

Division of Health Service Regulation

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|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL100005</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                      | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>12/07/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>YANCEY HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4 COOPER LANE<br/>BURNSVILLE, NC 28714</b> |                                                                                                                 |                                                                 |
| (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<br><br>Report of Biennial Follow Up Construction Survey by Dennis Harrell on 12-7-2018.<br><br>Some deficiencies were not corrected. Further action is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | {C 000}                                                                                |                                                                                                                 |                                                                 |
| {C 101}                                                 | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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;<br><br>This Rule is not met as evidenced by:<br>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.<br>Findings on 12-7-2018:<br>a. A lighted exit sign had been installed in the corridor near room 101, but it was not working. | {C 101}                                                                                |                                                                                                                 |                                                                 |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C101 (A)                                                                               | Exit sign is now working properly.                                                                              |                                                                 |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

8899

ZRTF22

If continuation sheet 1 of 3

*Grace Renee Robinson*

*Administrator*

*12/21/18*

If continuation sheet 2 of 3

Division of Health Service Regulation

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| {C 199}                                                 | Continued From page 2<br><br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>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.<br>Finding on 12-7-2018:<br>a. Bedroom 409 Bathroom - the required exhaust ventilation system did not work. | {C 199}                                                                    | <i>2199(a) A new blower motor, housing, and blower wheels in exhaust Fan was replaced. Exhaust Fan in 409 is working properly</i> |                          |                                                                 |