Mars Hill Retirement Community

To DHSR CONSTRUCTION SECTION

From RICHARD PRIDGEN

Name ED MILLER

CC:

Phone Number:

Fax: (919) 733-6592

Phone: (828)689-7900

Fax: (828)689-7972

Urgent

For Review

Please Reply:

Date Sent: 9-10-19

Time Sent: 1:15 PM

Number of Pages: 15

Confidentiality Notice:

The information contained in this facsimile is Privileged and Confidential Information for the use of the person listed above. If you have received this in error, please notify us immediately to arrange to return this document.

CORRECTIONS ON DEFICIENCIES 8/14/19

Phone: (828)689•7970 or Toll Free: (888)420•6983
Fax: (828)689•7972
170 South Main Street • Mars Hill, NC 28754

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by September 11, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by September 11, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by September 11, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Ed Miller

Ed Miller
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Madison County DSS - with attachment-(via e-mail only)

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 _____	08/14/2019

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 a Construction Section Biennial Survey by Ed Miller and Suzanna Fay, conducted on August 14, 2019. 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. 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:	C 101		

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C 101	Continued From page 1 1. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction Findings on August 14, 2019: a. 1st FL Sitting Area near Dining - this space is open to the corridor. This space does not meet all the requirements which would permit it to be open to the corridor. Specifically, the space is not equipped with smoke detectors. b. 1st FL Activity - the space does not have any smoke detection.	C 101	COMPLETED COMPLETED	9-9-19 9-9-19
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 and Maintenance Director the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on August 14, 2019: a. The current Building Sanitation Inspection Report is not available for review by the Surveyor. b. The last annual Fire and Building safety Inspection (Fire Marshal) Report, available for review, was performed on July 23, 2017 c. The last annual Fire Alarm Inspection and Test report, in accordance with NFPA 72, available for review, was performed on August 8, 2017, exceeding the requirement to have the system inspected and tested at least annually to	C 111	COMPLETED COMPLETED	9-10-19 9-10-19

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C 111	Continued From page 2 ensure that the system works properly.	C 111		
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, the Building exits was not maintained in a safe and operating condition, because combustible storage in stairways could cause the exit to be unusable. This would affect all if exits cannot be used during an emergency. Findings on August 14, 2019: a. 2nd FL North Stairway - the is a bi-fold door stored in this stairway. b. 1st FL South Stairway - the is object in a large garbage bag stored under the stairs. 2. 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 August 14, 2019: a. 1st South Exit - the exterior exit is obstructed with chairs behind the door and on the sidewalk.	C 150	COMPLETED COMPLETED COMPLETED	8-16-19 8-16-19 8-16-19
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;	C 164		

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C 164	Continued From page 3 (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 ceilings are not kept clean and in good repair. Findings on August 14, 2019: a. Storage near 2nd FL Public Haft Bathrooms - there are several acoustical ceiling tiles that are stained from previous leaks. b. 1st FL Clean Linen in Laundry - there are several acoustical ceiling tiles that are stained from previous leaks. c. 1st FL Employee Lounge - there are several acoustical ceiling tiles that are stained from previous leaks. d. 1st FL Employee Lounge Haft Bath- there are several acoustical ceiling tiles that are stained from previous leaks. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on August 14, 2019: a. 1st FL Employee Lounge - the HVAC return with its radiation damper have an excessive accumulation of dust/lint. b. 1st FL Dietary Office - the HVAC return with its radiation damper have an excessive accumulation of dust/lint. c. 1st FL Residents Laundry - behind the dryers, there was a buildup of lint and trash.	C 164	REPLACE COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED	9-11-19 8-16-19 8-16-19 8-16-19 8-19-19 8-19-19 8-19-19
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT	C 166		

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C 166	Continued From page 4 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, a hazard is present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on August 14, 2019: a. 1st FL Spa - the tub had a shower wand with hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.	C 166	REPLACED	9-20-19
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staff's ability to extinguish a small fire and permit it to grow larger.	C 183	COMPLETED	9-2-19

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C 183	Continued From page 5 Findings on August 14, 2019: a. Entire Building - since the last annual maintenance, performed in March 2018, there has been no documentation of the portable fire extinguisher's monthly in-house/owner inspections.	C 183	COMPLETED	9-2-19
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 facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director and Maintenance Director, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on August 14, 2019: a. In the 1st quarter for the last 12 months, no rehearsals occurred during 1st and 2nd and 3rd shifts. b. In the 2nd quarter for the last 12 months, no rehearsal occurred during 3rd shift. c. In the 3rd quarter for the last 12 months, no rehearsal occurred during 1st and 2nd and 3rd	C 185	IMPLEMENT IMPLEMENT	9-16-19 9-16-19 9-16-19 9-16-19

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C 185	Continued From page 6 shift. d. In the 4th quarter for the last 12 months, no rehearsals occurred during 1st and 2nd and 3rd shifts.	C 185	IMPLEMENT	9-16-19
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (e) 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 is not maintained in proper operating condition, because the exterior doors do not operate properly. This could affect all by not delaying egress from the building guests. Findings on August 14, 2019: a. 1st FL Middle Stairway Exterior Exit - the door leaf hits its doorframe, making it very difficult to open. It requires more than 30 pounds of force to set this door into motion. 2. Based on observation, the building's 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 August 14, 2019: a. Corridor near Bedroom 341 - the exit sign does not illuminate on backup power when	C 189	COMPLETED	9-2-19 9-11-19

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C 189	Continued From page 7 tested. b. 1st FL Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 3. Based on Observation, fire rated doors in the one-hour fire-resistance-rated enclosure of hazardous areas are not being maintained in a safe and operating condition. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous Areas" separated from the rest of the Building. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on August 14, 2019: a. 1st FL Residents Laundry - the corridor door's closer had been removed not allow the door to close automatically on its own power. 4. 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 August 14, 2019: a. 3rd FL North Stairway - there is a hole not firestopped as it penetrates the fire-resistance-rated wall assembly behind the door and at the emergency light. b. 1st Linen Chute Termination Room - the Door to the linen chute does not latch on its own power when tested, negating the fire rating of the laundry chute and door. c. 1st FL Middle Stairway - there is a hole not firestopped as it penetrates the fire-resistance-rated wall assembly behind the door and the plumbing clean out is missing its cover plate. 5. Based on observation, the Facility failed to	C 189	COMPLETED COMPLETED COMPLETED COMPLETED	9-2-19 9-16-19 8-26-19 9-2-19 9-16-19

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C 189	Continued From page 8 maintain the electrical system in a safe and operating condition. Findings on August 14, 2019: a. Entire Building - the last annual maintenance was performed in March 2018, exceeding the requirement to have the fire extinguisher inspected and tested at least annually. b. Entire Building - since the last annual maintenance, performed in March 2018, there has been no documentation of the portable fire extinguishers monthly in-house/owner inspections. 6. Based on observation, the Building was 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 August 14, 2019: a. Kitchen - per the attached maintenance tag, the commercial kitchen hood's fire suppression system had its last semi-annual maintenance performed in October of 2018, exceeding the requirement to have the fire extinguisher inspected and tested at least simi-annually.. In addition, there is no documentation of the monthly In-house/owner inspections since that time. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 14, 2019: a. Bedroom 337 - a multiple plug adaptor, without integral overcurrent protection, is	C 189	COMPLETED COMPLETED COMPLETED COMPLETED	9-2-19 9-2-19 9-2-19 8-16-19

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C 189	Continued From page 9 attached to an electrical power receptacle. b. Bedroom 359 - there are two multiple plug adaptors, each without integral overcurrent protection, attached to electrical power receptacles. c. 2nd FL Storage Room near Electrical Room - many items are stored in front of the electrical panel, limiting the required 36-inches by 30-inches minimum clear working space. d. 1st FL South Exit Exterior - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester. e. 1st FL Small Dinning - there is an electrical power receptacle not secured to the wall. f. 1st FL Dining Room - there is a recessed light fixture not secured to ceiling. g. 1st FL Dining Room Coffee Station - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. h. 1st FL Electrical Room - there was an electrical panel that has open slots were had blanks fallen out. This allows access to energized components that are not guarded against accidental contact. Note: Deficiency corrected before Construction Surveyors departed site. 8. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on August 14, 2019: a. 1st FL South Smoke Barrier - the back leaf, of the double-egress cross-corridor doors, does not latch into the frame when the fire alarm system released the doors.	C 189	COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED	8-16-19 8-16-19 8-21-19 8-16-19 8-16-19 8-24-19 8-16-19

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C 189	Continued From page 10 9. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on August 14, 2019: a. Bedroom 337 - a wreath hanger, interferes with the closing and latching of the corridor door leaf to its frame. b. Haft Bathroom near Bedroom 341 - there are two 1/4-inch diameter holes through the corridor door around the door handle. c. Electrical Room near Bedroom 226 - there are two 1/4-inch diameter holes through the corridor door around the door handle. d. Bedroom 216 - a wreath hanger, interferes with the closing and latching of the corridor door leaf to its frame. e. Bedroom 101 - the corridor door hits its frame and requires more than normal effect and force close the door. 10. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin Findings on August 14, 2019: a. 1st FL North Stairway Exit - the panic hardware has a loose end cover. b. Kitchen to Dinning - the pair of door leaves have an excessive gap between their meeting edges, ranging between acceptable to 3/8 inches. In addition, the leaves do not latch into their frames. 11. Based on observation, the Building Sprinkler System was not maintained in a safe and	C 189	COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED	8-15-19 8-16-19 8-16-19 8-16-19 8-19-19 9-2-19 9-13-19

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C 189	Continued From page 11 operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room of origin. Findings on August 14, 2019: a. Front Canopy - the fire sprinkler heads are missing their escutcheon plate, exposing openings through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. 3rd FL North Stairway - a 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. c. 2nd FL Bedroom 212 Bathroom - a 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. d. 1st Linen Chute Termination Room - a 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. 12. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on August 14, 2019: a. 2nd FL Administrator - the corridor door has a chair holding the door open.	C 189	REPLACE REPLACE REPLACE REPLACE COMPLETED	9-16-19 9-16-19 9-16-19 9-16-19 8-14-19
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 191	COMPLETED	8-14-19

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 _____	08/14/2019

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C 191	Continued From page 12 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 August 14, 2019: a. 2nd FL Storage Room near Electrical Room - a portable electric heater was found in this room.	C 191	COMPLETED	8-16-19
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.	C 199	COMPLETED	8-21-19

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	HAL057010	A. BUILDING: 01 B. WING _____	08/14/2019

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C 199	Continued From page 13 (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 rooms required to be mechanically exhausted. Findings on August 14, 2019: a. Entire Building - the required exhaust ventilation system does not appear to be removing any air.	C 199	COMPLETED	9-2-19
C 201	Newly Licensed Facilities-Call System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom and bathroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (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 electrically operated call system did not provide the ability to call for assistance when activated. This could affect all residents, and staff if the system fails to notify staff that assistance is requested. Findings on August 14, 2019:	C 201		

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	08/14/2019

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C 201	Continued From page 14 a. 2nd FL Public Men Haft Bathroom - the battery for the call system pull station is exhausted.	C 201	COMPLETED	9-2-19