NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

November 8, 2023
Carson Johnson, Executive Director (via email only)
P. O. Box 2568
Hickory, NC 28303

RE: Tyrrell House – ACH Biennial Survey
950 US Hwy 64 East
Columbia (Tyrrell County)
FID #130065

Dear Ms. Johnson:

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 8, 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 November 27, 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 November 27, 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 November 27, 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,

Tod Hancock

Tod Hancock
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	Hal089002	A. BUILDING: 01 B. WING	08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TYRRELL HOUSE	950 HWY 64 EAST COLUMBIA, NC 27925

(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 Biennial Survey by Tod Hancock and Chris Sluder, conducted on August 8, 2023. Additionally, a Construction Inspection was conducted for Project # HA-3364-FAP regarding the de-licensing of the 24 bed Special Care Unit. Records indicate this facility was first licensed on 05/24/2016. The facility is currently licensed for 50 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy. Deficiencies were cited that require s Plan of Correction.	C 000	Responses to the cited deficiencies do not constitute an admissionor agreement by the facility of the truth of the facts alleged or conclusions set forth. In the statement of deficiencies; the plan of correction is prepared solely as a matter of compliance with State Law. It is the policy of the Tyrrell House to maintain the physical plant and all requirements therein, Section .0300 -Physical Plant 10ANCAC	
C 101	Existing Licensed Facility- 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	C 101		

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C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation the facility failed to meet the code requirements in effect at the time of construction or alterations by not having all the components required to apply and properly operate doors equipped with special locking. This could affect all occupants who need to evacuate through the doors. Findings. On August 8, 2023. a. Electrical equipment room -The special locking system does not have a wiring diagram and a system components location map posted under glass at the fire alarm control panel (FACP). Facility staff located the Construction Documents and found a components location map. They indicated they would make a copy, add the location and name of the electrical panel and circuit number that energizes the system and mount it under glass by the Fire Alarm Control Panel.	C 101	1a. System components location map and wiring diagram was posted under the glass by the Fire Alarm Control Pannel on August 14th, 2023.	
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: The rule is not met as evidenced by:	C 166		

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C 166	Continued From page 2 1. Based on observation the building was not maintained free of hazards if oxygen cylinders fall breaking their valves propelling the cylinder and turning it into a dangerous projectile. Findings on August 8, 2023. a. Med prep - Portable medical oxygen cylinders are standing up on the floor in an unapproved crate not physically secured. Although the crate has a label indicating it was made for cylinders, it appears to have been modified (shortened) and as such does not appear to be stable in all loading configurations.	C 166	1a. On August 15th, 2023, the approved crate was placed in the med room and were moved off of the floor. The oxygen cyllinders are now in the approved crate.	
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: The rule is not met as evidenced by: 1. Based on observation, and interview with Maintenance director, the building is not maintained in a safe and operating condition, because inadequate maintenance was performed leaving the facility without proper fire sprinkler protection. This would affect all residents, staff, and visitors, by not providing the protection fire sprinklers provide. Findings on August 8, 2023. a. Electrical Room- Examination of the fire	C 189	1a. A work request was submitted to Odyssey on August 8th, 2023 for inspection and repair.	

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C 189	Continued From page 3 sprinkler riser revealed the pressure gauge on the accelerator line is registering 0.00 psi and the check valve is in the closed position. This could indicate an abnormal condition. 2. Based on observation, the plummbing systems are not maintained in a safe and operating condition. Findings on August 8, 2023: a. Kitchen- The required 2 inch air gap was not maintained at the ice maker drain line terminating at the floor drain.	C 189	2a. The ice maker drain line was corrected with a 2 inch air gap on August 8th, 2023.	