NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

SECOND NOTICE

August 23, 2023
Mary Dinehart, Executive Director
170 S. Main Street
Mars Hill, NC 28754

RE: Mars Hill Retirement Community – ACH Biennial Construction Survey
170 S. Main Street
Mars Hill (Madison County)
FID #980237

Dear Mr. Blackwell:

The Division of Health Service Regulation (DHSR) – Construction Section conducted a Biennial Survey of your facility on April 27, 2023. As a result of this survey, deficiencies were cited which required an acceptable Plan of Correction that was to be returned to our office by June 28, 2023.

On July 24, 2023, Suzanna Fay, a DHSR – Construction Surveyor, called and left a message for Ms. Mary Dinehart regarding the Plan of Correction that has not been returned to DHSR – Construction Section.

Enclosed is a copy of the Statement of Deficiencies. You will need to type or print clearly your correction action and then **SIGN, DATE, AND RETURN** the Plan of Correction to DHSR – Construction by September 7, 2023. Failure to return the signed Plan of Correction within this time period could potentially cause a suspension of admissions, provisional license or license revocation. The Provider may copy form(s) to be retained for your files.

Your Plan of Correction can be:

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

Faxed to: (919) 733-6592

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

Sincerely,

Chris Sluder

Chris Sluder
Biennial Institutional Team Leader
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
City Building Inspection Department – with attachment (via email only)
Durham County DSS – with attachment (via email only)

Mary Dinehart

From: Fay, Suzanna E <suzanna.fay@dhhs.nc.gov>
Sent: Wednesday, July 12, 2023 2:23 PM
To: Mary Dinehart
Cc: PhilipGarrison@MarsHillManor.com
Subject: FW: DHSR - Mars Hill Retirement Community
Attachments: 20230613-Mars Hill Retirement Community-sod.pdf; 20230613-Mars Hill Retirement Community-letter.pdf

I know this is just now being received, but if you can fill it out as quickly as possible and return to DHSR Construction signed at the bottom of page 1, I would appreciate it. Thanks!

From: Hersh, Melissa G <melissa.hersh@dhhs.nc.gov>
Sent: Tuesday, June 13, 2023 5:00 PM
To: 'Crystal.Hensley@MarsHillManor.com' <Crystal.Hensley@MarsHillManor.com>
Cc: 'twilliams@madisoncountync.gov' <twilliams@madisoncountync.gov>; Wyndham, Helen <hwyndham@madisoncountync.gov>; Fay, Suzanna E <suzanna.fay@dhhs.nc.gov>; Sluder, Chris <chris.sluder@dhhs.nc.gov>; Vick, Laurel B <laurel.vick@dhhs.nc.gov>
Subject: DHSR - Mars Hill Retirement Community

Attached is the Statement of Deficiencies and letter for the **DHSR – Construction Section Biennial Survey** conducted on **April 27th, 2023 by Suzanna Fay.**

Write the date that the work will be completed, and how it will be completed on the right hand side of your Plan of Correction. The work does not have to be completed before you submit this form. You also need to sign and date the Plan of Correction at the bottom. The POC is due back by June 28th, 2023.

The Plan of Correction can be:

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

Faxed to: (919) 733-6592

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

Thank you.

Melissa Hersh
N.C. Department of Health and Human Resources
Divison of Health Service Regulation, Construction Section

1800 Umstead Drive, Williams Bldg.
2705 Mail Service Center
Raleigh, NC 27699-2705

(Office) 919-855-3991
(Fax) 919-733-6592
melissa.hersh@dhhs.nc.gov

Help protect your family and neighbors from COVID-19.
Know the 3 W's: Wear, Wait, Wash.
#StayStrongNC and get the latest at nc.gov/covid19.
Find a vaccine location, get questions answered and more at YourSpotYourShot.nc.gov.

NC DEPARTMENT OF
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MARK PAYNE • Director, Division of Health Service Regulation

June 13, 2023
Crystal Hensley, Executive Director (via email only)
170 South Main Street
Mars Hill, NC 28754

RE: Mars Hill Retirement Community – ACH Biennial Survey
170 South Main Street
Mars Hill (Madison County)
FID #980237

Dear Ms. Hensley:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on April 27, 2023. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    1. Corrective action must begin immediately.
    2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE, AND RETURN the Plan of Correction to DHSR – Construction by June 28, 2023. 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:

mailed 7-27-23

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

Faxed to: (919) 733-6592

Emailed 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 June 28, 2023. 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 June 28, 2023. 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: Jeff Hams, Acting 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,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
County Building Inspection Department – with attachment (via email only)
Madison County DSS – with attachment (via email 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
	HAL057011	A. BUILDING: 01 B. WING _____	04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARS HILL RETIREMENT COMMUNITY	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 a Construction Section Biennial Survey by Suzanna Fay conducted on April 27, 2023. Records indicate this facility was first licensed on March 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 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. Review of records revealed that the facility did not have current sanitation and fire and building safety inspection reports maintained in the home and available for review. Findings on April 27, 2023: a. The most current Building Sanitation inspection report was dated June 22, 2021. b. The most current Fire Official's inspection report was dated January 4, 2019.	C 111	Sanitation Inspection completed on 7/19/23. Score 100 Fire Inspection completed on 7/17/23	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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C 135	Continued From page 1	C 135		
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Observations revealed that the one spa bathroom was utilized for storage. Findings on April 27, 2023: a. First Floor - there was furniture, wheelchairs, walkers and boxes stored in the hydrotherapy room.	C 135	Storage items in the Spa bath were removed 5/8/23. Trained staff that these rooms are not to be used for storage on 6/20/23 Removed 5/8/23	
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. Observations revealed that the ceilings were not kept clean and in good repair. Findings on April 27, 2023:	C 164		

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C 164	Continued From page 2 a. Employee Lounge - there are four stained ceiling tiles in the toilet room and one outside the toilet. The stain nearest the door in the toilet has a 4" black mildew stain in the center of the water stain. b. Second Floor Trash Room - there are two ceiling tile with large orange water stains. c. Second Floor - there are two water stained ceiling tiles at the smoke barrier doors by Room 225. One of the stains has a 3" diameter black mildew spot in the middle of the water stain. d. Third Floor, Room 334 - there are two ceiling tiles with small orange water stains near the exterior wall.	C 164	Completed a walk through of building to observe ceiling tiles and replace any that have stains or need to be replaced. Ordered new ceiling tiles. all were replaced 6/22/23.	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 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 there is a failure to maintain the facility free from hazards. Means of egress or exit paths must not be obstructed, blocked or have their required width encroached upon. This could could delay or hinder evacuation of the occupants from the facility in the event of an emergency. Findings on April 27, 2023: a. First Floor Middle Stair - three large vending	C 166		

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C 166	Continued From page 3 machines were moved to the stairwell while conducting renovations. The renovations were delayed and the machines as well as construction material are stored in the stairwell blocking most of the width of the path to the exterior exit door. 2. Observations revealed that the facility was not free of all hazards. Broken toilet accessories can cause injury when the sharp metal edges of the brackets are exposed. Findings on April 27, 2023: a. Third Floor Employee Toilet - the toilet paper dispenser is broken leaving the sharp metal edges of the bracket exposed.	C 166	The vending machines were removed. Staff and vendor were trained that they cannot block hallways, stairwells or exits. Trained on 6/22/23 and 6/23/23 Replaced toilet paper dispensers 5/25/23.	
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. Review of records revealed that the facility did not have records of the fire rehearsals conducted quarterly on each shift with records including a short description of what the rehearsal involved.	C 185	Will hold a staff meeting to train all staff on policy and procedure for Fire Alarms. Fire drills will be held on each shift in the next 30 days, and then each shift quarterly to ensure all staff know their responsibilities	

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C 185	Continued From page 4 Findings on April 27, 2023: a. There was not a record of the fire rehearsals conducted from March 2022 through December 2022. b. The fire rehearsal records did not contain a short description of what the rehearsal involved.	C 185	Each drill will be documented with staff signatures and description of what took place. Executive Director will know of or schedule the drills.	
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 facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not provide fire protection in the regulated time frame. Findings on April 27, 2023: a. Riser Room - the accelerator has been turned off. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do	C 189	Parts have been ordered and are to be delivered by 8/15/23, installed and fixed by 8/20/23.	

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C 189	Continued From page 5 not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on April 27, 2023: a. First Floor North - the right door of the cross corridor doors rubs on the new carpet installation and requires excessive force to open. b. Third Floor North - the door rubs on the carpet and did not close when the fire alarm was activated. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on April 27, 2023: a. First Floor - the exit sign at the cross corridor doors by Hydrotherapy did not illuminate on test. b. First Floor - the exit sign at the cross corridor doors by Room 104 did not illuminate on test. c. Second Floor - the exit sign at the south end cross corridor doors at the stairwell did not illuminate on test. d. Third Floor - the exit sign outside Room 341 did not illuminate on test. 4. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on April 27, 2023: a. First Floor General Storage - there are three hanger rods for the plumbing lines not sealed as they penetrate the ceiling.	C 189	Completed 6/20/23. The 1st and 3rd floor work doors have been adjusted and now will close when alarm is activated. Will be completed on 6/30/23. All exit signs will have new batteries and light bulbs installed and verified they illuminate. Completed 6/20/23	

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C 189	Continued From page 6 b. Second Floor Nurses' Station - there is a 2" x 4" hole in the wall where the previous patch has failed. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment was not able to effectively extinguish a fire. Findings on April 27, 2023: a. Kitchen - the nozzle for the hood suppression system located over the stove was pointing to the shelf above the stove burners and not at the burners. 6. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Broken or missing electrical outlet cover plates can cause injury if wires are left exposed. Findings on April 27, 2023: a. Activity Office - the cover plate for the electrical outlet in the cubby where tables are generally stored is broken. 7. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on April 27, 2023: a. Room 363 - the GFCI outlet in the bathroom did not trip when tested.	C 189	The 2x4 hole was patched 7/22/23 the nozzle over stove was repositioned to point at the stove burners on 7/12/23 A new electrical cover plate was installed. Completed 6/21/23 A new GFCI outlet was installed and is currently working (trip) when tested. Corrected on 6/21/23	

Division of Health Service Regulation

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C 199	Continued From page 7	C 199		
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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on April 27, 2023: a. First Floor Trash Room - the exhaust fan is not working. b. Employee Lounge Toilet - the exhaust fan is not working. c. First Floor Residential Laundry - the exhaust fan is not working. d. First Floor Men's Toilet Room - the exhaust fan is not working. e. Third Floor - there was a general pattern of exhaust fans not working in both the utility areas and the bathrooms.	C 199	On 7/18/23 a complete inspection and repair for the list of exhaust fans have been repaired and currently working,	

Mary Dankert 7-27-23