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**Haywood Heights
FCH**

Fax

To:	Glenn Hoppin	From:	Tina Muckelvene
Fax:	919-733-6592	Pages:	4 including cover
Phone:	919-855-3893	Date:	April 3, 2016
Re:	Plan of protection	cc:	

Urgent For Review Please Comment Please Reply Please Recycle

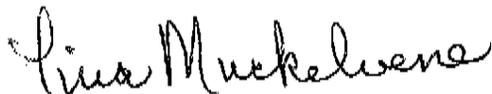
Thank you,

Tina Muckelvene

Haywood Heights Family Care Homes

REF: PLAN OF CORRECTION DATE 04/03/2016

In response to rule area 10A NCAC 13G .0315 (Housekeeping and Furnishings) in violation, facility admin. contacted Dodson pest control to have services provided to get bed bug infestation removed. On December 9th, 2015 Dodson treated the facility. Admin. proceeded to installed passive traps on all beds in the home, moved all beds away from walls, and have removed any and all linen from the floor. On December 23rd, 2015 Dodson returned to do the follow up and assure the bed bug infestation was removed, and it is. Facility admin. has a contract with Dodson to do monthly extermination services, including checks for any signs of bed bugs to ensure facility remains in compliance with rule area.



Tina Muckelvene

Administrator

4-3-16

PRINTED: 03/08/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/02/2015
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NAME OF PROVIDER OR SUPPLIER
HAYWOOD HEIGHTS FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**17 EUCLID BOULEVARD
ASHEVILLE, NC 28806**

(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
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C 000

Initial Comments

Report by Glenn Hoppin

DHSR Construction Section conducted a Complaint Survey on December 02, 2015 from 4:30pm until 6:00pm at the above referenced facility. DHSR records indicate the home was first licensed on July 13, 1995 as a Family Care Home for six Residents with no more than three who are non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1991 (95 Rev) North Carolina State Building Code - Section 514.2 - Small Residential Care Facilities.

At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:

C 000

SEE
ATTACHED

C 53

Houskeeping And Furnishings-Clean, Repaired

SECTION .0300 - THE BUILDING
10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS

(a) Each family care home shall:

- (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
- (2) have no chronic unpleasant odors;
- (3) have furniture clean and in good repair;
- (e) This Rule shall apply to new and existing homes.

This Rule is not met as evidenced by:
The facility has a bed bug infestation. The facility

C 153

SEE
ATTACHED

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wanda Muckelbauer

Administrator

4-3-16

STATE OF NORTH CAROLINA

0889

LXGW21

If continuation sheet 1 of 2

PRINTED: 03/08/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/02/2015
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NAME OF PROVIDER OR SUPPLIER: **HAYWOOD HEIGHTS FAMILY CARE HOME**
STREET ADDRESS, CITY, STATE, ZIP CODE: **17 EUCLID BOULEVARD ASHEVILLE, NC 28806**

(X4) DEFICIENCY 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 53	Continued From page 1 is in violation of sanitation regulations in accordance with DENR Form 2094 Section 14 VERMIN CONTROL/PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent; effective control of rodents and other vermin; approved pesticides properly used; premises neat, clean, drained and free of litter and vermin harborages and breeding areas. Licensed pest control contractors are currently treating the facility for bedbugs. Continue the treatment plan as recommended by the pest control contractor. In addition to the current plan, install passive bedbug traps on all beds. Move all beds away from walls and keep all linens and laundry away from the floor. Contact DHSR Construction when all the required items are in place and a follow up survey will be performed.	C 153	<i>SEE ATTACHED</i>	