



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

April 4, 2024

Mary Dinehart, Executive Director (via email only)
170 South Main Street
Mars Hill, NC 28754

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

Dear Ms. Dinehart:

On **February 29, 2024**, a Biennial Follow-up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is **not in substantial compliance due to uncorrected deficiencies**. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (POC)

A POC for the deficiencies must be submitted April 19, 2024.

Your POC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o 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.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR – Construction Section.
 - Corrective action must begin immediately.

Your Signed 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

If you have any questions concerning the instructions contained in this letter, please contact me.

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: HAL057011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/29/2024
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 a Biennial Follow Up Construction Survey by Suzanna Fay conducted on February 29, 2024. There is one deficiency cited in the Biennial Construction Survey that remains to be corrected.	{C 000}		
{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 affect occupants of the facility if the equipment did not provide fire protection in the regulated time frame. Findings on February 29, 2024: a. Riser Room - the accelerator is off. Interview with staff revealed that the accelerator was repaired but recently failed so they have ordered a new one to be installed.	{C 189}	We will contract with a licensed fire sprinkler company that will order and install the accelerator and the contractor will validate it is functioning within the fire regulations and specifications. Once the accelerator has been replaced and the system is operating correctly/safely, the accelerator will then be inspected by a team member weekly to ensure it is working and the pressure gauge is reading correctly. Once the weekly inspection has been completed those numbers will be recorded and kept in an accelerator log book. During our quarterly quality assurance meetings team members will review log book to confirm the equipment has been checked weekly and reported to the Administrator if the gauge is not within acceptable range. The projection to complete this plan of correction is estimated for 5.20.2024.	5.20.24

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

May Senehart - Executive Director

4-19-24

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If continuation sheet 1 of 1