STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL061011	A. BUILDING: 01 B. WING _____	11/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MITCHELL HOUSE	13681 HWY 226 SOUTH SPRUCE PINE, NC 28777

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on November 29, 2018. Records indicate this 80 bed facility was first licensed on 4-26-2012. Based on this information, the facility must meet the current 2005 Rules for Adult Care Homes of Seven or More Beds and the 2012 NC State Building Code. Deficiencies were cited that require a Plan of Correction.	C 000		
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 of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on November 29, 2018: a. AL Courtyard - the gate exit has become blocked when they added asphalt paving on the outside of the courtyard.	C 150	(1a).The gate has been repaired, by sawing off a section from the bottom of the gate.	12/27/2018
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 164		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

M. Jennifer Hughes — ED — 12/27/18

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C 164	Continued From page 1 (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 walls are not kept clean and in good repair. Findings on November 29, 2018: a. Storage Room in Executive Director Office - there are two holes in the wall. 2. Based on observation, the Dutch doors are not kept in good repair. Findings on November 29, 2018: a. 100 Hall Nurse Station - the two leafs of the Dutch door have been joined to make one leaf. The door handles both latch into the frame require 2 hands to open the door. 3. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on November 29, 2018: a. Kitchen Housekeeping - the ventilation system with its radiation damper has an excessive accumulation of dust/lint. b. SCU Spa - the ventilation system with its radiation damper has an excessive accumulation of dust/lint.	C 164	(1a).The Maintenance Tech. will repair the two holes in the wall located in the Executive Director Office by patching and painting the wall. (2a).The dutch doors will be repaired by adding an angle bracket and door sweep. (3a&b). The Maintenance Tech. will clean the ventilation system radiation damper in both the Kitchen Housekeeping area and SCU Spa	12/31/18 12/31/18 01/02/19
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 166		

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C 166	Continued From page 2 (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, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on November 29, 2018: a. Med Room - several portable medical oxygen cylinders are standing up on the floor in four plastic crate not physical secured in racks, stands or chained to the structure. b. Oxygen Room - several portable medical oxygen cylinders are standing up on the floor in three plastic crate not physical secured in racks, stands or chained to the structure.	C 166	(1a-b).The Executive Director has reached out 12/26/2018, 2:15pm to oxygen vendors and requested that all plastic holders be replaced with metal oxygen holders.	1/8/2019
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 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	C 185	(1a-f).The Executive Director conducted a fire drill on 12/31/2018, 3:00 pm. The fire drill records were filled out. The records indicate the date and time of the rehearsal, the shift, staff members present. In addition a short description was also included with the location of the fire and who put out the fire.	1/8/2019

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C 185	Continued From page 3 facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director and Maintenance Technician the Facility failed to document the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.. Findings on November 29, 2018: a. Most rehearsal records did not included the practice fire location for the drills. b. Some rehearsal records did not included enough description to show how participates are moved or directed to defend-in-place during the rehearsal. c. Some rehearsal records did not included any description of what the rehearsal involved.	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, interview with Maintenance Tech and review of documents, the Building was not maintained in a safe and operating condition; because maintenance was not performed in a timely manner leaving the	C 189		

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C 189	Continued From page 4 facility without proper fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide. Findings on November 29, 2018: a. Examination of the fire sprinkler riser revealed the pressure gauge on the accelerator line is registering about 0 psi. This indicates an abnormal condition. 2. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on November 29, 2018: a. Executive Director Office - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. Corridor near Bedroom 405 - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 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 November 29, 2018: a. Bedroom 316 - there are gaps around two cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. 100 Hall Nurse Station - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Corridor outside 100 Hall Nurse Station - there are gaps around two cables not firestopped as they penetrate the fire-resistance-rated ceiling	C 189	(1a). The vendor has been notified and the pressure gauge will be repaired or replaced. (2a). The maintenance tech repaired the escutcheon plate in the ED office by tighten the plate, so that there is no opening that can spread smoke and heat. (2b). The escutcheon plate on the sprinkler head near room 405 was replaced by the Maintenance Tech. (3a-c).The gap around 2 cables in room 316, the gap in 100 Hall Nurse Station, the gap outside the 100 Hall Nurse Station, were repaired with firestopping material.	01/22/19 12/27/18 12/27/18

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C 189	Continued From page 5 assembly. d. Riser Room - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. IT Electrical room - there are two sleeves with cable bundles not fully firestopped as they penetrate the fire-resistance-rated ceiling assembly. f. Corridor outside Bedroom 410 - there are gaps around two cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. g. The Trophy Room - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 4. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on November 29, 2018: a. 100 Hall Nurse Station - the corridor door has a trashcan 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. Bedroom 404 - the corridor door has a chair 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. 5. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler components were missing or in despair. This could affect all residents, staff, and visitors if the fire sprinkler system does not function or is delayed in responding as design. Findings on November 29, 2018: a. FDC inlet connection area - the FDC sign has faded and the letter are not visible.	C 189	(3d). The hole in the Riser Room will be patched and repaired. (3e) 2 sleeves in the IT Electrical room will have more firestopped added to them. (3f-g). The corridor outside bedroom 410 and the gap in the Trophy Room will be repaired with more fire stopping material. (4a-b) All props have been removed. ED has posted a warning sign in all employee common areas that no doors are to be propped. (5a). The FDC sign that was faded has been replaced.	01/08/18 01/08/18 01/08/18 12/27/18 12/27/18

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C 189	Continued From page 6 b. FDC Signs - the FDC signs in the yard do not have directional arrows directing you to the inlet connection area.	C 189	(5b). The FDC signs in the yard now have a directional arrow.	12/27/19
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. (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 November 29, 2018: a. Executive Director Office - a portable electric heater was found in this room. b. Business Office Manager Office - a portable electric heater was found in this room. c. PT/Parlor - a portable electric heater was found in this room. d. SCC Office - a portable electric heater was found in this room.	C 191	(1a-d). All portable heater have been collected and removed. And a vendor has been contacted to repair existing system.	01/22/19
C 199	Exhaust Ventilation	C 199		

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C 199	Continued From page 7 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 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 November 29, 2018: a. AL Spa - the required exhaust ventilation system did not work. b. AL Soiled Utility Laundry - the required exhaust ventilation system did not work. c. SCU Spa - the required exhaust ventilation system did not work and there is odor.	C 199	1(a-c). All exhaust ventilation systems in: AL Spa, AL Soiled Utility, SCU Spa have been repaired by the maintenance tech.	01/08/19