STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056005	A. BUILDING: _____ B. WING _____	R 02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT HILL OF HIGHLAND	64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741

(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 and follow-up survey on 02/21/24-02/22/24.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled residents (#1, and #3) was tested upon admission for tuberculosis (TB) disease in compliance with the control measures for the Commission for Health Services. The findings are: 1. Review of Resident #1's current FL2 dated 12/14/23 revealed diagnoses of coronary artery disease, chronic obstructive pulmonary disease, anemia, glaucoma, hypothyroid, and asthma. Review of Resident #1's Resident Register revealed an admission date on 12/05/23. Review of Resident #1's resident record on	D 234		

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D 234	Continued From page 1 02/21/24 revealed: -There was one documented TB skin test from another facility on 10/30/23. -There was no documentation for a second step TB test completed. Interview with the Resident Care Coordinator (RCC) on 02/22/24 at 8:10am revealed: -Resident #1 came from a hospital and would have needed a second TB skin test completed. -The facility's registered nurse (RN) was responsible to make sure TB skin tests were completed. -The RN position was vacant. Refer to the interview with the Administrator on 02/22/24 at 9:15am. 2. Review of Resident #3's current FL2 dated 02/14/24 revealed diagnoses included diabetes type 2 and chronic kidney disease. Review of Resident #3's Resident Register revealed an admission date of 07/27/23. Review of Resident #3's record revealed: -There was one documented negative TB skin test read on 07/07/23. -There was no documentation of a second step TB skin test. Interview with the Resident Care Coordinator (RCC) on 02/22/24 at 8:15am revealed: -The facility registered nurse (RN) was responsible for completing resident TB skin testing. -The RN position was vacant. -Resident #3 was admitted from an independent living situation prior to admission to the facility and required a two step TB test upon admission.	D 234		

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D 234	Continued From page 2 Refer to the interview with the Administrator on 02/22/24 at 9:15am. _____ Interview with the Administrator on 02/22/24 at 9:15am revealed: -The facility's registered nurse (RN) was responsible for making sure TB tests were completed and up to date. -The RN position was currently vacant. -The RCC would be responsible to check to make sure TB testing was done and up to date since the RN position was vacant.	D 234		