

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL061011</b>                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                                                                                                                                                                                                        | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>04/22/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MITCHELL HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13681 HWY 226 SOUTH</b><br><b>SPRUCE PINE, NC 28777</b> |                                                                                                                                                                                                                                                                                                   |                                                                 |
| (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<br><br>Report of a Biennial Construction Follow Up Survey by Tod Hancock conducted on April 22, 2025.<br>The deficiencies from the Biennial Construction Survey have been corrected. However, new deficiencies were noted a new Plan of Correction is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {C 000}                                                                                             | Responses to the cited deficiencies do not constitute and admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report. The plan of correction is prepared solely as a matter of compliance with state laws. |                                                                 |
| {C 189}                                                   | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) . which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on an interview with the Maintenance Director, the building's mechanical system is not maintained in a safe and operable manner. Findings on April 22, 2025:<br>a. Mechanical Room- The motor to Air Handling Unit #5 serving the Kitchen is not present. The unit is currently inoperable.<br><br>2. Based on observation, the building's sprinkler system was not maintained in safe operating condition. This would affect all if the fire was not contained in the room of origin. Findings on April 22, 2025:<br>a. There is water discharging from the sprinkler drain. | {C 189}                                                                                             | 1.The motor to air handling unit #5 was repaired.<br><br>2. Sprinkler drain issue was repaired.                                                                                                                                                                                                   | 5/14/2025<br><br>5/15/2025                                      |

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

TITLE

(X6) DATE

STATE FORM

6899

CDS523

If continuation sheet 1 of 1