



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 4, 2019

Jamie Spraks (via e-mail only)

Po Box 1810

Candler, NC 28715

RE: HA Follow-Up Biennial Construction Survey
FID #921323 Hal011329
Hominy Valley Retirement Center
2189 Smokey Park Highway
Candler Buncombe County

Dear Ms. Sparks:

On **May 29, 2019**, a Biennial Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted June 19, 2019

Your PoC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR-Construction Section.
 - Corrective action must begin immediately

Your **Signed Plan of Correction** can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Dennis Harrell

Dennis Harrell
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Buncombe County DSS - with attachment-(via e-mail only)

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

R

05/29/2019

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
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'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 Follow Up Construction Survey
by Dennis Harrell on 5-29-2019.Some deficiencies were not corrected. Further
action is required.

{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 5-29-2019;The hopper had been removed from the soiled
utility room and there was no other fixture
available to use.

{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.

{C 000}

{C 156}

{C 166}

1. Sink installed in
soiled linen room
for sanitizing and
washing Bed Pans.
Facility will ensure
that proper Sanitizing
Stations for Bed Pans
and handwashing
are and continue to
be available and in
working order. Facility
Maintenance Supervisor
will monitor this.

u/17/19

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

7PCJ22

6-19-19
If continuation sheet 1 of 3

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

R

05/29/2019

NAME OF PROVIDER OR SUPPLIER

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{C 166} Continued From page 1

This Rule is not met as evidenced by:

2. Based on observation, the hose on the shower wand in the Beauty Salon was long enough to 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.

{C 166}

2.

Vacuum Breaker was installed on Beauty Room Sink. Facility 6/17/19 will ensure two proper Vacuum Breaker says in working condition. Facility maintenance supervisor will monitor this.

{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.

{C 189}

3.

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 5-29-2019;

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

Vent Exhaust Fixed & sealed fire. All wall holes are 6/17/19 Penetrations have been sealed with Fire Caulk Facility maintenance supervisor will ensure the all future holes & or Penetrations are repaired and sealed properly.

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 R 05/29/2019
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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
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{C 189} Continued From page 2

where a water heater was removed.

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. Mal-functioning lights include the following areas;

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 5-29-2019;

d. The door to the shower room on Hall 2 was equipped with only a dead-bolt and could not automatically latch when closed.

6. Based on observation, plumbing equipment and a drain were not maintained in a safe condition.

Findings on 5-29-2019;

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.

{C 189}

Refer to # 3

4. Emergency light Replaced in Med office. Faulty 4/17/19
Maintenance Supervisor will ensure that all emergency lights are working and ready in case of emergency.

5. New Door Knob was Placed on the Shower Room. Door automatically latched - Maintenance Supervisor will ensure 4/17/19
All door knobs will remain in working order.

6. 4 inch Pipe Cover was Placed over 4 inch pipe in office 4/17/19

7. Junction Box was placed over wires for removed water heater. Faulty maintenance

Supervisor will ensure that all exposed wires are cloth with properly and immediately