

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/27/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HOMINY VALLEY RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2189 SMOKEY PARK HIGHWAY CANDLER, NC 28715
--	--

(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
D 000	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual and follow-up survey on January 27, 2016.	D 000		
D 074	<p>10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to maintain in clean and repaired manner walls, floors, ceilings or fixtures attached to them in 2 of 2 common shower rooms, the resident hallway, the dining room and in 6 of 16 resident rooms.</p> <p>The findings are:</p> <p>Observation of the facility on 01/27/16 from 8:20AM through 11:05AM revealed: -In resident room #8 was a broken vinyl floor tile between the bed and the door (in the vicinity of the bedside table) and peeling brown wallpaper on the wall between the room door and the bathroom door. -In resident room #8, the right sliding window panel was removed and replaced with a window air conditioning (A/C) unit and a sheet of acrylic glass screwed to the metal window frame; the acrylic glass was not fitted to the window opening resulting in overlapping and bending on the upper window frame and the A/C unit with open side</p>	D 074		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/27/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HOMINY VALLEY RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2189 SMOKEY PARK HIGHWAY CANDLER, NC 28715
--	--

(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
D 074	<p>Continued From page 1</p> <p>gaps in the corners witha noticeable draft from outside was felt.</p> <p>-In resident room #8 half of the vertical blinds were missing over the A/C unit.</p> <p>-In the shared bathroom for resident room #15 the toilet bowl was affixed to unpainted particle board on the floor with brown staining on the floor tile around the bowl.</p> <p>-In resident room #16 was a ceiling light cover full of debris and an approximately 1 inch by 4 inch hole in the drywall above the baseboard and to the right of the bathroom doorframe.</p> <p>-In the shared bathroom for resident room #16 the floor had a grey, dirty appearance, brown staining was noted around the toilet bowl, the light fixture had no cover and door trim was missing from the inside of the bathroom door frame.</p> <p>-In the shared bathroom for resident room #2 the popcorn-textured ceiling had an approximately 3 feet long patched but unsanded and unpainted area.</p> <p>-In resident room #1, the right sliding window panel was removed and replaced with a window air conditioning (A/C) unit and a sheet of acrylic glass screwed to the metal window frame; the acrylic glass fit the frame but was cracked along the bottom against the A/C unit with a noticeable draft from outside felt.</p> <p>-In the shared bathroom for resident room #1 was a ceiling vent loose on two sides, a missing light cover and a loose metal shelf that was pulling away from the drywall.</p> <p>-In resident room #4 was an approximately 1 inch by 2 inch oblong hole in the drywall.</p> <p>-In the shared bathroom for resident room #6 an approximately 3 foot long section of marred drywall above the baseboard, a ceiling light fixture that did not come on when the wall switch was moved and a missing wall light fixture cover with only one bulb lit in the two bulb fixture.</p>	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/27/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HOMINY VALLEY RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2189 SMOKEY PARK HIGHWAY CANDLER, NC 28715
--	--

(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
D 074	<p>Continued From page 2</p> <p>Further observation of common areas revealed:</p> <ul style="list-style-type: none"> -In the phone room was a missing ceiling light cover with only one bulb lit in the two bulb fixture. -In the resident hallway between resident room #1 and a common shower room a baseboard heater was missing its cover. -In the common shower room by the main entrance was a heavily rusted baseboard heater cover, black staining on the tile around the base of the toilet bowl, rusted areas on the metal legs of two bedside commodes in the shower stalls, rusted scuff marks on the tile under one of the bedside commodes (the legs had no rubber feet on them), a missing ceramic tile around the drain of the left shower stall, two florescent ceiling lights with cracked light covers (the one over the hand sink had a clear tape repair) and patches of loose and missing popcorn texture on the ceiling. -In the common shower room across from the mechanical room was a rusted commode partition door, 4 missing ceramic floor tiles around the drain and missing grout in the corner of the left shower stall, numerous areas of blackened wall tile grout and numerous patches of loose, hanging and missing popcorn texture on the ceiling and a cracked plastic florescent light cover with a piece missing. -In the dining room, a baseboard heater was missing its cover, baseboards were marred and dirt build-up along the baseboards and baseboard heaters remained after staff were observed mopping the floor after breakfast. -In the kitchen, a door leading outside had a loose handle with outside light visible through the door handle opening, and an approximately 1/2 inch gap between the bottom of the door and the kitchen floor permitted visible outside light. -An unlit emergency exit sign at the double doors (next to the laundry room). 	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/27/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HOMINY VALLEY RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2189 SMOKEY PARK HIGHWAY CANDLER, NC 28715
--	--

(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
D 074	<p>Continued From page 3</p> <p>-An unlit emergency exit sign at the fire doors between resident rooms #6 and #8.</p> <p>Review of the most current state sanitation inspection report dated 11/24/15 revealed: -An overall sanitation score of 91.5. -The comment but no point deduction for "ceilings in laundry and bathroom is in need of repair/repainting ..." -The comment and a 2 point deduction for "shower room needed tile replacement around shower drain. Bathing seat needed some cleaning underneath."</p> <p>Review of the most current food establishment inspection report dated 10/08/15 revealed: -An overall score of 97.5. -No points deducted but out of compliance for item #36 ("insects and rodents not present; no unauthorized animals"), with the additional comment "Bottom of door is in need of repair."</p> <p>Confidential interviews with alert and oriented residents revealed no complaints or concerns voiced regarding housekeeping and maintenance of the facility.</p> <p>A confidential interview with a family member revealed no complaints or concerns voiced regarding housekeeping and maintenance of the facility.</p> <p>An interview with the Owner on 01/27/16 at 9:00AM revealed: -He was aware of the need for tile and grout repair in the shower room. -The "multiple fixes" the facility tried in the shower room had not worked. -He would direct the Maintenance staff person to discuss this issue.</p>	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/27/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HOMINY VALLEY RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2189 SMOKEY PARK HIGHWAY CANDLER, NC 28715
--	--

(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
D 074	<p>Continued From page 4</p> <p>An interview with the Maintenance staff person on 01/27/16 at 9:40AM revealed: -Repairs in the shower room were a "continual issue" with multiple attempts to repair being made. -He was aware of missing floor tile. -He could clean the grout on the walls and in 3 days it would be "moldy" again, with the issue being poor ventilation, which will require a contractor to install a new exhaust fan.</p> <p>An interview with the Resident Care Coordinator (RCC) on 01/27/16 at 2:55PM revealed: -Personal Care Aides were expected to report to her any hazards and things needing repair. -Staff would come straight to her to report these concerns or to the Medication Aide on duty.</p> <p>An interview with the Operations Manager, Maintenance staff person and RCC on 01/27/16 at 3:00PM revealed: -The Maintenance staff person worked at both the facility and a sister facility. -Staff were good to share housekeeping and maintenance concerns but they were mostly verbally communicated. -The Maintenance staff person and the Operations Manager would do "walk throughs" of the facility but they were not scheduled activities. -Staff were "very knowledgeable" about what to look for and report regarding facility repair issues. -Some A/C window units were left in at the residents' request and those who did complain of drafts had them removed and the windows replaced. -Deep cleaning of rooms was done for each room monthly, with 1 or 2 rooms done each day. -Deep cleaning required pulling out beds and dressers, washing walls, removing cob webs and</p>	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/27/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HOMINY VALLEY RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2189 SMOKEY PARK HIGHWAY CANDLER, NC 28715
--	--

(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
D 074	<p>Continued From page 5</p> <p>cleaning floors in the corners and under furniture. -Some residents did not want their rooms deep cleaned but staff would work with them to get required cleaning accomplished. -The dining room was mopped after every meal. -Common areas were deep cleaned weekly. -For repairs that the Maintenance staff person could not perform, the Owner was notified so that an outside contractor could be hired. -The facility maintained a list of maintenance jobs which included ceiling repair in the common shower room. -A contractor was scheduled to begin work on the shower room ceiling on 01/25/16 but due to weather had to delay start of the job until 02/01/16.</p> <p>Review of a document titled "[facility name] Repairs" with a fax transmittal date stamp of 12/01/16 revealed: -Item #7 was "bathroom ceiling needs to be repainted." -Item #10 was "Shower 1 needs the tile replaced around the shower drain." -Item #11 was "Shower 1 the heater needs to either be sanded and painted or replaced." -Item #13 was "Shower room 2 ceiling needs to be painted." -Item #21 was "Flap on the kitchen door to keep rats out." -Item #24 (handwritten) was "Heater cover needs fix in hallway."</p>	D 074		