STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011329	A. BUILDING: **01** B. WING _____	**12/13/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMINY VALLEY RETIREMENT CENTER	**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
C 000	Initial Comments Report of Biennial Section Complaint Survey by Dennis Harrell on 12-13-2016. The Complaint alleged that sewer system effluent was ponding on the surface. Records indicate that this facilty 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. The Complaint was substantiated, however the problem had been mitigated, at least temporarily, by the time of the survey.	C 000		
C 110	Construction-Meet Sanitary Requirements SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service	C 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011329	A. BUILDING: **01** B. WING _____	**12/13/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMINY VALLEY RETIREMENT CENTER	**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
C 110	Continued From page 1 Center, Raleigh, North Carolina 27699-1632 at no cost. This Rule is not met as evidenced by: Based on interview with staff, the facility was alternating between an upper and lower drain field for sewage disposal. Effluent had been surfacing on the lower drain field and ponding near the highway. A former owner disclosed that there was another upper drain field that the current owner was unaware of. Several days before the survey they had begun alternating between the 2 upper drain fileds and the lower one had dried enough that there was no longer any surface water. Staff also stated that the local Environmental Health Specialist was satisfied with the solution but had identified a repair area and had issued an open ended repair permit should it become necessary. Please provide copies of any correspondence and permits from Buncombe County Environmental Health and keep us informed of any new developments.	C 110		