

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 R 04/13/2022
--	--	---	---

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 completed and annual and follow up survey on 04/13/22.	D 000		
D 287	<p>10A NCAC 13F .0904(b)(2) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes:</p> <p>(2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure all residents were provided non-disposable place settings at the meal service.</p> <p>The findings are:</p> <p>Observation of the lunch meal on 04/13/22 at 12:15pm revealed all 14 residents were served their meal on a disposable plate with disposable fork, knife, and spoon.</p> <p>Observation of the kitchen on 04/13/22 at 12:20pm revealed there were 24 non-disposable plates, 40 non-disposable spoons, 20 non-disposable forks, and 15 non-disposable knives.</p>	D 287		

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 R 04/13/2022
--	--	---	---

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 287	<p>Continued From page 1</p> <p>Interview with the Administrator on 04/13/22 at 12:22pm revealed: -She served the residents their meals on disposable place settings for two years. -She was fearful of the residents having germs. -The residents did not always wash their hands well. -She usually served liquids in disposable cups but had run out.</p> <p>Interview with three residents on 04/13/22 at 12:27pm revealed: -They were always served their meals on disposable place settings. -It had been "awhile" since they had non-disposable place settings. -They did not know why their meals were served on disposable place settings.</p>	D 287		
D 366	<p>10A NCAC 13F .1004 (i) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration</p> <p>(i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.</p> <p>This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a medication aide (MA) observed a resident taking their morning medications for 1 of 4 sampled residents (Resident #4).</p>	D 366		

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 R 04/13/2022
--	--	---	---

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 366	<p>Continued From page 2</p> <p>The findings are:</p> <p>Review of Resident #4's current FL2 dated 01/14/22 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included anxiety, depression, gastric reflux disease, hyperlipidemia and chronic renal disease. -There was an order for Pantoprazole (used to treat gastric reflux) 20mg tablet daily. -There was an order for Asacol (used to treat ulcerative colitis) 800mg 3 tablets (total of 2400mg) every morning. -There was an order for Prozac (used to treat depression) 20mg 3 tablets (total of 60mg) every morning. -There was an order for Lisinopril (used to treat high blood pressure) 2.5mg tablet daily. -There was an order for Pravastatin Sodium (used to treat hyperlipidemia) 40mg tablet daily. -There was an order for Divalproex (used to treat mood disorders) 500mg tablet 2 times daily. <p>Review of Resident #4's electronic medication administration record (eMAR) for April 2022 revealed:</p> <ul style="list-style-type: none"> -There was an entry for Pantoprazole 20mg tablet daily scheduled for 6:30am. -There was an entry for Asacol 800mg 3 tablets (total of 2400mg) daily scheduled for 7:00am. -There was an entry for Prozac 20mg 3 tablets (total of 60mg) daily scheduled for 7:00am. -There was an entry for Lisinopril 2.5mg tablet daily scheduled for 7:00am. -There was an entry for Pravastatin Sodium 40mg tablet daily scheduled for 7:00am. -There was an entry for Divalproex 500mg tablet twice daily scheduled for administration at 7:30am and 5:00pm. -Pantoprazole was documented as administered 	D 366		

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 R 04/13/2022
--	--	---	---

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 366	<p>Continued From page 3</p> <p>at 6:30am on 04/13/22.</p> <p>-Asacol, Prozac, Lisinopril and Pravastatin Sodium were documented as administered at 7:00am on 04/13/22.</p> <p>-Divalproex was documented as administered at 7:30am on 04/13/22.</p> <p>Observation of Resident #4 in the dining room at 12:30pm on 04/13/22 revealed:</p> <p>-He opened a single dose packet of medications and poured the contents out onto the table.</p> <p>-He was observed taking the medications with no staff present.</p> <p>Interview with Resident #4 at 12:41pm on 04/13/22 revealed:</p> <p>-He was given a single dose packet of his medications at breakfast on 04/13/22.</p> <p>-He did not feel like taking his medication "this morning" so he put the single dose packet of medications in his pocket.</p> <p>-He took all the medications in his single dose packet from the morning of 04/13/22 at lunchtime on 04/13/22.</p> <p>Interview with the Administrator at 2:08pm on 04/13/22.</p> <p>-She was responsible for administering medications for Resident #4 at breakfast on 04/13/22.</p> <p>-She handed Resident #4 his single dose packet of medications at breakfast on 04/13/22.</p> <p>-She normally observed Resident #4 open his packet and take his medications.</p> <p>-She was not aware he had pocketed his single dose packet of medications from the morning on 04/13/22 and took them at lunchtime on 04/13/22 until survey staff informed her.</p> <p>-On 04/13/22 she was not sure what happened but she "must have been distracted" and did not</p>	D 366		

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 R 04/13/2022
--	--	---	---

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 366	Continued From page 4 observe Resident #4 take his morning medications.	D 366		