

North Carolina Department of Labor

Occupational Safety and Health Division
204 Charlotte Highway, Suite B
Asheville, NC 28803
Phone: 828-299-8232 FAX: 828-299-8266



Matt Gruber/KK

Citation and Notification of Penalty

To:

HCA Healthcare, Inc. DBA Mission Hospital
509 Biltmore Ave.
Asheville, NC 28801

Inspection Number: 318233194

CSHO ID: B1151

Activity ID No.: 150608

Inspection Date(s): 11/24/2021 - 3/22/2022

Issuance Date: 3/22/2022

Inspection Site:

509 Biltmore Ave.
Asheville, NC 28801

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty describes violation(s) of the labor laws of Chapter 95 of the North Carolina General Statutes. The penalty(ies) listed herein is (are) based on these violations. You must correct the violation(s) referred to in this citation by the date(s) listed and pay the penalty proposed, unless within 15 working days (excluding weekends and holidays) from receipt of this Citation and Notification of Penalty, you mail a request for an informal conference or Notice of Contestment to the North Carolina Department of Labor district office at the address shown above.

Posting - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and State holidays), whichever is longer. **The penalty dollar amounts need not be posted and may be marked out or covered up prior to posting.**

Informal Conference - You may request an informal conference. To request an informal conference, you must return the enclosed form marking the block requesting an informal conference or provide other written notice to the district supervisor within 15 working days of receipt of the citation. **Do not mark more than one block on the enclosed form if you want an informal conference.** The informal conference must be held no longer than 20 working days from the date you receive the Citation and Notification of Penalty, so your immediate response is necessary if you choose this option.

If you make a timely request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you preserve your right to contest. The time for contestment does not begin until

after the informal conference is held and you have been notified of the result(s). At that time you have an additional 15 working days during which you may file a notice of contest, should you so desire.

If you decide to request an informal conference, obtain the date, time and location of the informal conference by contacting the District Supervisor, then complete and post the enclosed Notice to Employees near the Citation and Notification of Penalty. Please bring to the conference all supporting documentation of existing conditions and any corrections made thus far. The results of the informal conference will be a revised citation, a notice of no change or an informal settlement agreement. An informal settlement agreement will resolve the matter without litigation or contestment.

Right to Contest - You have the right to contest this Citation and Notification of Penalty now or after an informal conference. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations.

15 working days after you receive this Citation and Notification of Penalty (if you do not request an informal conference) or 15 working days after you receive the results of the informal conference, the citation(s) and/or proposed penalty(ies) will become a final order of the North Carolina Occupational Safety and Health Review Commission and may not be reviewed by any court or agency, unless you file a notice of contestment.

Penalty Payment - Penalties are due within 15 working days of receipt of this notification unless a request for an informal conference or notice of contestment is forwarded. Make your check or money order payable to the North Carolina Department of Labor, OSHA Division and remit to the Financial Services Division at 1101 Mail Service Center, Raleigh, NC 27699-1101. Pay online at www.labor.nc.gov. We accept VISA, MasterCard, and E-Checks. You may also fax your payments to (919) 715-9094, or mail it to: N.C. Department of Labor, Financial Services Division, 1101 Mail Service Center, Raleigh NC 27699-1101. You may also make payment by credit card. A form is provided for your convenience. Please indicate the inspection number on the remittance.

Pursuant to N.C. Gen. Stat. Section 147-86.23 interest shall be charged at the rate of five percent (5%) per year on a past-due account receivable from the date the account receivable was due until it is paid. In addition, a late payment penalty of ten percent (10%) of the account receivable shall be added to a past-due account receivable. A late-payment penalty may be waived for good cause shown.

The North Carolina Department of Labor does not agree to any restriction or conditions or endorsements you put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

Notification of Corrective Action - For violations which you do not contest, you should return the OSHA Form 2D (Certification of Abatement) within ten (10) calendar days after the abatement date, to indicate that appropriate corrective action has been taken within the time frame set forth in this citation. You are not required to certify abatement if the inspector observed the abatement during the on-site portion of the inspection or observes within 24 hours after identifying the hazard and notes in the citation that abatement has occurred. The certification that abatement is complete must include, for each cited violation, the date and method of abatement and a statement that affected employees and their representatives have been informed of the abatement.

In addition, for repeat, willful and other serious violations as indicated, additional documents demonstrating that abatement is complete is required. This additional documentation may include, but is not limited to, evidence of the purchase or repair of equipment, photographic or video evidence of abatement or other written records.

If indicated in the citation, you may be required to submit an abatement plan for each cited violation, when time permitted for abatement is more than 90 calendar days. The plan must identify the violation and the steps to be taken to achieve abatement, including a schedule for completing abatement and how employees will be protected from exposure to the violative condition in the interim until abatement is complete. An employer who submits an abatement plan may be required to also submit periodic progress reports for each cited violation. The citation will indicate whether progress plans are due and the date(s) when the progress reports are due.

The employer must include, in each submission required by this notification, company name and address, inspection number, citation and item numbers, a statement that the information submitted is accurate, and a signature of the employer or the employer's authorized representative. The date of the postmark is the date of submission for mailed documents.

Employee Notification of Corrective Action - The employer must inform affected employees and their representative(s) about abatement activities, covered by the citations, by posting a copy of each document submitted to the North Carolina Department of Labor, or a summary of the document near the place where the violation occurred, or where it will be readily observable. The employer must inform employees of their right to examine and copy all abatement documents submitted. Posted documents must remain posted for three working days after submission to the Department.

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 180 days after the discrimination occurred with the NC Department of Labor at the address shown above.

Notice to Employees - The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be in writing and signed. It must be mailed to the North Carolina Department of Labor at the address shown above and postmarked within 20 days of the receipt by the employer of this Citation and Notification of Penalty.

Notice to Employer - Enclosed are citations and proposed penalties levied against your facility resulting from the Division of Occupational Safety and Health's compliance inspection of your facility. The penalty for each violation has been reduced depending on your facility's size, good faith and history.

Notice to Employer - To view your establishment(s) inspection on the Federal OSHA web site please use the Activity ID number on Page one (1).

CREDIT CARD PAYMENT

Complete and return to:
North Carolina Department of Labor
Financial Services Division
1101 Mail Service Center
Raleigh, NC 27699-1101
Telephone: (919) 707-7742
Fax: (919) 715-9094

Name: _____

Address: _____

Phone #: _____

Amount: \$ _____ (circle one) Mastercard Visa

Name (as it appears on credit card): _____

Credit Card Number: _____ Exp. Date: _____

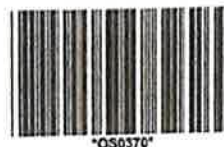
Mo./Yr.

Cardholder Signature: _____ Date: _____

Payment for Invoice Nos.: _____

Pay online at www.labor.nc.gov. We accept VISA, MasterCard, and E-Checks. You may also fax your payments to (919) 715-9094, or mail it to: N.C. Department of Labor, Financial Services Division, 1101 Mail Service Center, Raleigh, NC 27699-1101.

North Carolina Department of Labor
Occupational Safety and Health Division



THIS FORM IS FOR YOUR CONVENIENCE IN REQUESTING AN INFORMAL CONFERENCE OR FOR CONTESTING PART OR ALL OF THE ENCLOSED CITATION(S). THE FORM OR YOUR REQUEST FOR AN INFORMAL CONFERENCE OR NOTICE TO CONTEST MUST BE POSTMARKED WITHIN 15 WORKING DAYS OF RECEIPT OF THE CITATION(S).

HCA Healthcare, Inc. DBA Mission Hospital
509 Biltmore Ave.
Asheville, NC 28801

Inspection Number 318233194

Please mark only one of the following boxes and return to the address indicated below. Forms returned with more than one box marked will be treated as a request for an informal conference.

☐ **PENALTY PAYMENT ENCLOSED IN THE AMOUNT OF \$ _____**

Remit to: NC Department of Labor
ATTN: Financial Services Division
1101 Mail Service Center
Raleigh, NC 27699-1101

Pay online at www.labor.nc.gov. We accept MasterCard, VISA, E-Checks. You may also fax your payment to (919) 715-9094, or mail it to: N.C. Department of Labor, Financial Services Division, 1101 Mail Service Center, Raleigh, NC 27699-1101.

☐ **REQUEST AN INFORMAL CONFERENCE (YOUR RIGHT TO CONTEST IS RESERVED PENDING THE RESULTS OF THE INFORMAL CONFERENCE)**

☐ **NOTICE OF CONTEST OF CITATION(S) AND/OR PROPOSED PENALTY**

Contest of Violation(s) Date(s)/Abatement Dates(s) _____

Contestment of Penalty Amount(s) _____

Return to: NC Department of Labor
Division of Occupational Safety and Health
204 Charlotte Highway, Suite B
Asheville, NC 28803
Tel: 828-299-8232 Fax: 828-299-8266

Signature: _____ Name (Print): _____

Title: _____ Email Address: _____

Telephone No.: () _____ Fax No.: () _____ Date: _____

North Carolina Department of Labor
Occupational Safety and Health Division

NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 3/22/2022.

The conference will be held at the OSHA office located at Division of Occupational Safety and Health,
204 Charlotte Highway, Suite B, Asheville, NC 28803 on _____ at _____.

Employees and/or representatives of employees have a right to attend an informal conference.

North Carolina Department of Labor
Occupational Safety and Health Division
204 Charlotte Highway, Suite B
Asheville, NC 28803
Phone: 828-299-8232 FAX: 828-299-8266

Request for Abatement Date Extensions

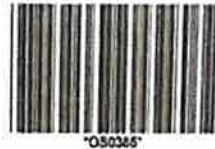
In the event it becomes necessary to request an extension of the abatement date for any violation listed on the enclosed citation(s), certain information must be submitted, in writing, before this request can be considered. Please send your request to:

North Carolina Department of Labor
Occupational Safety and Health Division
204 Charlotte Highway, Suite B
Asheville, NC 28803

The Division of Occupational Safety and Health has the authority to approve or deny any request for abatement extension. However, this approval or denial will not be exercised until the expiration of fifteen (15) working days from the date your employees were notified of the request for an extension. This notification will be accomplished by posting the enclosed "Request for Abatement Date Extension" or by delivering notice to an authorized employee representative. During this fifteen (15) working days period, you are responsible for assuring the safety and health of your employees in the area of the cited hazard.

Attached to this letter is the information you need to include with your request for an extension of any abatement date. Please answer each item completely and forward to this office as soon as it becomes apparent that an extension will be necessary.

If you have any questions regarding this procedure, please call our office at 828-299-8232.



Request for Abatement Date Extension

The employer must indicate in the boxes below which item(s) of the Citation and Notification of Penalty it wishes to extend. First, the employer must identify the citation and item number(s). (For example, "Citation 1, Item 2" or "1-2.") Then the employer must indicate all actions taken, their dates, to achieve compliance during the original abatement period. The employer must also include: the specific additional time necessary, the reasons for the additional time, all available interim steps being taken to safeguard employees, a certification that a copy of this PMA has been posted and served upon the authorized employee representative, and the date the posting and service was completed.

Inspection Number
318233194

CSHO ID
B1151

Issuance Date
3/22/2022

Employer's name and mailing address
HCA Healthcare, Inc. DBA Mission Hospital
509 Biltmore Ave.
Asheville, NC 28801

Citation and Item no.	Abatement Date on Citation	Anticipated Completion Date	Reason for requesting an additional abatement period	Interim steps taken to safeguard employees, including dates, during any extended abatement period

The employer completing this form must sign the form.

Name of Employer Representative, Title

Phone

Signature

Date

Certificate of Posting

I hereby certify that the Request for Abatement Date Extension form and this Certificate of Posting were posted as required on _____, 20____, and a copy furnished to the authorized employee representative, if appropriate, and will remain posted for a period of 15 working days.

If any affected employees, or their representative, feel that this extension should not be granted, they should file an objection to the request in writing to:

North Carolina Department of Labor
Occupational Safety and Health Division
204 Charlotte Highway, Suite B
Asheville, NC 28803

The Division of Occupational Safety and Health has the authority to approve or deny any request for abatement extension. However, this approval or denial will not be exercised until the expiration of fifteen (15) working days from the date your employees were notified of the request for an extension. This notification will be accomplished by posting the enclosed "Request for Abatement Date Extension" or by delivering notice to an authorized employee representative. During this fifteen (15) working days period, you are responsible for assuring the safety and health of your employees in the area of the cited hazard.

Failure to file such objection within fifteen (15) working days of the date of posting of the petition shall constitute a waiver of any further right to object to the petition.

Company Name _____

Authorized Signature _____

Date _____

A copy of this Certificate of Posting must be returned with your request for abatement extension.

North Carolina Department of Labor
Occupational Safety and Health Division

Inspection Number: 318233194
Inspection Date(s): 11/24/2021 - 3/22/2022
Issuance Date: 3/22/2022

Citation and Notification of Penalty

Company Name: HCA Healthcare, Inc. DBA Mission Hospital
Inspection Site: 509 Biltmore Ave., Asheville, NC 28801

Citation 01 Item 001 Type of Violation: **Serious**

29 CFR 1910.134(f)(2): The employer did not ensure that the employee(s) using a tight-fitting facepiece respirator were fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) were used, and at least annually thereafter:

a) Workplace, where an employee was required to use a tight-fitting N95 respirator while working with COVID-19 positive patients and had not received an annual fit test prior to required use of the respirator.

Date By Which Violation Must Be Abated:	Corrected During Inspection
Proposed Penalty:	\$7,000.00

Citation 02 Item 001 Type of Violation: **NonSerious**

29 CFR 1910.134(m)(2)(i): The employer did not establish a record of the qualitative and quantitative fit tests administered to an employee which included the information required by 29 CFR 1910.134(m)(2)(i)(A) through (m)(2)(i)(E):

a) Hospital, where the employer did not establish a fit test record that contained the type of fit test performed (qualitative or quantitative) and the results of the fit test (pass/fail or fit factor).

Date By Which Violation Must Be Abated:	Immediately Upon Receipt
Proposed Penalty:	\$975.00

North Carolina Department of Labor
Occupational Safety and Health Division

Inspection Number: 318233194
Inspection Date(s): 11/24/2021 - 3/22/2022
Issuance Date: 3/22/2022

Citation and Notification of Penalty

Company Name: HCA Healthcare, Inc. DBA Mission Hospital
Inspection Site: 509 Biltmore Ave., Asheville, NC 28801

Citation 02 Item 002 Type of Violation: **NonSerious**

29 CFR 1910.502(r)(1)(i): The employer did not report to OSHA each work-related COVID-19 fatality within 8 hours of the employer learning about the fatality:

a) Workplace, where the employer did not report an employee's death on 11/10/2021, due to COVID-19 infection, and management learned of the employee's death by 11/11/2021. NC OSH was notified of the employee's death on 11/22/2021 through a complaint.

Date By Which Violation Must Be Abated:
Proposed Penalty:

Corrected During Inspection
\$5,000.00

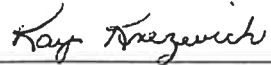
Citation 02 Item 003 Type of Violation: **NonSerious**

29 CFR 1910.502(r)(1)(ii): The employer did not report to OSHA each work-related COVID-19 in-patient hospitalization within 24 hours of the employer learning about the in-patient hospitalization:

a) Workplace, where the employer did not report an employee's hospitalization on 10/18/2021, due to COVID-19, and management was notified on 10/18/2021 of the hospitalization, the day the employee was admitted. NC OSH was notified of the employee's hospitalization and subsequent death on 11/22/2021 through a complaint.

Date By Which Violation Must Be Abated:
Proposed Penalty:

Corrected During Inspection
\$2,250.00



Kay Knezevich, District Supervisor
for the Director

North Carolina Department of Labor

Occupational Safety and Health Division

204 Charlotte Highway, Suite B

Asheville, NC 28803

Phone: 828-299-8232 FAX: 828-299-8266



INVOICE/ DEBT COLLECTION NOTICE

Company Name: HCA Healthcare, Inc. DBA Mission Hospital
Inspection Site: 509 Biltmore Ave., Asheville, NC 28801
Issuance Date: 3/22/2022

Summary of Penalties for Inspection Number: 318233194

Citation 1, Serious	= \$7,000.00
Citation 2, NonSerious	= \$8,225.00
TOTAL PENALTIES	= \$15,225.00

Please remit payment promptly to Attn: Financial Services Division - Collections, NC Department of Labor at 1101 Mail Service Center, Raleigh, NC 27699-1101, for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: NC Department of Labor, OSHA Division. For payment by credit card, complete the form provided. Please indicate OSHA's Inspection Number (indicated above) on the remittance. Pay online at www.labor.nc.gov We accept VISA, MasterCard, and E-Checks. You may also fax your payment to (919) 715-9094, or mail to: N.C. Department of Labor, Financial Services Division, 1101 Mail Service Center, Raleigh, NC 27699-1101.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

North Carolina Department of Labor

Occupational Safety and Health Division
204 Charlotte Highway, Suite B
Asheville, NC 28803
Phone: 828-299-8232 FAX: 828-299-8266



Matt Gruber/KK

Citation and Notification of Penalty

To:
HCA Healthcare, Inc. DBA Mission Hospital
509 Biltmore Ave.
Asheville, NC 28801

Inspection Number: 318229796
CSHO ID: B1151
Activity ID No.: 150238
Inspection Date(s): 10/1/2021 - 3/22/2022
Issuance Date: 3/22/2022

Inspection Site:
509 Biltmore Ave.
Asheville, NC 28801

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

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If you decide to request an informal conference, obtain the date, time and location of the informal conference by contacting the District Supervisor, then complete and post the enclosed Notice to Employees near the Citation and Notification of Penalty. Please bring to the conference all supporting documentation of existing conditions and any corrections made thus far. The results of the informal conference will be a revised citation, a notice of no change or an informal settlement agreement. An informal settlement agreement will resolve the matter without litigation or contestment.

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Notice to Employer - To view your establishment(s) inspection on the Federal OSHA web site please use the Activity ID number on Page one (1).

CREDIT CARD PAYMENT

Complete and return to:
North Carolina Department of Labor
Financial Services Division
1101 Mail Service Center
Raleigh, NC 27699-1101
Telephone: (919) 707-7742
Fax: (919) 715-9094

Name: _____
Address: _____
Phone #: _____
Amount: \$ _____ (circle one) Mastercard Visa
Name (as it appears on credit card): _____
Credit Card Number: _____ Exp. Date: _____
Mo./Yr.
Cardholder Signature: _____ Date: _____
Payment for Invoice Nos.: _____

Pay online at www.labor.nc.gov. We accept VISA, MasterCard, and E-Checks. You may also fax your payments to (919) 715-9094, or mail it to: N.C. Department of Labor, Financial Services Division, 1101 Mail Service Center, Raleigh, NC 27699-1101.

North Carolina Department of Labor
Occupational Safety and Health Division



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HCA Healthcare, Inc. DBA Mission Hospital
509 Biltmore Ave.
Asheville, NC 28801

Inspection Number 318229796

Please mark only one of the following boxes and return to the address indicated below. Forms returned with more than one box marked will be treated as a request for an informal conference.

☐ **PENALTY PAYMENT ENCLOSED IN THE AMOUNT OF \$ _____**

Remit to: NC Department of Labor
ATTN: Financial Services Division
1101 Mail Service Center
Raleigh, NC 27699-1101

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☐ **REQUEST AN INFORMAL CONFERENCE (YOUR RIGHT TO CONTEST IS RESERVED PENDING THE RESULTS OF THE INFORMAL CONFERENCE)**

☐ **NOTICE OF CONTEST OF CITATION(S) AND/OR PROPOSED PENALTY**

Contest of Violation(s) Date(s)/Abatement Dates(s) _____

Contestment of Penalty Amount(s) _____

Return to: NC Department of Labor
Division of Occupational Safety and Health
204 Charlotte Highway, Suite B
Asheville, NC 28803
Tel: 828-299-8232 Fax: 828-299-8266

Signature: _____ Name (Print): _____

Title: _____ Email Address: _____

Telephone No.: () _____ Fax No.: () _____ Date: _____

North Carolina Department of Labor
Occupational Safety and Health Division

NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 3/22/2022.
The conference will be held at the OSHA office located at Division of Occupational Safety and Health,
204 Charlotte Highway, Suite B, Asheville, NC 28803 on _____ at _____.

Employees and/or representatives of employees have a right to attend an informal conference.

North Carolina Department of Labor
Occupational Safety and Health Division
204 Charlotte Highway, Suite B
Asheville, NC 28803
Phone: 828-299-8232 FAX: 828-299-8266

Request for Abatement Date Extensions

In the event it becomes necessary to request an extension of the abatement date for any violation listed on the enclosed citation(s), certain information must be submitted, in writing, before this request can be considered. Please send your request to:

North Carolina Department of Labor
Occupational Safety and Health Division
204 Charlotte Highway, Suite B
Asheville, NC 28803

The Division of Occupational Safety and Health has the authority to approve or deny any request for abatement extension. However, this approval or denial will not be exercised until the expiration of fifteen (15) working days from the date your employees were notified of the request for an extension. This notification will be accomplished by posting the enclosed "Request for Abatement Date Extension" or by delivering notice to an authorized employee representative. During this fifteen (15) working days period, you are responsible for assuring the safety and health of your employees in the area of the cited hazard.

Attached to this letter is the information you need to include with your request for an extension of any abatement date. Please answer each item completely and forward to this office as soon as it becomes apparent that an extension will be necessary.

If you have any questions regarding this procedure, please call our office at 828-299-8232.



Request for Abatement Date Extension

The employer must indicate in the boxes below which item(s) of the Citation and Notification of Penalty it wishes to extend. First, the employer must identify the citation and item number(s). (For example, "Citation 1, Item 2" or "1-2.") Then the employer must indicate all actions taken, their dates, to achieve compliance during the original abatement period. The employer must also include: the specific additional time necessary, the reasons for the additional time, all available interim steps being taken to safeguard employees, a certification that a copy of this PMA has been posted and served upon the authorized employee representative, and the date the posting and service was completed.

Inspection Number
318229796

CSHO ID
B1151

Issuance Date
3/22/2022

Employer's name and mailing address
HCA Healthcare, Inc. DBA Mission Hospital
509 Biltmore Ave.
Asheville, NC 28801

Citation and Item no.	Abatement Date on Citation	Anticipated Completion Date	Reason for requesting an additional abatement period	Interim steps taken to safeguard employees, including dates, during any extended abatement period

The employer completing this form must sign the form.

Name of Employer Representative, Title

Phone

Signature

Date

Certificate of Posting

I hereby certify that the Request for Abatement Date Extension form and this Certificate of Posting were posted as required on _____, 20_____, and a copy furnished to the authorized employee representative, if appropriate, and will remain posted for a period of 15 working days.

If any affected employees, or their representative, feel that this extension should not be granted, they should file an objection to the request in writing to:

North Carolina Department of Labor
Occupational Safety and Health Division
204 Charlotte Highway, Suite B
Asheville, NC 28803

The Division of Occupational Safety and Health has the authority to approve or deny any request for abatement extension. However, this approval or denial will not be exercised until the expiration of fifteen (15) working days from the date your employees were notified of the request for an extension. This notification will be accomplished by posting the enclosed "Request for Abatement Date Extension" or by delivering notice to an authorized employee representative. During this fifteen (15) working days period, you are responsible for assuring the safety and health of your employees in the area of the cited hazard.

Failure to file such objection within fifteen (15) working days of the date of posting of the petition shall constitute a waiver of any further right to object to the petition.

Company Name _____

Authorized Signature _____

Date _____

A copy of this Certificate of Posting must be returned with your request for abatement extension.

North Carolina Department of Labor
Occupational Safety and Health Division

Inspection Number: 318229796
Inspection Date(s): 10/1/2021 - 3/22/2022
Issuance Date: 3/22/2022

Citation and Notification of Penalty

Company Name: HCA Healthcare, Inc. DBA Mission Hospital
Inspection Site: 509 Biltmore Ave., Asheville, NC 28801

Citation 01 Item 001 Type of Violation: **Serious**

29 CFR 1910.134(f)(2): The employer did not ensure that the employee(s) using a tight-fitting facepiece respirator were fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) were used, and at least annually thereafter:

a) Facility-wide, where employees were required to use tight-fitting N95 respirators while working with COVID-19 positive patients and had not received an annual fit test prior to required use of the respirator.

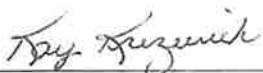
Date By Which Violation Must Be Abated: 4/18/2022
Proposed Penalty: \$6,300.00

Citation 02 Item 001 Type of Violation: **NonSerious**

29 CFR 1910.134(m)(2)(i): The employer did not establish a record of the qualitative and quantitative fit tests administered to an employee which included the information required by 29 CFR 1910.134(m)(2)(i)(A) through (m)(2)(i)(E):

a) Hospital, where the employer did not establish a fit test record that contained the type of fit test performed (qualitative or quantitative) and the results of the fit test (pass/fail or fit factor).

Date By Which Violation Must Be Abated: 4/18/2022
Proposed Penalty: \$975.00



Kay Knezevich, District Supervisor
for the Director

North Carolina Department of Labor

Occupational Safety and Health Division

204 Charlotte Highway, Suite B

Asheville, NC 28803

Phone: 828-299-8232 FAX: 828-299-8266



INVOICE/ DEBT COLLECTION NOTICE

Company Name: HCA Healthcare, Inc. DBA Mission Hospital
Inspection Site: 509 Biltmore Ave., Asheville, NC 28801
Issuance Date: 3/22/2022

Summary of Penalties for Inspection Number: 318229796

Citation 1, Serious	= \$6,300.00
Citation 2, NonSerious	= \$975.00
TOTAL PENALTIES	= \$7,275.00

Please remit payment promptly to Attn: Financial Services Division - Collections, NC Department of Labor at 1101 Mail Service Center, Raleigh, NC 27699-1101, for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: NC Department of Labor, OSHA Division. For payment by credit card, complete the form provided. Please indicate OSHA's Inspection Number (indicated above) on the remittance. Pay online at www.labor.nc.gov We accept VISA, MasterCard, and E-Checks. You may also fax your payment to (919) 715-9094, or mail to: N.C. Department of Labor, Financial Services Division, 1101 Mail Service Center, Raleigh, NC 27699-1101.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

North Carolina Department of Labor

Occupational Safety and Health Division
204 Charlotte Highway, Suite B
Asheville, NC 28803
Phone: 828-299-8232 FAX: 828-299-8266



Matt Gruber/KK

Citation and Notification of Penalty

To:
HCA Healthcare, Inc. DBA Copestone
509 Biltmore Ave.
Asheville, NC 28801

Inspection Number: 318229788
CSHO ID: B1151
Activity ID No.: 150237
Inspection Date(s): 10/1/2021 - 3/22/2022
Issuance Date: 3/22/2022

Inspection Site:
428 Biltmore Ave.
Asheville, NC 28801

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty describes violation(s) of the labor laws of Chapter 95 of the North Carolina General Statutes. The penalty(ies) listed herein is (are) based on these violations. You must correct the violation(s) referred to in this citation by the date(s) listed and pay the penalty proposed, unless within 15 working days (excluding weekends and holidays) from receipt of this Citation and Notification of Penalty, you mail a request for an informal conference or Notice of Contestment to the North Carolina Department of Labor district office at the address shown above.

Posting - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and State holidays), whichever is longer. **The penalty dollar amounts need not be posted and may be marked out or covered up prior to posting.**

Informal Conference - You may request an informal conference. To request an informal conference, you must return the enclosed form marking the block requesting an informal conference or provide other written notice to the district supervisor within 15 working days of receipt of the citation. **Do not mark more than one block on the enclosed form if you want an informal conference.** The informal conference must be held no longer than 20 working days from the date you receive the Citation and Notification of Penalty, so your immediate response is necessary if you choose this option.

If you make a timely request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you preserve your right to contest. The time for contestment does not begin until

after the informal conference is held and you have been notified of the result(s). At that time you have an additional 15 working days during which you may file a notice of contest, should you so desire.

If you decide to request an informal conference, obtain the date, time and location of the informal conference by contacting the District Supervisor, then complete and post the enclosed Notice to Employees near the Citation and Notification of Penalty. Please bring to the conference all supporting documentation of existing conditions and any corrections made thus far. The results of the informal conference will be a revised citation, a notice of no change or an informal settlement agreement. An informal settlement agreement will resolve the matter without litigation or contestment.

Right to Contest - You have the right to contest this Citation and Notification of Penalty now or after an informal conference. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations.

15 working days after you receive this Citation and Notification of Penalty (if you do not request an informal conference) or 15 working days after you receive the results of the informal conference, the citation(s) and/or proposed penalty(ies) will become a final order of the North Carolina Occupational Safety and Health Review Commission and may not be reviewed by any court or agency, unless you file a notice of contestment.

Penalty Payment - Penalties are due within 15 working days of receipt of this notification unless a request for an informal conference or notice of contestment is forwarded. Make your check or money order payable to the North Carolina Department of Labor, OSHA Division and remit to the Financial Services Division at 1101 Mail Service Center, Raleigh, NC 27699-1101. Pay online at www.labor.nc.gov. We accept VISA, MasterCard, and E-Checks. You may also fax your payments to (919) 715-9094, or mail it to: N.C. Department of Labor, Financial Services Division, 1101 Mail Service Center, Raleigh NC 27699-1101. You may also make payment by credit card. A form is provided for your convenience. Please indicate the inspection number on the remittance.

Pursuant to N.C. Gen. Stat. Section 147-86.23 interest shall be charged at the rate of five percent (5%) per year on a past-due account receivable from the date the account receivable was due until it is paid. In addition, a late payment penalty of ten percent (10%) of the account receivable shall be added to a past-due account receivable. A late-payment penalty may be waived for good cause shown.

The North Carolina Department of Labor does not agree to any restriction or conditions or endorsements you put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

Notification of Corrective Action - For violations which you do not contest, you should return the OSHA Form 2D (Certification of Abatement) within ten (10) calendar days after the abatement date, to indicate that appropriate corrective action has been taken within the time frame set forth in this citation. You are not required to certify abatement if the inspector observed the abatement during the on-site portion of the inspection or observes within 24 hours after identifying the hazard and notes in the citation that abatement has occurred. The certification that abatement is complete must include, for each cited violation, the date and method of abatement and a statement that affected employees and their representatives have been informed of the abatement.

In addition, for repeat, willful and other serious violations as indicated, additional documents demonstrating that abatement is complete is required. This additional documentation may include, but is not limited to, evidence of the purchase or repair of equipment, photographic or video evidence of abatement or other written records.

If indicated in the citation, you may be required to submit an abatement plan for each cited violation, when time permitted for abatement is more than 90 calendar days. The plan must identify the violation and the steps to be taken to achieve abatement, including a schedule for completing abatement and how employees will be protected from exposure to the violative condition in the interim until abatement is complete. An employer who submits an abatement plan may be required to also submit periodic progress reports for each cited violation. The citation will indicate whether progress plans are due and the date(s) when the progress reports are due.

The employer must include, in each submission required by this notification, company name and address, inspection number, citation and item numbers, a statement that the information submitted is accurate, and a signature of the employer or the employer's authorized representative. The date of the postmark is the date of submission for mailed documents.

Employee Notification of Corrective Action - The employer must inform affected employees and their representative(s) about abatement activities, covered by the citations, by posting a copy of each document submitted to the North Carolina Department of Labor, or a summary of the document near the place where the violation occurred, or where it will be readily observable. The employer must inform employees of their right to examine and copy all abatement documents submitted. Posted documents must remain posted for three working days after submission to the Department.

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 180 days after the discrimination occurred with the NC Department of Labor at the address shown above.

Notice to Employees - The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be in writing and signed. It must be mailed to the North Carolina Department of Labor at the address shown above and postmarked within 20 days of the receipt by the employer of this Citation and Notification of Penalty.

Notice to Employer - Enclosed are citations and proposed penalties levied against your facility resulting from the Division of Occupational Safety and Health's compliance inspection of your facility. The penalty for each violation has been reduced depending on your facility's size, good faith and history.

Notice to Employer - To view your establishment(s) inspection on the Federal OSHA web site please use the Activity ID number on Page one (1).

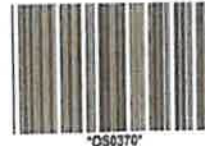
CREDIT CARD PAYMENT

Complete and return to:
North Carolina Department of Labor
Financial Services Division
1101 Mail Service Center
Raleigh, NC 27699-1101
Telephone: (919) 707-7742
Fax: (919) 715-9094

Name: _____
Address: _____
Phone #: _____
Amount: \$ _____ (circle one) Mastercard Visa
Name (as it appears on credit card): _____
Credit Card Number: _____ Exp. Date: _____
Mo./Yr.
Cardholder Signature: _____ Date: _____
Payment for Invoice Nos.: _____

Pay online at www.labor.nc.gov. We accept VISA, MasterCard, and E-Checks. You may also fax your payments to (919) 715-9094, or mail it to: N.C. Department of Labor, Financial Services Division, 1101 Mail Service Center, Raleigh, NC 27699-1101.

North Carolina Department of Labor
Occupational Safety and Health Division



THIS FORM IS FOR YOUR CONVENIENCE IN REQUESTING AN INFORMAL CONFERENCE OR FOR CONTESTING PART OR ALL OF THE ENCLOSED CITATION(S). THE FORM OR YOUR REQUEST FOR AN INFORMAL CONFERENCE OR NOTICE TO CONTEST MUST BE POSTMARKED WITHIN 15 WORKING DAYS OF RECEIPT OF THE CITATION(S).

HCA Healthcare, Inc. DBA Copestone
509 Biltmore Ave.
Asheville, NC 28801

Inspection Number 318229788

Please mark only one of the following boxes and return to the address indicated below. Forms returned with more than one box marked will be treated as a request for an informal conference.

☐ **PENALTY PAYMENT ENCLOSED IN THE AMOUNT OF \$ _____**

Remit to: NC Department of Labor
ATTN: Financial Services Division
1101 Mail Service Center
Raleigh, NC 27699-1101

Pay online at www.labor.nc.gov. We accept MasterCard, VISA, E-Checks. You may also fax your payment to (919) 715-9094, or mail it to: N.C. Department of Labor, Financial Services Division, 1101 Mail Service Center, Raleigh, NC 27699-1101.

☐ **REQUEST AN INFORMAL CONFERENCE (YOUR RIGHT TO CONTEST IS RESERVED PENDING THE RESULTS OF THE INFORMAL CONFERENCE)**

☐ **NOTICE OF CONTEST OF CITATION(S) AND/OR PROPOSED PENALTY**

Contest of Violation(s) Date(s)/Abatement Dates(s) _____

Contestment of Penalty Amount(s) _____

Return to: NC Department of Labor
Division of Occupational Safety and Health
204 Charlotte Highway, Suite B
Asheville, NC 28803
Tel: 828-299-8232 Fax: 828-299-8266

Signature: _____ Name (Print): _____

Title: _____ Email Address: _____

Telephone No.: () _____ Fax No.: () _____ Date: _____

North Carolina Department of Labor
Occupational Safety and Health Division

NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 3/22/2022.

The conference will be held at the OSHA office located at Division of Occupational Safety and Health,
204 Charlotte Highway, Suite B, Asheville, NC 28803 on _____ at _____.

Employees and/or representatives of employees have a right to attend an informal conference.

North Carolina Department of Labor

Occupational Safety and Health Division

204 Charlotte Highway, Suite B

Asheville, NC 28803

Phone: 828-299-8232 FAX: 828-299-8266

Request for Abatement Date Extensions

In the event it becomes necessary to request an extension of the abatement date for any violation listed on the enclosed citation(s), certain information must be submitted, in writing, before this request can be considered. Please send your request to:

North Carolina Department of Labor
Occupational Safety and Health Division
204 Charlotte Highway, Suite B
Asheville, NC 28803

The Division of Occupational Safety and Health has the authority to approve or deny any request for abatement extension. However, this approval or denial will not be exercised until the expiration of fifteen (15) working days from the date your employees were notified of the request for an extension. This notification will be accomplished by posting the enclosed "Request for Abatement Date Extension" or by delivering notice to an authorized employee representative. During this fifteen (15) working days period, you are responsible for assuring the safety and health of your employees in the area of the cited hazard.

Attached to this letter is the information you need to include with your request for an extension of any abatement date. Please answer each item completely and forward to this office as soon as it becomes apparent that an extension will be necessary.

If you have any questions regarding this procedure, please call our office at 828-299-8232.

Request for Abatement Date Extension



The employer must indicate in the boxes below which item(s) of the Citation and Notification of Penalty it wishes to extend. First, the employer must identify the citation and item number(s). (For example, "Citation 1, Item 2" or "1-2.") Then the employer must indicate all actions taken, their dates, to achieve compliance during the original abatement period. The employer must also include: the specific additional time necessary, the reasons for the additional time, all available interim steps being taken to safeguard employees, a certification that a copy of this PMA has been posted and served upon the authorized employee representative, and the date the posting and service was completed.

Inspection Number
318229788

CSHO ID
B1151

Issuance Date
3/22/2022

Employer's name and mailing address
HCA Healthcare, Inc. DBA Copestone
509 Biltmore Ave.
Asheville, NC 28801

Citation and Item no.	Abatement Date on Citation	Anticipated Completion Date	Reason for requesting an additional abatement period	Interim steps taken to safeguard employees, including dates, during any extended abatement period

The employer completing this form must sign the form.

Name of Employer Representative, Title

Phone

Signature

Date

Certificate of Posting

I hereby certify that the Request for Abatement Date Extension form and this Certificate of Posting were posted as required on _____, 20____, and a copy furnished to the authorized employee representative, if appropriate, and will remain posted for a period of 15 working days.

If any affected employees, or their representative, feel that this extension should not be granted, they should file an objection to the request in writing to:

North Carolina Department of Labor
Occupational Safety and Health Division
204 Charlotte Highway, Suite B
Asheville, NC 28803

The Division of Occupational Safety and Health has the authority to approve or deny any request for abatement extension. However, this approval or denial will not be exercised until the expiration of fifteen (15) working days from the date your employees were notified of the request for an extension. This notification will be accomplished by posting the enclosed "Request for Abatement Date Extension" or by delivering notice to an authorized employee representative. During this fifteen (15) working days period, you are responsible for assuring the safety and health of your employees in the area of the cited hazard.

Failure to file such objection within fifteen (15) working days of the date of posting of the petition shall constitute a waiver of any further right to object to the petition.

Company Name _____

Authorized Signature _____

Date _____

A copy of this Certificate of Posting must be returned with your request for abatement extension.

North Carolina Department of Labor
Occupational Safety and Health Division

Inspection Number: 318229788
Inspection Date(s): 10/1/2021 - 3/22/2022
Issuance Date: 3/22/2022

Citation and Notification of Penalty

Company Name: HCA Healthcare, Inc. DBA Copestone
Inspection Site: 428 Biltmore Ave., Asheville, NC 28801

Citation 01 Item 001 Type of Violation: **Serious**

29 CFR 1910.134(f)(2): The employer did not ensure that the employee(s) using a tight-fitting facepiece respirator were fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) were used, and at least annually thereafter:

a) Facility-wide, where employees were required to use tight-fitting N95 respirators while working with COVID-19 positive patients and had not received an annual fit test prior to the required use of the respirator.

Date By Which Violation Must Be Abated:
Proposed Penalty:

Immediately Upon Receipt
\$6,300.00

Citation 02 Item 001 Type of Violation: **NonSerious**

29 CFR 1910.134(m)(2)(i): The employer did not establish a record of the qualitative and quantitative fit tests administered to an employee which included the information required by 29 CFR 1910.134(m)(2)(i)(A) through (m)(2)(i)(E):

a) Hospital, where the employer did not establish a fit test record that contained the type of fit test performed (qualitative or quantitative) and the results of the fit test (pass/fail or fit factor).

Date By Which Violation Must Be Abated:
Proposed Penalty:

Immediately Upon Receipt
\$975.00



Kay Knezevich, District Supervisor
for the Director

North Carolina Department of Labor

Occupational Safety and Health Division

204 Charlotte Highway, Suite B

Asheville, NC 28803

Phone: 828-299-8232 FAX: 828-299-8266



INVOICE/ DEBT COLLECTION NOTICE

Company Name: HCA Healthcare, Inc. DBA Copestone
Inspection Site: 428 Biltmore Ave., Asheville, NC 28801
Issuance Date: 3/22/2022

Summary of Penalties for Inspection Number: 318229788

Citation 1, Serious	= \$6,300.00
Citation 2, NonSerious	= \$975.00
TOTAL PENALTIES	= \$7,275.00

Please remit payment promptly to Attn: Financial Services Division - Collections, NC Department of Labor at 1101 Mail Service Center, Raleigh, NC 27699-1101, for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: NC Department of Labor, OSHA Division. For payment by credit card, complete the form provided. Please indicate OSHA's Inspection Number (indicated above) on the remittance. Pay online at www.labor.nc.gov. We accept VISA, MasterCard, and E-Checks. You may also fax your payment to (919) 715-9094, or mail to: N.C. Department of Labor, Financial Services Division, 1101 Mail Service Center, Raleigh, NC 27699-1101.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

