The corridor is 33 feet long from the Smoke Barrier to the intersecting corridor where you can choice two ways to exit. b. Intersection of the 300 & 400 Corridors - there is no exit sign to direct you to exit to the front and back of the facility from the smoke barrier corridor . c. Firewall near Laundry - there is no exit sign directing you to exit through the firewall doors. The corridor is 42 feet long from the firewall to the back exit. d. Control Doors near Nursing Station - there is no exit sign directing you to exit through the control doors. The corridor is 36 feet long from the control doors to the intersecting corridor where you can choice two ways to exit. e. Smoke Barrier near Bedroom 102 - there is	C101	(A) Exit sign for smoke barrier door near room 307 was ordered, electrician has been scheduled to come to facility to install sign. (B) Exit sign at intersection of 300+400 hall was ordered 10/29/18 Electrician has been scheduled to come to facility to install sign. (C) Exit sign for firewall rear laundry was ordered 10/29/18. Electrician has been scheduled to come to facility to install sign. (d) Exit sign for control doors near nurses station has been ordered 10/29/18. Electrician has been scheduled to come to facility to install sign. (e) Exit sign for smoke barrier near room #102 has been ordered 10/29/18. Electrician has been scheduled to install sign.	11/10/18 11/10/18 11/10/18 11/10/18 11/10/18

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C 101	Continued From page 2 no exit sign directing you to exit through the Smoke Barrier doors. The corridor is 32 feet long from the Smoke Barrier doors and the Control doors.	C 101		
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 record review, and interview with Executive Director, the facility has unresolved deficiencies cited on their current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on September 26, 2018: a. The Annual Fire Sprinkler System Inspection, Testing, and Maintenance Report, in accordance with NFPA 25 performed on 06/13/ 2018 listed several deficiencies that have not been addressed as either corrected or not required.	C 111 C111	(a) Administrator called the Sprinkler inspection company 10/26/18 to schedule a crew to correct deficiencies in facility. The sprinkler inspection company will correct all unresolved deficiencies at the facility. The administrator will ensure all deficiencies are corrected	11/9/18
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free	C 150		

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C 150	Continued From page 3 of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on September 26, 2018: a. Exit near Bedroom 211 - the exit is blocked with a chair positioned behind the door.	C 150	@chair was removed from exit. Staff was educated that chair could not block exit. Administrator, Facility maintenance, and unit coordinators will check exits Frequently to ensure the exits and corridors are clear in case of emergencies. If exits are found to be blocked during these checks, the object blocking exit will be immediately, administrator will be informed, staff will be educated immediately, and issue will be discussed at the monthly safety meeting.	9/26/18
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on September 26, 2018: a. Exit near Janitor/Closet - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154 C154	@ Alarmed protective cover was ordered on 10/26/18, for the special locking system. Cover will be replaced and ensured that the cover is in proper working order. Facility maintenance will check each alarmed protective cover monthly to ensure locking system is in proper working order. A log of the monthly checks will be kept in administrators office.	11/5/18

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C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building plumbing equipment was not maintained in a clean and orderly manner free if hazards. Findings on September 26, 2018: a. Bedroom 411 Bathroom - the sink is loose from the wall and the gap has been filled with 1 inch of caulk. 2. Based on observation, the building ceiling are not kept clean and in good repair. Findings on September 26, 2018: a. Bedroom 15 - the texture ceiling is flaking off near the light. 3. Based on Observation, the facility failed to have furniture kept clean and in good repair. Findings on September 26, 2018: a. Bedroom 206 - the wardrobes are delaminating. b. Bedroom 208 - the wardrobes are delaminating.	C 164	(a) Sink was removed, old caulking was removed, the sink bracket was tightened, and sink was re-installed and caulking was replaced. Facility maintenance tested the sink after repairs to ensure sink was in proper working order. All sinks were inspected to ensure the stability and safety of all the sinks in resident bathrooms. All staff have been instructed to report loose sinks immediately to Administrator or unit coordinators. Administrator or coordinators will place a work order in maintenance system immediately. In service was held for staff on 10/5/18 to explain reporting procedure.	10/5/18
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT	C 188	(a) new wardrobes have been installed. (b) new wardrobes have been installed. maintenance has inspected wardrobes in all rooms to check for quality.	10/31/18 10/31/18 10/31/18

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C 188	Continued From page 5 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on September 26, 2018: a. Dining Room Patio- there are two ground-fault circuit-interrupter (GFCI) electrical power receptacles that do not have electrical power and could not be tested for ground faults. b. Med Room- there is a ground-fault circuit-interrupter (GFCI) electrical power that did not have electrical power and cannot be tested for ground fault.	C 188	(a+B) GFCI outlets have been re-tested since inspection, with a Southwire 400105-A Series tester on 3 seperate occasions, 10/5/18, 10/12/18, and 10/16/18. ALL GFCI outlets are in proper working order. Facility maintenance will check GFCI outlets monthly to ensure outlets are in proper working order. A log of these checks will be kept in office of the Administrator	10/16/18
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, the building's	C 189		
		C189	(1A) Battery in exit sign near #412 was replaced. Sign is in proper working order. Building maintenance, or admin-	10/5/18

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C 189	Continued From page 6 emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on September 26, 2018: a. Corridor near Bedroom 412 -the ceiling-mounted self-contained combination exit sign/emergency light is making a buzzing sound and has no to low light output when the test button is pushed. b. Exit near Janitors/Closet - the ceiling-mounted self-contained combination exit sign/emergency light did not illuminate on backup power when tested. c. Exit near Bedroom 201 - the ceiling-mounted self-contained exit sign is coming apart. Maintenance Staff was unable to repair onsite. d. Exit near Bedroom 211 - the ceiling-mounted self-contained combination exit sign/emergency light did not illuminate on backup power when tested. e. Exit near Bedroom 214 - the exit sign has both chevron directional indicators punch-outs removed, indicating that you should turn left and right to exit, but the way out is straight. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on September 26, 2018: a. Firewall near Laundry - the right leaf of the cross-corridor double-egress doors did not latch when the fire alarm hold open devices released. b. Smoke Barrier Wall near Bedroom 102 - both leafs of the cross-corridor double-egress doors did not latch when the fire alarm hold open	C 189	-istrator will check exit signs weekly to ensure sign remains in good working condition. (B) Battery in exit sign near janitors closet was replaced. Sign is now in proper working condition. Maintenance or the Administrator will check signs weekly to ensure they are working properly. 10/5/18 (c) Exit sign near bedroom 201 was not properly clipped. Maintenance tech reclipped sign. Sign is now properly secured and in good working condition. Maintenance or Administrator will check exit signs weekly to ensure signs are in good working order. 10/5/18 (d) Broken button cover was removed on sign near room # 211. Sign is now in proper working order and illuminates on back up power when tested. 10/5/18 (e) In exit signs near room 214, the punchouts have been installed, now indicating proper way to exit. 10/5/18 All exit signs will be monitored weekly by building maintenance or the Administrator. A log will be kept in the Administrator's office. 10/5/18 C189 (2a) new bolt was installed in latching device, securing latching device to door. Door is now in proper working order. During monthly Fire drills, all smoke barrier doors will be checked to ensure proper working order. condition of doors will be noted on fire drill paperwork. If doors do not function properly, staff will place in maintenance reporting system immediately. 10/5/18 (2b) The doors at the smoke barrier wall near room 201 were repaired by installing larger bolts, attaching the latching device properly to door. Door is now in proper working order.	

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C 189	Continued From page 7 devices released. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on September 26, 2018: a. Electrical Room across from Bedroom 403 - there are gaps in the firestopping around three conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Kitchen - there is a gap around a commercial kitchen hood's fire suppression system conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Main Electrical Room - there is an open-ended sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Main Electrical Room - there is a gap around a wire not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Main Electrical Room - there are holes above each electrical panel not firestopped as they penetrate the fire-resistance-rated ceiling assembly. f. Laundry - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. g. Firewall near Dining - the exit sign was falling off the ceiling and not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. h. Electrical Room near Nurse Station - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. i. Electrical Room near Nurse Station- there is a gap around a wire not firestopped as it penetrates the fire-resistance-rated ceiling	C 189 C189	During fire drills, all smoke barrier doors will be checked to ensure all doors are in proper working order. (3a) All gaps in Firestopping in electrical room have been caulked with Fire Caulking to ensure Fire and smoke resistance. (b) gap in kitchen, around the Commercial hoods fire suppression system conduit has been caulked with fire caulking to ensure fire and smoke barrier. (c) Open ended sleeve with a cable bundle has been firestopped by caulking to ensure a smoke and fire barrier. (d) gap around wire has been Fire stopped by caulking to ensure a Fire and smoke barrier. (e) Holes above electrical panels have been firestopped by caulking to ensure a Fire and smoke barrier. (f) The gap around the conduit in the laundry room has been fire stopped with caulk to ensure a proper smoke and fire barrier. (g) The exit sign was reaffixed to the ceiling and caulking was applied around the sign to ensure a secure fire and smoke barrier. (h) The gap around the conduit in the electrical room has been Firestopped with caulk to ensure a proper fire and smoke barrier. (i) The gap around the wire in the electrical room near the nurses station has been Firestopped with caulk to ensure a fire and smoke barrier.	9/28/18 9/28/18 9/28/18 9/28/18 9/28/18 9/28/18 9/28/18 9/28/18 9/28/18

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C 189	Continued From page 8 assembly. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 26, 2018: a. Bedroom 403 - due to renovations, multiple electrical devices with energized components are missing their cover plates and the door to the room is unlocked. 5. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on September 26, 2018: a. Dining Room - the pair of corridor door leafs have an excessive gap between their meeting edges, ranging between 3/16 to 5/8 inches. This gap is not smoke tight. 6. Based on observation, the Building is not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on September 26, 2018: a. Kitchen - the commercial kitchen hood's suppression system is aimed at the shelf above the stove and cannot extinguish a fire in that area. b. Kitchen - per the attached maintenance tag, the commercial kitchen hood's fire suppression system had its last semi-annual maintenance performed in July of 2017. 7. Based on Observation, the corridor doors are	C 189 C189 C189 C189	(a) The cover plates were replaced on the electrical outlets in room 403. Building maintenance was educated by inspectors regarding not allowing residents to come into contact with open faced outlets. If building maintenance must remove cover plates to do repairs, maintenance tech will ensure space is not accessible to any resident or staff member until cover plates are replaced. (5a) A Flashing was placed on the corridor leaf doors in the dining room to ensure the gap between the doors is smoke tight. Maintenance will ensure all doors in facility have a smoke tight gap. (6a) Maintenance tech pushed the stove back, closer to the wall to ensure the hood suppression system was aimed at stove, instead of shelf. Kitchen staff was in serviced on the reason and importance of making sure the suppression system was aimed at stove. (b) Administrator contacted Odyssey Fire regarding semi annual maintenace. Scheduled tech to perform maintenance. Administrator will ensure the semi annual maintenance is completed.	9/26/18 10/30/18 9/28/18 11/10/18

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C 189	Continued From page 9 not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on September 26, 2018: a. Dryer Room - the corridor door has a 5-gallon bucket holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. b. Laundry Room - the corridor door has a 5-gallon bucket holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. c. Clean Linen Room - the corridor door has a sock tied to the shelf holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.	C 189	(a) 5 gallon bucket was removed from door in the dryer room, allowing the doors rapid release mechanism to work properly. (b) 5 gallon bucket was removed from door in the laundry room, allowing the doors rapid release mechanism to work properly. (c) sock holding the door open to the clean linen room has been removed, allowing the rapid release of the door to work properly. Inservice regarding proping doors, and tying doors open was held for all staff to ensure the doors will not held open.	9/26/18 9/26/18 9/26/18 9/28/18
	8. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler heads' spray cannot reach are area of a room. Findings on September 26, 2018: a. Clean Linen - items are being stored within the area 18 inches below the fire sprinkler head. b. Storage Room near Bedroom 201 - items are being stored within the area 18 inches below the fire sprinkler head.	189	(8a) All items stored within the area 18 inches below the Fire sprinkler head have been removed. (b) all items stored in the storage room near room 201, that were stored between the area 18 inches below the fire sprinkler have been moved. maintenace has placed tape lines on walls in storage areas, indicating the height limit of storage. Storage areas will be monitored Frequently by staff to ensure all Storage areas are within correct height limits. Staff was inserviced regarding Storage height limits	9/28/18
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.	C 191		9/28/18

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C 191	Continued From page 10 (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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, the facility failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near. Findings on September 26, 2018: a. Nuring Office - a portable electric heater was found in this room.	C 191	(a) portable heater in nurses office was removed. nurse and staff were educated about not using portable heaters.	9/26/18
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: 1. Based on Observation and testing with a thin	C 199		

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 _____	09/26/2018

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 199	Continued From page 11 plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on September 26, 2018: a. Bedroom 409 Bathroom - the required exhaust ventilation system did not work.	C 199	(a) new exhaust fan motor will be installed by facility maintenance. Exhaust fans will be checked frequently in bathrooms to ensure all fans are operating.	11/5/18