

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/02/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOMINY VALLEY RETIREMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2189 SMOKEY PARK HIGHWAY CANDLER, NC 28715</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	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell on 12-2-2014.</p> <p>Records indicate that this facility was first licensed on 12-7-1988. Information gathered onsite was that the facility was licensed in 1979. Based on this information we are requiring the facility to meet the 1977 Minimum Standards and Regulations for Homes for the Aged and Disabled, the 1978 NC State Building Code and the applicable portions for the current Rules for Adult Care Homes of Seven or More Beds.</p>	C 000		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation, the trap was dry on the hopper in the utility room. Dry traps allow sewer gases to enter the building.</p>	C 164		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult</p>	C 189		

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:  <b>HAL011329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/02/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOMINY VALLEY RETIREMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2189 SMOKEY PARK HIGHWAY CANDLER, NC 28715</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 189	<p>Continued From page 1</p> <p>care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>a. Hole in office ceiling,</li> <li>b. Holes in "Jimmy's" office ceiling,</li> <li>c. Holes in ceiling in Janitor's closet,</li> <li>d. Holes in laundry ceiling,</li> <li>e. Crack at edge of ceiling in the clean linen room,</li> <li>f. Crack in ceiling of bathroom off room 2,</li> <li>g. Hole beside refrigerant lines in ceiling of furnace room,</li> <li>h. Water damaged ceiling in activity supply room,</li> <li>i. Holes in ceiling in activity supply room where light fixture has fallen,</li> <li>j. Holes in walls and ceiling in room 12,</li> <li>k. Holes in walls and ceiling in bathroom off room 12,</li> <li>l. Hole beside smoke detector in corridor near room 1,</li> <li>m. Hole beside smoke detector in corridor near room 5,</li> <li>n. Hole beside smoke detector in corridor near janitor's closet,</li> <li>o. Incomplete ceiling patch in corridor near room 16,</li> <li>p. Ceiling damaged where supply vent has fallen in room 2,</li> <li>q. Ceiling damaged where exhaust vent has fallen in office bathroom.</li> </ol> <p>Holes, cracks and damaged areas that are not sealed with materials approved for use in</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/02/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOMINY VALLEY RETIREMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2189 SMOKEY PARK HIGHWAY CANDLER, NC 28715</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 189	<p>Continued From page 2</p> <p>one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>2. Based on observation, the battery powered emergency lights in the corridor near rooms 3 and 9 would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>3. Based on observation, the facility failed to maintain the corridors in a smoke and fire resisting condition because of corridor doors not closing and/or latching properly. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <ul style="list-style-type: none"> <li>a. The latch strike plate is missing at the corridor door to room 12,</li> <li>b. The door to room 12 does not fit the opening well enough at the top to resist the passage of smoke and fire.</li> <li>c. The office door is equipped with only a deadbolt latch rather than automatic latching hardware.</li> <li>d. One of the pair of doors to sitting room 1 does not close completely when activated by the fire alarm system.</li> </ul> <p>4. Based on observation, the cover was missing on an electric baseboard heater in sitting room 1. With the cover missing, residents were exposed to energized 240 volt wiring.</p> <p>5. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/02/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOMINY VALLEY RETIREMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2189 SMOKEY PARK HIGHWAY CANDLER, NC 28715</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 189	Continued From page 3  could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in unapproved beverage crates or in no container at all.	C 189		
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; (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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; 1. The exhaust fan was removed from the housing in the bathroom off room 12. 2. The exhaust fan was not working in the bathroom off room 15.	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/02/2014</b>
--	--	---	---

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