

Division of Health Service Regulation

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| 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 R 09/14/2017 |
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| NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT | STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786 |
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| (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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| D 000 | Initial Comments The Adult Care Licensure Section and the Haywood County Department of Social Services conducted an annual and follow-up survey on September 14, 2017. | D 000 | | |
| D 034 | <p>10A NCAC 13F .0302 (f) Design And Construction</p> <p>10A NCAC 13F .0302 Design And Construction</p> <p>(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record review the facility failed to have a current fire inspection report in the home and available for review.</p> <p>The findings are:</p> <p>Record review of the current local city Fire Safety Inspection Report Inspection revealed a completion date of 4/15/15 with 7 violations noted.</p> <p>Interview with the Administrator-in-Charge and observation of the facility on 9/14/17 at 3:30pm revealed: -All the areas cited in the Fire Safety Report had been addressed and or completed. -They had not had any fires in the facility in the 3 1/2 years he had worked there.</p> <p>Interview with the Administrator on 9/14/17 at 3:10pm revealed:</p> | D 034 | <p>Jody Nickel the fire inspector was contacted on 10-17-17 at 8:30 AM. He has scheduled to do our fire inspection on 10-24-17 at 2pm. Administrator and administrator in charge will do monthly checks to make sure all inspections are up to date.</p> | 10-24-17 |

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

TITLE

(X8) DATE

Barker J. Starnes

Administrator

10-16-17

Reviewed and Accepted
B. Boggs 10/20/17

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| D 034 | Continued From page 1 -She said the local fire department comes out to complete inspections without the facility requesting them to come out. -She was not aware she had to contact the local city fire Marshall's office for them to schedule a visit and she did not know if there was a service charge related to the inspection. -She works every week-end on site in the facility and is always available by telephone. Telephone interview with staff at the local city fire Marshall's office on 9/14/17 at 12:10pm revealed the facility should call the fire Marshall's office to schedule an appointment for a fire inspection. Telephone call on 9/ 14/17 at 1:45pm to the staff at the local city fire Marshall's office who was responsible for completing the fire inspections was not successful. | D 034 | | |
| D 074 | 10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 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; This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to keep clean the wall of 1 of 7 resident rooms (Room #7) and the floors of the main hallways, dining room, kitchen, living room, 4 of 4 resident bath rooms, and 7 of 7 | D 074 | | |

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| D 074 | <p>Continued From page 2</p> <p>resident rooms (Rooms #1, #2, #3, #4, #7, #9, and #10).</p> <p>The findings are:</p> <p>Observation on 9/14/17 at 9:15 upon entering the facility revealed the main hallway and living room beige tiled floors had numerous dark brown stains prevalent throughout the facility and noticeable dark black staining where the floor met the baseboard walls and door frames.</p> <p>Further observation on 9/14/17 from 9:15am to 11:30am during the initial tour revealed:</p> <ul style="list-style-type: none"> -Numerous dark brown spots too many to count and a noticeable dark black staining on the floors along where the beige tile (approximately 12 by 12 inch) floors met the base board walls and door frames throughout the 2 main hallways, living room, dining room, and kitchen. -Occupied Resident Rooms #1, #2, #3, #4, #7, #9, and #10 beige tile floor had numerous dark brown spots and dark black staining on the floors along the baseboards, in front of the closet doors, and in front of the bathroom doors. -The ceramic tile floors in Resident Bath Rooms between Room #10 and Room #8 and between Rooms #7 and #9 had brown discolored tile grout around the commodes, along the baseboards and in the showers. -The ceramic tile floors in Resident Bath Rooms between Room #1 and Room #3 and between Rooms #2 and #4 had brown discolored tile grout around the commodes and along the baseboards. <p>Interview with the Administrator-in-Charge on 9/14/17 at 3:15pm revealed:</p> <ul style="list-style-type: none"> -All the floors were mopped daily but the dark brown spots and black staining on the edges | D 074 | <p>A floor stripper has been purchased for the facility. 70% of the buildings floors have been stripped and dark spots removed as of 10-13-17.</p> <p>All Floors in building will be completely stripped by 10-31-17. Administrator and all staff members will monitor the facility flooring and walls to make sure they are clean from debris and in compliance with county and state codes. They will be monitored on a daily basis. —</p> | 10-31-17 |

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| D 074 | <p>Continued From page 3</p> <p>would not come up with routine mopping. -He scrubbed the common shower room with a power washer which removed a lot of the dark colored grout but he could not use the power washer in other areas of the building because there were no floor drains in other areas. -He was not aware when the floor had last been cleaned with a floor stripper.</p> <p>Interview with the Administrator on 9/14/17 at 3:10pm revealed: -She did not know when the floors were last been cleaned with a floor stripper but said it had been a "long time." -She could have the maintenance man use a floor stripper to clean the floors.</p> <p>Observation of the right side window wall in Resident Room #7 on 9/14/17 at 11:00am revealed: -A comfortable chair was in the right corner of the room. -The white block wall on the right side of the chair had light brown stains approximately 10 inches wide and 17 inches long which started on the third block up and ran down the other two blocks. -There was not a resident in the chair at the time of the observation.</p> <p>Interview with the Administrator-in-Charge on 9/14/17 at 11:00am revealed: -One of the residents who resided in that room chewed tobacco and sat in the chair and spit at his cup which he seemed to miss. -The facility staff had requested the resident only use tobacco products outside the facility.</p> <p>Interview with the Administrator on 9/14/17 at 3:10pm revealed: -She had requested the resident only use tobacco</p> | D 074 | <p>The wall in room #7 has been cleaned completely on 9-18-17. The resident has been advised again also that tobacco products are to be used outside only. If the resident is not compliant with this rule it has been added to the tobacco policy that their car/will be a discharge from here or out as of 9-18-17. —</p> | 9-18-17 |

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CHESTNUT PARK RETIREMENT

STREET ADDRESS, CITY, STATE, ZIP CODE
**84 CHESTNUT PARK DRIVE
WAYNESVILLE, NC 28786**

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| D 074 | <p>Continued From page 4</p> <p>products outside the facility. -She had a facility policy to only use tobacco products outside the facility. -She did not have any consequences in the policy if residents did not abide by the policy. -She had no documentation that she had talked with the resident about using chewing tobacco inside the facility.</p> <p>Review of the facility's "Tobacco Policy and Procedures" revealed: -"Please use ashtrays and containers provided to dispose of cigarettes, snuff or chewing tobacco in order to prevent fires and to keep the home an and yard clean." -"The administrator will determine if any resident needs individual supervision while using tobacco due to disability or inability to follow these rules. Individual supervision may include dispensing of tobacco products, matches, lighters, etc. by the staff, as needed."</p> <p>Random interviews with 6 residents revealed: -The facility staff mopped their room daily. -They would not say the floor needed to be cleaner.</p> <p>Review of the current local county Environmental Health Section inspection dated 8/9/17 revealed: -A score of 78.5. -Resident Bath Room floors in between Room #2 and #4 and in between Rooms #7 and #9 needed cleaning. -The wall in Resident Room #7 had tobacco "dip" on the wall.</p> | D 074 | <p>The tobacco policy has been revised as of 9-18-17 that if the rules stated in the tobacco policy are not followed their can/will be grounds for discharge.</p> <p>All floors in building will be completely stripped by 10-31-17. Staff will monitor floors and walls closely to keep them clean and free of debris.</p> | <p>9-18-17</p> <p>10-31-17</p> |