

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL057010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/26/2019
NAME OF PROVIDER OR SUPPLIER MARS HILL RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 170 SOUTH MAIN STREET MARS HILL, NC 28754		
(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 Report of Biennial Follow Up Construction Survey by Dennis Harrell on 9-26-2019. Some deficiencies were not yet corrected. Further action is required.	{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, the facility failed to meet the NC State Building Code in effect at the time of construction Findings on 9-26-2019: 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	{C 101}		

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

TITLE

(X6) DATE

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{C 101}	Continued From page 1 smoke detection.	{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 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 9-26-2019: a. The current Building Sanitation Inspection Report is not available for review by the Surveyor. 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 ensure that the system works properly. Interview with staff indicated the company installing the required heat detectors is the same company that will complete the Fire Alarm Inspection. They want to wait until finished with the installation before completing the inspection.	{C 111}		