NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

September 18, 2023
Michael Ring, Executive Director (via email only)
3200 Heritage Circle
Hendersonville, NC 28791

RE: Heritage Hills a Pacifica Senior Living Community – ACH Biennial Survey
2500 Heritage Circle
Hendersonville (Henderson County)
FID #944350

Dear Mr. Ring:

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 August 23, 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 October 3, 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 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 October 3, 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 October 3, 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)
Henderson 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
	HAL045123	A. BUILDING: 01 B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HILLS A PACIFICA SENIOR LIVING	2500 HERITAGE CIRCLE HENDERSONVILLE, NC 28791

(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 Construction Section Biennial Survey by Suzanna Fay conducted on August 23, 2023. Records indicate this facility was first licensed on February 21, 1994 for 24 beds. The entire facility was converted to a Special Care facility on June 22, 2010. Therefore the facility must meet the 1993 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1991 North Carolina State Building Code (1994 Revision), Section 409.1 Group I- Unrestrained Occupancy. Deficiencies were cited and a Plan of Corrections 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:	C 101	Michael H Ridg Michael H Ridg 10-2-23	

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

10-2-23

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C 101	Continued From page 1 1. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Facilities with special locking are required to be fully protected which includes bathrooms and closets. Findings on August 23, 2023: a. Dogwood Dining - one of the alcoves near the kitchen has been enclosed for storage. There is no protection in the new closet.	C 101	Quotes are being obtained to have a sprinkler head installed in the IL closet of the Dining Room. One Quote obtained... once the second is received we will submit for approval and have installed.	10-25-23
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 one of the bathrooms was being utilized for storage. Findings on August 23, 2023: a. Spa - there were oxygen bottles and equipment, emergency blankets, window blinds and cleaning equipment being stored in the bathroom.	C 135	All MC staff has been in serviced about storage items in the Spa Room. All oxygen bottles and seasonal storage supplies have been Removed and stored in a proper storage Room	9-20-23
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 160		

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C 160	Continued From page 2 (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on August 23, 2023: a. Courtyard - the pergola has multiple locations where the wood is cracked, damaged, broken or hanging from the roof.	C 160	The pergola is scheduled to be removed completely and will be replaced with sail shades for easy maintenance and cleaning. Removal begins. 10-3-23 Replacement sail shades will be installed upon arrival.	
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. Observations revealed that the facility was not maintained free of all hazards. Findings on August 23, 2023: a. The end cap is missing on the latching device for the cross corridor doors exiting into the Service Hall. Having the interior components exposed could cause a cut or injury.	C 166	The missing End cap has been ordered, Received, and replaced. 10-2-23	

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C 189	Continued From page 3	C 189		
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 a safe and operating condition. Accelerators in the off position could indicate abnormal conditions and may delay the operation of the sprinkler system in the event of a fire. Findings on August 23, 2023: a. Riser Room - the accelerator is turned off. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on August 23, 2023: a. Service Hall - the emergency light did not illuminate on test. b. SCU Dining - the exit sign over the exterior door does not illuminate on test. 3. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Dryers are to be ducted to	C 189	— New accelerator ordered and will be installed upon Arrival.	10-6-23 9-20-23

10-2-23

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C 189	Continued From page 4 the exterior. Openings in the exterior walls allows for pests to enter the facility. Findings on August 23, 2023: a. Exterior outside of the Laundry Room - one of the dryer exhaust caps was missing leaving a hole for pests to enter the facility. There are large openings around the rectangular vent at the exterior wall. 4. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Kitchen exhaust hood fire suppression systems are to be inspected every six months. Findings on August 23, 2023: a. Kitchen - the exhaust hood fire suppression system is past due for the six month inspection. 5. 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 could allow fire and smoke to spread beyond the area of origin. Findings on August 23, 2023: a. Data Closet in SCU Dining - there is an unprotected sleeve penetration. This was corrected at the time of survey. b. Storage by Lobby - the ceiling around the sprinkler head is damaged leaving some cracks in the fire resistant rated ceiling. This was repaired at the time of survey. c. Room L - the escutcheon ring on the sprinkler head in the kitchenette closet is missing leaving a hole in the fire resistant rated ceiling. d. Room T - the escutcheon ring on the sprinkler head in the bathroom has dropped leaving a gap	C 189	— The dryer cap missing has been replaced and installed 9-20-23 — The 6 month exhaust hood and fire suppression system was inspected on 9-18-23 9-18-23 — corrected during survey 8-23-23 — corrected during survey 8-23-23 — missing escutcheon Ring was replaced, 8-24-23 — corrected during survey 8-23-23	

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C 189	Continued From page 5 in the fire resistant rated ceiling. This was corrected at the time of survey. e. Room T - the escutcheon ring on the sprinkler head in the bedroom closet is missing leaving a hole in the fire resistant rated ceiling. This was corrected at the time of survey. 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on August 23, 2023: a. SCU Dining - the magnet rod on one of the doors blocked the other door from closing during the fire alarm test.	C 189	– corrected during survey – The magnet rod on the Dining Room door was Repaired on 8-24-23. Also, tested the door multiple times after Repair to ensure it is working properly.	8-23-23 8-24-23

10-2-23