PRINTED: 12/02/2016 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. BOILDING.		F	5		
HAL022005		B. WING		11/10/2016				
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
HAYESVILLE HOUSE 480 OLD 64 WEST								
0(1) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	LLE, NC 289		ON	()(5)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
D 000	Initial Comments		D 000					
		ensure Section conducted p surveys, and a complaint vember 9-10, 2016.						
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings							
	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; This Rule shall apply to new and existing facilities.							
	failed to assure 10	ons and interviews, the facility of 28 resident rooms observed don the air output vents of						
	The findings are:							
	11/9/16 between 10 -Five of 9 resident r growth on the air ou through the wall (Ti -The dark gray mole varied in size from t inch in diameterSome of the mold output vent, and so corner of the vent.	400 hall in the facility on 1:58am and 11:45am revealed: 1:58am and 11:45am revealed: 1:58am and 11:45am revealed: 1:58am and 1:45am revealed:						

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

(X6) DATE TITLE

PRINTED: 12/02/2016 FORM APPROVED

Division of Health Service Regulation

HALD22005 B. WIND B. WIND R.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '			3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER HAYESVILLE HOUSE #840 OLD 64 WEST HAYESVILLE, NC 28904 PROVIDER'S, CITY, STATE, ZIP CODE #840 OLD 64 WEST HAYESVILLE, NC 28904 PROVIDER'S, CITY, STATE, ZIP CODE #840 OLD 64 WEST HAYESVILLE, NC 28904 PROVIDER'S, PLAN OF CORRECTION SHOULD BE COMPLETE BY THE PRECEDED BY THE PROPERTY BY THE PROPERTY BY THE PRECEDED BY THE PROPERTY BY T				A. BUILDING:			R	
ANYESVILLE HOUSE ASUMMARY STATEMENT OF DEFICIENCIES PAYESVILLE, NC 28904		HAL022005		B. WING				
MAYESVILLE, NC 28904 (A) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION PROPRIETY TAG PROVIDERS PLAN OF CORRECTION PROPRIETY TAG PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROPRIETY TAG PROVIDERS PLAN OF CORRECTION PROPRIETY	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
PROVIDER'S PLAY OF CORRECTION COMPLETE RECIDED BY PLUL RECULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAY OF CORRECTION COMPLETE RECULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAY OF CORRECTION COMPLETE RECULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAY OF CORRECTION COMPLETE DATE PROVIDER'S PLAY OF CORRECTION COMPLETE DATE PROVIDER'S PLAY OF COMPLETE D	HAYESV	ILLE HOUSE			904			
Observation of the 300 hall in the facility on 11/10/16 between 9:02am and 9:10am revealed: -Three of 7 resident rooms observed had mold growth on the air output vent on top of the TTW heat pump unitsThe dark gray mold varied in size from the head of a pencil to 1/2 inch in diameterSome of the mold was concentrated in one corner of the vent, while others ran the entire length of the output ventRooms 303, 304, and 305 were affected by the mold. Observation of the 100 hall from 12:00pm to 12:05pm on 11/10/16 revealed: -Two of 6 rooms observed had mold growth on the air output vents of the TTW heat pump unitsThe dark gray mold varied in size from the head of a pencil to 1/2 inch in diameter and ran the length of the entire air output ventRooms 103 and 107 were affected. Observation of the 200 hall from 11:45am to 12 noon on 11/10/16 revealed no mold growth on the TTW heat pump units. Interview with housekeeping staff on 11/9/16 at 11:50am revealed: -Housekeepers clean resident rooms dailyThe daily cleaning consisted of dusting, vacuuming, checking for old food, and cleaning the baseboards for scuffsHousekeepers also check the top of the heat pump units and the air filters in the unitsThe housekeeper could not explain the build up of mold on the heat pump units, but stated "they	PRÉFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE	
11/10/16 between 9:02am and 9:10am revealed: -Three of 7 resident rooms observed had mold growth on the air output vent on top of the TTW heat pump unitsThe dark gray mold varied in size from the head of a pencil to 1/2 inch in diameterSome of the mold was concentrated in one corner of the vent, while others ran the entire length of the output ventRooms 303, 304, and 305 were affected by the mold. Observation of the 100 hall from 12:00pm to 12:05pm on 11/10/16 revealed: -Two of 6 rooms observed had mold growth on the air output vents of the TTW heat pump unitsThe dark gray mold varied in size from the head of a pencil to 1/2 inch in diameter and ran the length of the entire air output ventRooms 103 and 107 were affected. Observation of the 200 hall from 11:45am to 12 noon on 11/10/16 revealed no mold growth on the TTW heat pump units. Interview with housekeeping staff on 11/9/16 at 11:50am revealed: -Housekeepers clean resident rooms dailyThe daily cleaning consisted of dusting, vacuuming, checking for old food, and cleaning the baseboards for scuffsHousekeepers also check the top of the heat pump units and the air filters in the unitsThe housekeepers also check the top of mold on the heat pump units, but stated "they	D 079	Continued From pa	ge 1	D 079				
Interview with the acting Executive Director on		Observation of the 11/10/16 between 9-Three of 7 residen growth on the air or heat pump units. The dark gray mole of a pencil to 1/2 inc-Some of the mold corner of the vent, when the second of the 12:05pm on 11/10/2-Two of 6 rooms obthe air output vents. The dark gray mole of a pencil to 1/2 inclength of the entire air output vents. The dark gray mole of a pencil to 1/2 inclength of the entire. Rooms 103 and 100 Observation of the noon on 11/10/16 retained to 11/2 inclength of the entire. To observation of the noon on 11/10/16 retained to 11/2 inclength of the entire. The daily cleaning vacuuming, checking the baseboards for the daily cleaning vacuuming, checking the baseboards for the second on the heat needed to be clean the eded to be clean the second on the heat needed to be clean the second on the heat needed to be clean the second on the heat needed to be clean the second on the heat needed to be clean the second on the heat needed to be clean the second on the heat needed to be clean the second on the heat needed to be clean the second on the heat needed to be clean the second of the second on the heat needed to be clean the second of the second	300 hall in the facility on 3:02am and 9:10am revealed: trooms observed had mold atput vent on top of the TTW d varied in size from the head ch in diameter. was concentrated in one while others ran the entire event. and 305 were affected by the 100 hall from 12:00pm to 16 revealed: served had mold growth on of the TTW heat pump units. d varied in size from the head ch in diameter and ran the air output vent. 37 were affected. 200 hall from 11:45am to 12 evealed no mold growth on the lits. ekeeping staff on 11/9/16 at an resident rooms daily. consisted of dusting, ag for old food, and cleaning scuffs. The check the top of the heat air filters in the units. Could not explain the build up the pump units, but stated "they ed today."					

6899

Division of Health Service Regulation STATE FORM

G8E211 If continuation sheet 2 of 3

PRINTED: 12/02/2016 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R		
		HAL022005	B. WING		11/1	0/2016	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
HAYESV	ILLE HOUSE	480 OLD 6	64 WEST .LE, NC 289	10.4			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE	
D 079	Continued From pa	ge 2	D 079				
D 079	11/10/16 at 12:20pr -Housekeepers were resident bathrooms -Two resident room day and this consis floorsThe heat pump unto be cleaned, but with needed." Confidential intervier revealed: -One resident belie everyday, but was recleaned the heat puthan and resident heat pump unit, buthand resident belief daily and had clean the past 3 to 4 months and the past 3 to 4 mon	m revealed: re supposed to clean the daily and take out the trash. s were to be deep cleaned per ted of cleaning the walls and its were not on a set schedule were to be cleaned "just as ews with 4 different residents wed staff cleaned her room not sure if they had ever ump unit. believed they had cleaned her was not sure when. ieved staff cleaned her room ed her heat pump unit "within	D 079				

6899

Division of Health Service Regulation STATE FORM

G8E211 If continuation sheet 3 of 3