		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL044022	B. WING	. WING		03/12/2015	
NAME OF F	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE, ZIP CODE				
CHESTN	UT PARK RETIREME	NT					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	IVE ACTION SHOULD BE CED TO THE APPROPRIATE		
C 000	Initial Comments		C 000				
	Report of Biennial Construction Survey by Frank Strickland on 03/12/2015:						
	indicates that this fa 01/03/1977. A doc indicates that it was addition to the build capacity to 20 beds we are requiring the meet the 1967 NC 407.1 Group D-2 In 1971 Minimum and Regulations for Hot and the applicable Adult Care Homes newer portion of the fire wall at the living the 1978 NC State Minimum and Desit for Homes for the A applicable portions Care Homes of Sev	been cited and A Plan of	l r				
C 111	SECTION .0300 - F 10A NCAC 13F .03 CONSTRUCTION(f) The facility shall	02 DESIGN AND have current sanitation and	C 111				
		fety inspection reports which I in the home and available for et as evidenced by:					
		erview request to review					

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Division	of Health Service Re	egulation				APPROVED	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED			
		BERTH TO/THOM NOW BER.	A. BUILDING: 01				
		HAL044022	B. WING		03/	12/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
CHESTN	UT PARK RETIREME	NT					
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF CORREC		(X5)	
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	COMPLETE DATE	
C 111	Continued From pa	ge 1	C 111				
	facility failed to main	nd fire inspection reports, the ntain approval inspection can effect the life-safety and all residents.					
	Findings on 03/12/2015: a. No current sanitation and fire inspection approval reports on site.						
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	illumination has not manner. This would	et as evidenced by: ation, the facility emergency been maintained in a safe d effect all residents by not sible in an emergency.					
	6, 7 & 9, Dining Hal	wall light between Rooms 4 & I and Main Office did not ted for emergency pack-up					
	maintained mechar	ation, the facility has not nical ventilation system that ful odors and effect staff and					

E

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022					(X3) DATE SURVEY COMPLETED		
			B. WING		00/	00//0/00/-	
				03/	03/12/2015		
		84 CHES	DDRESS, CITY, ST TNUT PARK D				
HESTN	UT PARK RETIREME	NI	VILLE, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 189	Continued From page 2		C 189				
	located in the Cher to the Laundry Roo 3-Based on observ maintain the mainte can harm residents bathroom facilities. a. The toilet is not a	exhaust fan is not operational nical Storage Room adjacent om. ations, the facility failed to ence of plumbing fixtures that a during the use of the anchored to floor and has beer h a way that it is not parallel to					

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