NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

July 5, 2024
Renee Robinson, Administrator (via email only)
6 Cooper Lane
Burnsville, NC 28714

RE: Yancey House – ACH Biennial Survey
4 Cooper Lane
Burnsville (Yancey County)
FID #971508

Dear Ms. Robinson:

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 May 29, 2024. 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 July 20, 2024. 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 July 20, 2024. 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 July 20, 2024. 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 Harms, 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,

Ed Miller

Ed Miller
Architect
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
County Building Inspection Department – with attachment (via email only)
Yancey 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
	HAL100005	A. BUILDING: 01 B. WING _____	05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YANCEY HOUSE	4 COOPER LANE BURNSVILLE, NC 28714

(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 Ed Miller, conducted on May 29, 2024. Records indicate this facility was licensed on August 8, 2007, for 70 residents including a 40 bed Special Care Unit. Therefore, the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 2006 North Carolina State Building Code(s), Institutional Group I-2. 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. Based on record review and interview with the Executive Director, the facility failed to maintain current (completed within the last twelve months) sanitation and fire and building safety inspection reports in the home and available for review. Findings on May 29, 2024: a. The last annual "Standard for Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems", NFPA 25, available for review, was performed on March 7, 2024, listed several deficiencies. There was no documentation provided to indicate that the deficiencies were corrected or identified as	C 111	Regional maintenance team contacted The Lumenant Company in regards to the deficiencies and missing inspections on the Fire Sprinkler System Inspection Report that was conducted on 3/7/24. Maintenance team placed a work order for all deficiencies and insections to be completed by Lumenant at their earliest open appointment available. Upon Appointment, Lumenant will complete all missing inspections and will repair all cited deficiencies on the Report. All records of completed repairs and inspections will be kept in the Administrator's office in the facility	7/17/24 9/17/24

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C 111	Continued From page 1 recommendations to bring the system up to the current Code.	C 111		
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. Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms are not utilized for storage or purposes other than those indicated in the Rule. This deficiency affects all residents and staff who would not have the fixtures and/or space for the services needed. Findings on May 29, 2024: a. 100 Hall, Serenity Spa - the area was utilized to store linens other than bath linens, a mattress, three non-shower chairs, and a TV tray.	C 135	Staff removed all non-bath linens,mattress, and shower chairs from Serenity Spa bathroom. All staff was educated on the importance of keeping the spa bathroom clean and clutter free to ensure compliance with state regulation. Maintenance Tech and housekeeping will do random checks on all resident toilet rooms and bathrooms to ensure continued complaince with regulations.	6/13/24
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.	C 166		

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C 166	Continued From page 2 This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards because the compressed gas cylinders were not properly secured. They may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile. Findings on May 29, 2024: a. Nurse Station - one portable oxygen cylinder was standing up on the floor not properly chained or supported by the wall or in a stand or cart. b. Med Room - one portable oxygen cylinder was standing up on the floor not properly chained or supported by the wall or in a stand or cart.	C 166	An audit of all O2 storage rooms was conducted and all O2 cylinders were properly stored in stands and empty cylinders were seperated from full cylinders. Staff was educated on importance of proper storage of O2 cylinders. Maintenance and management staff will conduct random audits to ensure proper storage of O2 cylinders are in compliance with all saftey standards and state regulations.	6/13/24
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Facility failed to properly post and maintain the evacuation diagrams. This would affect all by not providing proper guidance during an emergency. Findings on May 29, 2024: a. 200 Hall, Corridor near Bedroom 213 - the mounted evacuation diagram did not represent	C 184	Updated evacutation diagrams, indicating the addition, was obtained and replaced the incorrect diagrams through out the facility to ensure proper guidance for everyone during an emergency situation.	6/17/24

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C 184	Continued From page 3 the actual floor arrangement. An addition was added some time ago, that was perpendicular to the 200 Hall.	C 184		
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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on May 29, 2024: a. Entire Building, Exit Porches - the porches have what appears to be emergency lighting (headlight style), and they are not connected to the batteries of the interior exit sign associated with the exit. Staff and surveyor were unaware of how to test the emergency lights. b. 400 Hall, Corridor near Bedroom 409 - the self-contained emergency light did not illuminate on backup power when the test button was pushed. 2. Based on observations, the fire-resistance-rated separation and protection of incidental use areas were not maintained in a	C 189 A. B.	A new emergency light for the 400 Hall, corrider near bedroom 409 was ordered to replace the existing light. The new light will allow the porch light to be connected to the battery of the interior exit sign associated to the exit.Upon receiving the new exit light, it will immediately be installed to ensure compliance with state regulations. The battery for the self contained emergency light was replaced and is in working condition. Maintenance Tech will randomly check all emergency lights to ensure their working condition, to ensure the safety of everyone in an emergency situation, and ensure the complaince with state regulations.	7/17/24 6/3/24

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C 189	Continued From page 4 safe and operating condition. This could affect all if smoke/flames were not contained in the room of origin. Findings on May 29, 2024: a. 400 Hall, Laundry/Beauty Shop/Vending (101+ SF) - the self-closing, fire rated corridor door, was held open with a chair. Fire rated doors must stay closed or automatically close on fire alarm actuation. b. Service Hall, Clean Linen (101+ SF) - the self-closing, fire rated corridor door had its strike plate taped over, preventing the door from latching into its frame. Fire-rated doors must latch into their frame. Facility Staff corrected this deficiency before the Construction Surveyor left the site. 3. Based on observation, the building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacks the inspections, maintenance, and documentation needed to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system does not work properly when needed. Findings on May 29, 2024: a. Service Hall, Kitchen -the last semi-annual maintenance, for the commercial kitchen hood's fire suppression system, was performed in April 2024. Since then, there has been no documentation of the required monthly in-house/owner inspections. 4. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activation of the fire alarm system. Findings on May 29, 2024:	C 189 A. B.	The door to the beauty shop was closed, and all staff was educated on the importance of not propping open any fire rated doors in the facility. The strike plate was cleared of tape to ensure the closure of the door, and to ensure latching mechanism was engaged. Maintenance will conduct random walk throughs of the facility to ensure all fire related doors are closed and free from obstruction, remaining in compliance with state regulations. Maintenace Tech brought all in house/ owner required monthly inspections up to date and will continue to inspect on a monthly basis. ED and/or Regional Maintenance Team will conduct random audits to ensure compliance of this rule. Smoke Detector in room 102 was repaired and is in working order. Maintenance Tech will perform random audits to ensure all Smoke Detectors are in working condition.	5/29/24 5/29/24 5/30/24 6/13/24

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C 189	Continued From page 5 a. 100 Hall, Bedroom 102 - the fire alarm system's smoke detector was dangling from the ceiling by its circuit conductors.	C 189		
	5. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on May 29, 2024: a. Service Hall, Electrical Room - there was a pipe not properly firestopped as it penetrated the fire-resistance-rated ceiling assembly.		Maintenance Tech filled all gaps around pipes in the service hall/electrical room with fire rated caulk to ensure all pipes were properly firestopped. Maintenance Tech will complete random checks to ensure all gaps between pipes and walls and ceilings are within compliance.	6/3/24
	6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on May 29, 2024: a. SCU Courtyard Gate- the emergency release switch, at the gate, was not enclosed in a weather resistance enclosure.		Maintneance Tech ensured all emergency release switches at All outside exits, including the gate on MCU courtyard, was present and in proper working condition.	6/3/24
	7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on May 29, 2024: a. Service Hall, Dining Room - the corridor door's strike plate was taped over, preventing the door from latching into its frame. Facility Staff corrected this deficiency before the Construction Surveyor left the site.		Strike plate at Service Hall,Dining room corridor door was cleared of tape and other obstructions, assuring the latching mechanism could properly engage. Maintenance and Housekeeping staff will perform daily random checks for propped open doors, and will ensure that all strikeplates on doors are free of tape or other obstructions.	5/29/24
	8. Based on observation, the fire safety equipment was not being maintained to ensure safety. This could hamper the staff's ability to extinguish a small fire, permitting it to grow. Findings on May 29, 2024: a. 300 Hall, near Activities - In July 2023 the portable multipurpose fire extinguisher had its annual maintenance performed. Since March 28, 2024, there has been no documentation of the		Maintenance Tech checked all tags on fire extinguishers, and brought current all monthly in house/owner inspections.	6/3/24

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C 189	Continued From page 6 monthly in-house/owner inspections. b. Kitchen - in July 2023 the portable Class K fire extinguisher had its annual maintenance performed. Since February 2024, there has been no documentation of the monthly in-house/owner inspections. 9. Based on Observation, the corridor doors were not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on May 29, 2024: a. 400 Hall, Bedroom 411 - a trash can was holding the corridor door open. Facility Staff corrected this deficiency before the Construction Surveyor left the site. b. 100 Hall, Bedroom 103 - a trash can was holding the corridor door open. Facility Staff corrected this deficiency before the Construction Surveyor left the site.	C 189	Annual maintenance on all fire extinguishers was performed to comply with state rules. Maintnenance Tech removed all obstacles from doorways to ensure all doorways were clear of obstructions and to ensure the safety of all residents and staff during an emergency situation. All staff were trianed on the importance of keeping doorways clear of obstructions.	7/17/24 5/29/24
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;	C 199		

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C 199	Continued From page 7 (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. Based on observation and testing with a thin plastic sheet, the facility did not provide working exhaust ventilation in required spaces. Findings May 29, 2024: a. 300 Hall, Unisex Restroom- the exhaust ventilation system was not functioning. b. Service Hall, Hopper Room - the exhaust ventilation system was not functioning. c. Service Hall, Unisex Restroom - the exhaust ventilation system was not functioning. 2. Based on Observation the facility failed to provide mechanical exhaust ventilation for required spaces. Findings on May 29, 2024: a. 400 Hall, Laundry/Beauty Shop/Vending Area - there was no ventilation system in this room.	C 199 A,B,C	Exhaust fan motor was ordered ro replace the non functioning motor on the service hall. Once motor is delivered, it will be immediately installed by Maintenance Tech and Regional Maintenance Team. Ventilation System was ordered by Regional Maintenance team. Upon arrival, Maintenance Tech and Regional Maintenance team will immediately install.	7/17/24 7/17/24