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 _____	**02/23/2017**

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 Construction Section Biennial Survey report by Frank Strickland on 02/21/2017: This facility was first licensed 01/01/1979. Based on this information, we are requiring that this facility meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 Regulations for Adult Care Homes, and the 1978 Edition of the North Carolina State Building Code-Section 409.1(c) Institutional Occupancy. FACILITY IS LICENSED FOR 30 BEDS Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to maintain the securement of the handrails in the corridors. Findings on 02/22/2017: The corridor handrails are not secured at the Front Lobby.	C 148		
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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 _____	**02/23/2017**

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 164	Continued From page 1 SECTION .0300 - PHYSICAL PLANT 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; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to maintain the floor surfaces in the food preparation areas. Findings on 02/22/2017: The floor surfaces under and around all the Kitchen equipment and appliances have excessive grease build-up. 2-Based on observations, this facility has failed to maintain the floor surfaces in habitable areas. Findings on 02/22/2017: The Hallways and Resident Room floor surfaces need to be cleaned and waxed. 3-Based on observations, this facility has failed to maintain housekeeping practices in the Bathing Areas. Findings on 02/22/2017: The general Bath located at the South Side has the following issues: (a) Trash can not emptied and soiled diapers laying on the floor. (b) No clean up after use. (c) Floor and walls not clean.	C 164		

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 _____	**02/23/2017**

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 164	Continued From page 2 4-Based on observation, this facility has failed to maintained service and cleaning of HVAC air-distribution vents. Findings on 02/21/2017: All of the return-air grilles have excessive particulate build-up.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to maintain, clean and service it's Kitchen equipment. Findings on 02/22/2017: The Kitchen range and exhaust hood have the following health/safety issues: (a) There is grease running down all of the range backsplashes. (b) The range exhaust hood has excessive grease build-up on the surfaces over the cooking surface with grease drippings on the edges of the hood. (c) The ansul piping has grease drippings due to lack of cleaning that could fall on to food preparation areas.	C 166		

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 _____	**02/23/2017**

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 189	Continued From page 3	C 189		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (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: 1-Based on observation, the facility was not maintained in a safe manner due to breaches of the one-hour rated ceiling construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. Findings on 02/23/2017: The sheet-rock ceilings are damaged due to water migration at the following locations: (a) Main Laundry Room (b) Lobby adjacent to Phone Room (c) Oxygen Room w/mold (d) South Hall Shower Room 2-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. This would affect all residents, staff and visitors if the egress pathways were not illuminated during a power outage. Findings on 02/23/2017: The emergency wall light that are located at the following locations did not illuminate when tested	C 189		

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 _____	**02/23/2017**

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 189	Continued From page 4 in the emergency mode: (a) Front entry door/Lobby (b) North side exit/Mary's Office 3-Based on observation, the facility has not maintained in a safe manner piping that penetrates the roof/ceiling assembly. This will affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. Findings on 02/23/2017: Listed below are ceiling piping penetrations in the Main Laundry Room that are not fire protected: (a) Water supply lines (b) Electrical conduits (c) Gas appliance 6" flue pipe w/3/4" opening in sheet-rock 4-Based on observation, this facility has failed to maintained in a safe and operating condition the fire detection devices. Findings on 02/23/2017: The heat detector in the Main Laundry Room is not secured to the ceiling. 5-Based on observation, this facility has failed to maintain the flashing to prevent water migration. Findings on 02/23/2017: The firewall coping is not secured to the masonry construction and water migration has occurred into the Salon Room. 6-Based on observation, this facility has failed to maintaine the gutter system around the roof perimeter. Findings on 02/23/2017:	C 189		

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 _____	**02/23/2017**

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 189	Continued From page 5 A section of gutter that is located at the main entry door is damaged and not secured to the fascia board. 3-Based on observations, this facility has failed to maintain all the wood trim material. Findings on 02/22/2017: All of the wood fascia boards are not painted and the boards at the roof ridges are rotten.	C 189		