

PRINTED: 04/15/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2019
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
C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 3-15-2019. Records indicate that this facility was first licensed on 1-1-1979. 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.	C 000		
C 156	Soil Utility Room SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities. This Rule is not met as evidenced by: Based on Observation, the soiled utility room is not equipped for the cleaning and sanitizing of bed pans as required by this current Rule and by the 1979 Minimum Standards. Finding on 3-15-2019; The hopper had been removed from the soiled utility room.	C 156	A1 Facility will ensure that all areas that are used for cleaning and sanitizing equipment will be equipped with proper handwashing and sanitizing facilities	4/30/19
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing	C 160		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6890

7PCJ21

If continuation sheet 1 of 7

Graham Sparks

Admin

4/15/19

PRINTED: 04/15/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2019
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
C 160	Continued From page 1 facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: Based on observation, the outside premises failed to be maintained in a safe condition. Findings on 3-15-2019; a. A safety rail fence protecting an exit path from a significant drop-off had collapsed. b. A ravine had washed across a portion of the same exit path.	C 160 A 2	Facility will Contract to Repair fence and fill sink hole and ensure grounds are safe for resident use. Facility maintenance supervisor will supervise this.	5/6/19 5/31/19 WW
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 observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding on 3-15-2019; Several (6) portable medical oxygen cylinders were stored in an unapproved beverage crate. 2. Based on observation, the hose on the shower wand in the Beauty Salon was long enough to	C 166 A 3	Facility will ensure that all Oxygen Cylinders are stored properly in approved crate. Facility will ensure supervision of this.	4/30/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2019
---	---	---	--

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
C 166	Continued From page 2 reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. 3. Based on observation, there was no key onsite to allow entry into the "Wonderland" office to survey for hazards.	C 166 A4	Family will ensure that all areas are available for inspection and accessible by the fire dept. Keys for locked places and offices will be available via Knox Box. Family maintenance will be in charge of supervising and monitoring this	
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, records were not available onsite for the rehearsals of the fire plan. Records must be maintained and available for review.	C 185		4/30/19
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189	A5 Family will ensure that proper documentation of records are kept and maintained on a routine basis and available for review. Family maintenance supervisor will monitor this	4/30/19

PRINTED: 04/15/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 03/15/2019
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	
C 189	Continued From page 3 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 required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in 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. Findings on 3-15-2019; a. The cover is falling off the exhaust fan in the ceiling of the bathroom off the main office, b. Unsealed penetrations (2) in the ceiling of the laundry, c. Open conduit through the ceiling of the laundry where a water heater was removed. d. Unsealed penetration in the ceiling of the med tech office, e. The attic access door in Hall 2 is damaged, f. Holes (2) in the ceiling of the mechanical room on Hall 2, g. Unsealed penetrations (2) in the ceiling of the mechanical room on Hall 2. h. Unsealed openings around a junction box in the wall of the corridor near the "vending" room. 2. Based on observation, battery powered emergency lights 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.	C 189	A6. Facility will ensure that all gaps and Penetrations are sealed with Fire Resistant Sealant. A7. Facility will ensure that Conduit will be removed and any Penetrations are sealed. A8. Facility will ensure that Attic access is repaired and working order. Facility maintenance supervisor will monitor these items.		

PRINTED: 04/15/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 03/15/2019
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	
C 189	Continued From page 4 Mal-functioning lights include the following areas; a. Dining room, b. Med tech office. 3. Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. 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 on 3-15-2019; a. The double doors to the living room were blocked open with furniture. b. There is a gap of about 5/16 inch between the double doors to the living room. c. The door to the beauty salon would not latch when closed d. The door to the shower room on Hall 2 was equipped with only a dead-bolt and could not automatically latch when closed. 4. Based on observation, there was no documentation of the required in house/owner's monthly inspections since June provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 5. Based on observation, there was no documentation of the required in house/owner's monthly inspections since June for the fire extinguishers. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher.	C 189	4 9 Facility will ensure that there are no objects blocking the fire doors and that fire doors are working properly. Facility Maintenance Supervisor will monitor this. 4/30/19 Facility will ensure that all doors latch properly. 4/30/19 4 10 And are in correct working order. Facility Maintenance Supervisor will ensure this is monitored. 4 11 Facility will make sure that all fire extinguishers and hood system in kitchen are inspected monthly and documented. Facility Maintenance Supervisor will ensure this is completed. 4/30/19		

PRINTED: 04/15/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2019
---	---	---	--

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 6. Based on observation, plumbing equipment and a drain were not maintained in a safe condition. Findings on 3-15-2019; a. The sink in the beauty salon was falling off the wall. b. All the laundry equipment was removed from a space that is now the business office. The 4 inch PVC drain for the washer was never capped. 7. Based on observation, a large electric water heater had been removed in the laundry and the wiring was left exposed. Exposed wiring could become energized. 8. Based on observation, the globe was missing on a light fixture exterior to the exit near the main office. Missing globes can expose energized wires and parts. 9. Based on observation, the globe was missing on the ceiling light fixture in the staff bathroom. The missing globe exposed energized wires and parts. 10. Based on observation, a bulb was broken off in a wall mounted fixture above the door to the "Shower" room on Hall 2. The broken bulb exposed energized parts.	C 189	<i>AR Facility will ensure that all maintenance issues are corrected and addressed and completed - All issues from "C189" will be addressed and completed by 4/15/19. Maintenance supervisor will monitor and ensure all tasks complete.</i>	<i>4/15/19</i>
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking	C 191		

PRINTED: 04/15/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2019
---	---	--	--

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 191	Continued From page 6 appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Findings on 3-15-2019; There was a portable electric heater found in the Business office.	C 191	A13 Facility will ensure that no portable electric heaters are in the facility and maintenance will monitor Building to ensure they are not in the Rules	4/10/19