

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on October 27 and 28, 2015.	D 000		
D 057	<p>10A NCAC 13F .0305(f)(5) Physical Environment</p> <p>10A NCAC 13F .0305 Physical Environment (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area;</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to lock up 1 of 1 housekeeping carts containing cleaning chemicals.</p> <p>The findings are:</p> <p>Observation on 10/27/15 at 10:00AM of the staff service hallway revealed: - The door leading from the old wing resident's hallway to the service hallway was unlocked. - Signage on the service hallway door restricted access to staff only. - Midway in the service hallway was a yellow housekeeping cart, sticking part way into the service hallway from an unlocked storage closet. - Signage on the door to the storage closet directed the door to be locked at all times.</p> <p>Observation on 10/27/15 at 10:00AM of the housekeeping cart revealed: - On top of the housekeeping cart was a one quart sized spray bottle of a blue-colored liquid labeled multi-surface cleaner, approximately 1/2 full. - On top of the housekeeping cart was a one</p>	D 057		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D 057	<p>Continued From page 1</p> <p>quart sized spray bottle with an indeterminate amount of liquid noted when it was picked up (the container was opaque), labeled as an odor-banning disinfectant.</p> <p>Review of the Material Safety Data Sheet (MSDS) for the blue-colored liquid labeled multi-surface cleaner, revision date of 8/1/11, revealed:</p> <ul style="list-style-type: none"> - "...abnormal entry routes, such as gross ingestion, may require immediate medical attention." - Under the heading of health hazard data, a potential effect of eye irritation. - Emergency and first aid procedures for eye contact and ingestion. <p>Review of the MSDS for the odor-banning disinfectant, revision date of 1/1/14, revealed:</p> <ul style="list-style-type: none"> - Under the heading of hazards identification "causes eye irritation." - First aid measures listed for eye, skin, inhalation and ingestion. <p>Interview with the Administrator on 10/27/15 at 12:15PM revealed:</p> <ul style="list-style-type: none"> - The door to the service hallway was locked at night but not during the daytime. - The door to the storage closet that stores the housekeeping cart should have been locked at all times. - Currently in the facility there were no residents prone to wander and all the residents were alert and oriented sufficiently to know not to use cleaning chemicals in an accidental manner. 	D 057		
D 074	<p>10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And</p>	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D 074	<p>Continued From page 2</p> <p>Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to keep clean various surfaces for 3 of 8 resident rooms, 1 of 1 common shower rooms and 2 of 2 resident hallways.</p> <p>The findings are:</p> <p>Observation on 10/27/15 at 9:20AM of the bathroom shared by the residents of rooms #2 and #4 revealed: - A black/brown stain on the floor around the base of the commode with an accompanying urine odor. - Dust visible inside the plastic cover of the bathroom exhaust fan mounted on the ceiling, the fan being operable.</p> <p>Observation on 10/27/15 at 9:20AM of resident room #2 revealed on top of a chest of drawers an oscillating fan, the fan's grill covered in dust and the fan in operation.</p> <p>Observation on 10/27/15 at 9:20AM of the hallway of the old wing of the facility revealed a metal floor fan outside resident room #2, the blades covered in a dusty black substance and the fan in operation.</p> <p>Observation on 10/27/15 at 9:30AM of resident room #4 revealed on top of a chest of drawers an oscillating fan, the fan's grill covered in dust and the fan was not in operation.</p>	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D 074	<p>Continued From page 3</p> <p>Observation on 10/27/15 at 9:50AM of the common shower room in the old wing of the facility revealed:</p> <ul style="list-style-type: none"> - The legs of the shower chair were covered with spotted areas of rust and a grey substance. - Black/brown stained tile grout was on the shower enclosure floor and walls near the floor. - An oscillating fan was resting on a cabinet near the sink, the blades and grill covered in dust and the fan was off. - A black/brown stain on the floor around the base of the commode. <p>Observation on 10/27/15 at 1:30PM of resident room #9 revealed the window to be dirty with a grey appearance and cobwebs in the space between the screen and the window, partially blocking light from the outside.</p> <p>Observation on 10/27/15 at 1:30PM of the hallway in the new wing of the facility revealed a metal floor fan covered in dust and the fan in operation.</p> <p>Observation on 10/27/15 at 1:30PM of the living room revealed two floor fans, both covered in dust and both were off.</p> <p>Interview with the Administrator on 10/27/15 at 2:35PM revealed:</p> <ul style="list-style-type: none"> - All staff were responsible for cleaning with each shift having specific assigned tasks. - Cleaning of fans was not on a schedule, but if they looked dirty then staff were expected to clean them. - A staff member who performed maintenance tasks would "keep an eye" on the fans and those that were dirty would occasionally be taken apart to clean them, but the last time this was done could not be recalled. 	D 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D 074	Continued From page 4 - Staff were expected to clean the grout in the bathrooms and shower room. A second interview with the Administrator on 10/27/15 at 3:00PM, upon completion of a tour of previously observed areas, revealed her acknowledgement of the need to clean these surfaces.	D 074		
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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to locate a hallway floor fan out of the path of emergency egress for 1 of 2 resident hallways. The findings are: Observation on 10/27/15 at 9:20AM of the old wing resident hallway revealed: - A metal floor fan in operation, located in the middle of the hallway between resident rooms #1 and #3. - The fan was sitting in front of the emergency exit at the end of the hallway. Interview with the Administrator on 10/27/15 at	D 079		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D 079	Continued From page 5 12:15PM revealed no object should be placed in the hallway in front of the emergency exit and the fan would be removed immediately.	D 079		
D 104	<p>10A NCAC 13F .0310 Electrical Outlets</p> <p>10A NCAC 13F .0310 Electrical Outlets</p> <p>All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to remove from use an electrical outlet in 1 of 1 common shower rooms that was not ground fault interrupt safe.</p> <p>The findings are:</p> <p>Observation on 10/27/15 at 9:50AM of the common shower room on the old wing resident hallway revealed:</p> <ul style="list-style-type: none"> - A light fixture approximately 3 feet over the sink that was on. - The base plate of the light fixture had a single black non-grounded outlet that was not a ground fault interrupter (GFI) (GFIs are designed to protect from electrical shock). - Into this outlet was plugged an oscillating fan, located on top of a plastic cabinet to the side of the sink. - The oscillating fan was off. <p>Interview with the Administrator on 10/27/15 at 12:15PM revealed:</p> <ul style="list-style-type: none"> - Staff used the oscillating fan in the shower room to help circulate steam and moisture to the 	D 104		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D 104	Continued From page 6 exhaust fan. - The outlet in the light fixture was the only outlet in the shower room.	D 104		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on interviews, the facility failed to ensure residents received a reasonable response to residents' requests from the staff. The findings are: Based on interviews, the facility failed to permit residents free access to the living room in the evening hours and to provide coffee when requested. [Refer to tag 917 G.S. 131D-21 (7) Declaration of Resident's Rights]	D 338		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D 344	<p>Continued From page 7</p> <p>forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to obtain physician orders before administering medications to 2 of 5 residents observed during medication administration opportunities (Resident #3 and #4).</p> <p>The findings are:</p> <p>1. Review of Resident #3's current FL-2 dated 8/6/15 revealed:</p> <ul style="list-style-type: none"> - Admission to the facility on 8/6/15. - Diagnoses which included vertigo and dementia. - The resident was constantly disoriented and ambulatory. - No medication orders. <p>Review of Resident #3's record revealed:</p> <ul style="list-style-type: none"> - No new medication orders from 8/6/15 (the date of the FL-2) to the present. - No standing medication orders. - No documentation of falls since admission. <p>Observation on 10/27/15 at 3:00PM revealed:</p> <ul style="list-style-type: none"> - Resident #3 requesting of the Administrator (scheduled for resident care and medication aide duties that day) some medication for his "vertigo." - The Administrator removed one tablet of meclizine (an antihistamine used to treat motion sickness), 25mg strength from a stock supply container and cut it into small pieces in the pill cutter. - The Administrator administered the cut-up 	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D 344	<p>Continued From page 8</p> <p>meclizine pill to Resident #3.</p> <p>Review of the September 2015 medication administration record (MAR) revealed no transcribed orders for meclizine and no documentation of it being administered to Resident #3.</p> <p>Review of the October 2015 MAR for Resident #3 revealed:</p> <ul style="list-style-type: none"> - "Meclizine HCL [hydrochloride] USP [United States Pharmacopeia] 25mg" handwritten on MAR. - The only documented instance of administration was on 10/27/15 at 3:00PM with the initials of the Administrator. <p>Interview with the Administrator on 10/27/15 at 3:30PM, upon completion of record review for Resident #3, revealed she would have to get standing orders from the doctor for the meclizine for Resident #3.</p> <p>A second interview with the Administrator on 10/27/15 at 4:00PM revealed:</p> <ul style="list-style-type: none"> - Resident #3 had not had any falls since admission to the facility. - All medications, including over-the-counter medications and any in a list of standing orders, required orders from a doctor to be administered. <p>2. Review of Resident #4's current FL-2 dated 8/20/15 revealed:</p> <ul style="list-style-type: none"> - Admission to the facility on 8/20/15. - Diagnoses which included chronic pain. - Medication orders which included oxycodone (a narcotic pain medication) 5 mg one tablet every 12 hours. - No other pain medications, narcotic or non-narcotic, were noted in his medication order 	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D 344	<p>Continued From page 9</p> <p>list.</p> <p>Review of Resident #4's record revealed:</p> <ul style="list-style-type: none"> - An order change dated 9/10/15 of the frequency of the administration of oxycodone, 5 mg one tablet, from every 12 hours to every 12 hours as needed (PRN). - A new order dated 9/10/15 for cyclobenzaprine (a muscle relaxant) 5 mg tablet take one every 12 hours as needed for 30 days, which was renewed on 10/9/15. - No new additional pain medication orders from Resident #4's admission to the present. - No standing medication orders. <p>Observation on 10/27/15 at 3:00PM revealed:</p> <ul style="list-style-type: none"> - Resident #4 requesting of the Administrator (scheduled for resident care and medication aide duties that day) some medication for pain. - The Administrator removed two tablets of 500mg strength acetaminophen (a non-narcotic pain medication) from a stock supply container. - The Administrator administered the two tablets of acetaminophen to Resident #4. - No other medications were offered to the resident. <p>Review of the September 2015 medication administration record (MAR) revealed:</p> <ul style="list-style-type: none"> - Oxycodone HCL [hydrochloride] 5mg one tablet every 12 hours as needed for 30 days, with medication administration documented regularly throughout the month. - Cyclobenzaprine 5mg one tablet every 12 hours as needed for 30 days, with medication administration documented regularly throughout the month. - No transcribed orders for acetaminophen and no documentation of it being administered to Resident #4. 	D 344		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D 344	<p>Continued From page 10</p> <p>Review of the October 2015 MAR for Resident #4 revealed:</p> <ul style="list-style-type: none"> - Oxycodone HCL [hydrochloride] 5mg one tablet every 12 hours as needed for 30 days, with medication administration documented regularly throughout the month (the most recent administration documented on 10/27/15 at 8:00AM by the Administrator). - Cyclobenzaprine 5mg one tablet every 12 hours as needed for 30 days, with medication administration documented regularly throughout the month (the most recent administration documented on 10/27/15 at 8:00AM by the Administrator). - The only documented instance of administration of acetaminophen was handwritten on 10/27/15 at 3:00PM with the initials of the Administrator. <p>Interview with the Administrator on 10/27/15 at 3:30PM, upon completion of record review for Resident #4, revealed she would have to get standing orders from the doctor for the acetaminophen for Resident #4.</p> <p>Interview with the Administrator on 10/27/15 at 4:00PM revealed all medications, including over-the-counter medications and any in a list of standing orders, required orders from a doctor or provider in order to be administered.</p>	D 344		
D917	<p>G.S. 131D-21(7) Declaration of Resident's Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights:</p> <p>7. To receive a reasonable response to his or her requests from the facility administrator and staff.</p> <p>This Rule is not met as evidenced by:</p>	D917		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D917	<p>Continued From page 11</p> <p>Based on interviews, the facility failed to permit residents free access to the living room in the evening hours and to provide coffee when requested.</p> <p>The findings are:</p> <p>Confidential phone interview with a family member of a current resident on 10/27/15 at 11:10AM revealed:</p> <ul style="list-style-type: none"> - Frequent visits were made and they had knowledge of care matters with the current resident. - Other residents recently informed this family member that the current resident was told by a named night shift staff member to "go to bed." - The other residents reported to the family member that the named night shift staff member was "fussing at him" in a "loud voice, like scolding." - The other residents reported to the family member that the night shift staff member would "shoo them" into their rooms at 9:00PM. - The other residents reported to the family member that the night shift staff member was asked to give them coffee, but the residents were told there was none, even though the night shift staff member was seen on the front porch drinking coffee. - The family member was overall "satisfied" with the current resident's care, but they did not yet have the opportunity to discuss this matter with the Administrator. <p>A confidential interview with a resident revealed:</p> <ul style="list-style-type: none"> - The night shift staff member (named by the family member) worked the previous Sunday night (10/27/15) and "gets on" two other named residents. - Observing the interaction between the night shift 	D917		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D917	<p>Continued From page 12</p> <p>staff member and these residents made the resident "feel bad."</p> <ul style="list-style-type: none"> - The night shift staff member refused to give residents coffee outside of meals. - He liked to drink coffee in the morning before breakfast but the night shift staff member refused to make it. - The night shift staff member was known to drink coffee every morning, but she would not let residents have any until breakfast. - The night shift staff member was described as not being threatening and not swearing, but "just hateful." - The night shift staff member was known to tell residents to "go to your room." - More information could be obtained by talking to the family member. <p>A confidential interview with a second resident revealed:</p> <ul style="list-style-type: none"> - The night shift staff member was "pretty strict" and "goes by the rules." - The night shift staff member had been heard telling residents to "go to bed." - On a date he could not remember, he was watching television in the living room at 11:30PM and shortly after arriving there was told by the night shift staff member to go to bed. <p>A confidential interview with a third resident revealed:</p> <ul style="list-style-type: none"> - The night shift staff member was nice to them and got resident snacks. - The night shift staff member had been heard telling residents to go from the living room to their bedrooms, but the time was unknown as they did not look at the clock. <p>A confidential interview with a fourth resident revealed:</p>	D917		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D917	<p>Continued From page 13</p> <ul style="list-style-type: none"> - The night shift staff member was "hateful" and although they spoke "nice" to them they would "snap" at two other named residents. - Residents were told by the night shift staff member to go to their rooms about 7:00PM or 8:00PM. - The night shift staff member would tell residents to "go to bed." - The night shift staff member did not give the residents coffee and had heard residents ask for it. - The night shift staff member drank coffee and made their own pot. <p>A confidential interview with a fifth resident revealed:</p> <ul style="list-style-type: none"> - They thought the night shift staff member was "blunt" but that it was their personality and they "did not mean it." - They had heard the night shift staff member telling residents to go to their rooms at night, but not them. <p>Telephone interview with Staff E, Medication Aide/Supervisor-in-Charge on 10/27/15 at 1:35PM revealed:</p> <ul style="list-style-type: none"> - She came to work at 6:00PM and left at 6:00AM. - Some residents got up at 5:30AM. - The residents could not have coffee at 5:30AM because the residents were not served coffee until breakfast time, which was served sometime after she left at 6:00AM. - "I have been instructed" to allow the residents to stay up until 10:00PM. - A couple of residents sometimes stayed up until 11:00PM. - "I do lock" the entrance doors at 9:00PM. <p>Interview with the Administrator on 10/27/15 at</p>	D917		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
---	--

(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
D917	Continued From page 14 3:50pm: -Residents are allowed coffee with meals. -The residents had not asked for coffee other than at meal times. -I have told staff "not to make 2 or 3 pots of coffee, don't want to get the residents wired up." -The residents can have as many cups of coffee as they want with their meals. -The Administrator had not given any instructions to staff related to what time the residents had to go to bed. -Some residents like to stay up until 11:00pm.	D917		