

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/12/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28788
---	--

(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
C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Frank Strickland on 03/12/2015:</p> <p>Information obtained from the DHSR database indicates that this facility was first licensed on 01/03/1977. A document provided by the facility indicates that it was first licensed in 1973 and an addition to the building in 1982 increased the total capacity to 20 beds. Based on this information, we are requiring the older portion of the facility to meet the 1967 NC State Building Code-Section 407.1 Group D-2 Institutional Occupancy, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds. The newer portion of the building, to the right of the fire wall at the living room, was reviewed using the 1978 NC State Building Code, the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds.</p> <p>Deficiencies have been cited and A Plan of Correction is required.</p>	C 000	<p style="text-align: center;">CONSTRUCTION SECTION APR 20 2015 RECEIVED</p>	
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(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: 1-Base on entry interview request to review</p>	C 111		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dorcas J. Harsh</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4-20-15</i>
---	-----------------------------------	---------------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/12/2015
--	--	--	---

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
C 111	Continued From page 1 current sanitation and fire inspection reports, the facility failed to maintain approval inspection documentation that can effect the life-safety and health of staff and all residents. Findings on 03/12/2015: a. No current sanitation and fire inspection approval reports on site.	C 111		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, the facility emergency illumination has not been maintained in a safe manner. This would effect all residents by not keeping the exits visible in an emergency. Findings on 03/10/2015: a. The emergency wall light between Rooms 4 & 6, 7 & 9, Dining Hall and Main Office did not illuminate when tested for emergency pack-up illumination condition. 2-Based on observation, the facility has not maintained mechanical ventilation system that can generate harmful odors and effect staff and all residents.	C 189	Sanitation approval included. Fire inspection has been done, waiting on approval, will have everything completed by May 10 th , 2015. Sanitation completed March 24, 2015. Replaced all emergency lights with new emergency lights on March 13 th , 2015. Will test lights monthly to ensure they are functioning properly.	March 24, 2015 March 13, 2015

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/12/2015
--	--	--	---

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
C 189	<p>Continued From page 2</p> <p>Findings on 03/12/2015:</p> <p>a. The mechanical exhaust fan is not operational located in the Chemical Storage Room adjacent to the Laundry Room.</p> <p>3-Based on observations, the facility failed to maintain the maintenance of plumbing fixtures that can harm residents during the use of the bathroom facilities.</p> <p>a. The toilet is not anchored to floor and has been repositioned in such a way that it is not parallel to the wall and grab bar.</p>	C 189	<p>Mechanical Exhaust Fan was replaced with a new mechanical exhaust fan on March 13, 2015. Will check periodically for working condition.</p> <p>Toilet was completely removed from floor and new wood ring, metal flange, and toilet replaced properly and sealed with caulk. March 14, 2015.</p>	<p>March 13, 2015</p> <p>March 14, 2015</p>

Food Establishment Inspection Report

Establishment Name: CAESTAR PARK RESTAURANT
 Location Address: 84 CREST PARK DR.
 City: PLAINESVILLE State: North Carolina
 Zip: 28786 County: HAYWOOD
 Permittee: BARBARA HANNAH
 Telephone: 828-456-5858

Score: 97 1/2

Establishment ID: 01044160005

Date: 3/24/15 Status Code: A
 Time In: _____ Time Out: _____
 Category#: 2
 FDA Establishment Type: _____

No. of Risk Factor/Intervention Violations: _____
 No. of Repeat Risk Factor/Intervention Violations: _____

- Inspection Re-Inspection
- Wastewater System:**
- Municipal/Community On-Site System
- Water Supply:**
- Municipal/Community On-Site Supply

Foodborne Illness Risk Factors and Public Health Interventions					
Risk factors: Contributing factors that increase the chance of developing foodborne illness.					
Public Health Interventions: Control measures to prevent foodborne illness or injury.					
Compliance Status			OUT	CDI	R VR
Supervision 2852					
1	IN	OUT	NA		
PIC Present; Demonstration - Certification by accredited program & perform duties					
Employee Health 2852					
2	IN	OUT			
Management, employee knowledge, responsibilities & reporting					
3	IN	OUT			
Proper use of reporting, restriction & exclusion					
Good Hygiene Practices 2852, 2853					
4	IN	OUT			
Proper eating, eating, drinking or tobacco use					
5	IN	OUT			
No discharge from eyes, nose or mouth					
Preventing Contamination by Hands 2852, 2853, 2854, 2855					
6	IN	OUT			
Hands clean & properly washed					
7	IN	OUT			
No bare hand contact with RTE foods or pre-approved alternate procedure properly followed					
8	IN	OUT			
Handwashing sinks supplied & accessible					
Approved Source 2853, 2854					
9	IN	OUT			
Food obtained from approved source					
10	IN	OUT			
Food received at proper temperature					
11	IN	OUT			
Food in good condition, safe & unadulterated					
12	IN	OUT			
Required records available: shellstock tags, parasite destruction					
Protection from Contamination 2853, 2854					
13	IN	OUT			
Food separated & protected					
14	IN	OUT			
Food-contact surfaces: cleaned & sanitized					
15	IN	OUT			
Proper disposition of returned, previously served, reconditioned & unsafe food					
Potentially Hazardous Food Time/Temperature 2852					
16	IN	OUT			
Proper cooking time & temperatures					
17	IN	OUT			
Proper reheating procedures for hot holding					
18	IN	OUT			
Proper cooling time & temperatures					
19	IN	OUT			
Proper hot holding temperatures					
20	IN	OUT			
Proper cold holding temperatures					
21	IN	OUT			
Proper date marking & disposition					
22	IN	OUT			
Time as a public health control: procedures & records					
Consumer Advisory 2853					
23	IN	OUT			
Consumer advisory provided for raw or undercooked foods					
Highly Susceptible Populations 2853					
24	IN	OUT			
Pasteurized foods used; prohibited foods not offered					
Chemical 2853, 2857					
25	IN	OUT			
Food additives: approved & properly used					
26	IN	OUT			
Toxic substances properly identified stored & used					
Conformance with Approved Procedures 2853, 2854, 2855					
27	IN	OUT			
Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan					

Good Retail Practices					
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Compliance Status			OUT	CDI	R VR
Safe Food and Water 2853, 2854, 2855					
28	IN	OUT			
Pasteurized eggs used where required					
29	IN	OUT			
Water and ice from approved source					
30	IN	OUT			
Variance obtained for specialized processing methods					
Food Temperature Control 2853, 2854					
31	IN	OUT			
Proper cooling methods used; adequate equipment for temperature control					
32	IN	OUT			
Plant food properly cooked for hot holding					
33	IN	OUT			
Approved thawing methods used					
34	IN	OUT			
Thermometers provided & accurate					
Food Identification 2853					
35	IN	OUT			
Food properly labeled: original container					
Prevention of Food Contamination 2852, 2853, 2854, 2855, 2857					
36	IN	OUT			
Insects & rodents not present; no unauthorized animals					
37	IN	OUT			
Contamination prevented during food preparation, storage & display					
38	IN	OUT			
Personal cleanliness					
39	IN	OUT			
Wiping cloths: properly used & stored					
40	IN	OUT			
Washing fruits & vegetables					
Proper Use of Utensils 2853, 2854					
41	IN	OUT			
In-use utensils: properly stored					
42	IN	OUT			
Utensils, equipment & linens: properly stored, dried & handled					
43	IN	OUT			
Single-use & single-service articles: properly stored & used					
44	IN	OUT			
Gloves used properly					
Utensils and Equipment 2853, 2854, 2855					
45	IN	OUT			
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used					
46	IN	OUT			
Warewashing facilities: installed, maintained & used; test strips					
47	IN	OUT			
Non-food contact surfaces clean					
Physical Facilities 2854, 2855, 2856					
48	IN	OUT			
Hot & cold water available; adequate pressure					
49	IN	OUT			
Plumbing installed; proper backflow device					
50	IN	OUT			
Sewage & waste water properly disposed					
51	IN	OUT			
Toilet facilities: properly constructed, supplied & cleaned					
52	IN	OUT			
Garbage & refuse properly disposed; facilities maintained					
53	IN	OUT			
Physical facilities installed, maintained & clean					
54	IN	OUT			
Meets ventilation & lighting requirements; designated areas used					
TOTAL DEDUCTIONS:			3.0		



N.C. Department of Environment and Natural Resources
 Division of Environmental Health
**Inspection of Hospitals, Nursing Homes, Adult
 Care Homes and Other Institutions**

Score: 47.7/50
 Date of Insp/Chg 3/24/15
 Status Code: A

Health Department: HAYWOOD
 Current Facility ID: 2094400004
 Old Facility ID: _____

Water Supply: Community Non-Transient Non-Community
 Transient Non-Community Non-Public Water Supply

Water sample taken today? YES NO
 Inspection Name Change
 Re-Inspection Verification of Closure
 Visit Status Change

Name of Establishment: CHESTNUT PARK REST HOME Permittee: BARBARA HANNAH
 Location Address: 87 CHESTNUT PARK DR. Mailing Addr.: _____

City: WAYNESVILLE State: NC Zip: 27786 City: _____ State: _____ Zip: _____

DOORS, WALLS AND CEILINGS: [1309, 1310]

Deficiency Number (Circle One)	Deficiency Point(s)
1. Floors easy to clean, no obstacles, drains where needed.....	2 1
2. Floors clean, carpet clean, dry, odor free.....	2 1
3. Walls and ceilings cleanable, clean, good repair.....	2 1

LIGHTING, VENTILATION, MOISTURE CONTROL: [1311]

4. Lighting at least 10 foot candles 30 inches above floor.....	2 1
5. Ambient air temperature 65° to 85° F, equipment clean.....	2 1
6. No evidence of microbial growth.....	3 1.5
7. Indoor smoking limited to dedicated smoking rooms.....	2 1

MISCELLANEOUS: [1318]

28. Adequate storage, area clean, items properly stored.....	1 .5
29. Mop sinks provided and used.....	1 .5
30. Medication carts clean, sharps containers affixed, food and utensils handled properly.....	2 1
31. Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions.....	2 1

**OILET, HANDWASHING, LAUNDRY AND BATHING
 FACILITIES: [1312]**

8. Facilities conveniently located, clean and in good repair.....	2 1
9. Toilet rooms free of storage, handwash signs posted.....	1 .5
10. Bedpans, urinals, bedside commodes and enemas basins properly cleaned and disinfected.....	1 .5
1. Hand sinks used only for intended purpose.....	2 1
2. Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device.....	3 1.5
3. Lavatory and bathing hot water between 100° and 116° F.....	2 1
4. Disinfectant accessible, properly used.....	2 1

FURNISHINGS AND PATIENT CONTACT ITEMS: [1319, 1312]

32. Furniture clean and in good repair. Mattresses clean, dry, odor free.....	2 1
33. Linen changed when soiled. Soiled linen handled properly.....	2 1
34. Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately.....	2 1
35. Patient contact items in good repair, properly stored, cleaned and disinfected.....	1 .5

WATER SUPPLY: [1313]

5. Approved water supply, no cross-connections.....	4 2
6. Quantity and hot water sufficient, backup water supply plan.....	2 1

RINKING WATER FACILITIES, ICE HANDLING: [1314]

7. Water fountains clean, good repair, properly regulated.....	2 1
8. Drinking utensils properly handled.....	2 1
9. Ice protected, dispensed, equipment clean, in good repair.....	2 1

FOOD SERVICE UTENSILS AND EQUIPMENT: [1320]

36. Approved utensils and equipment, cleaned and sanitized.....	2 1
37. Activity kitchens used only for approved activities.....	1 .5
38. Handwash lavatory provided wherever food is handled.....	2 1

LIQUID AND SOLID WASTES [1315, 1316]

0. Wastewater disposed of properly.....	4 2
1. Solid waste stored properly, areas clean, facilities for cleaning.....	4 2
2. Solid waste disposed of frequently, no insect breeding or nuisance.....	2 1
3. Medical wastes handled and disposed of properly.....	2 1

FOOD SUPPLIES AND PROTECTION: [1321, 1322, 1323]

39. Food supply complies with 15A NCAC 18A .2600.....	4 2
40. Food brought by employees or visitors handled properly.....	1 .5
41. Milk and milk products comply with 15A NCAC 18A .1200.....	2 1
42. Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control.....	4 2
43. Food storage units with thermometers, maintain temperatures... excluded and tables cleaned before meals.....	1 .5
44. Food stored above floor.....	1 .5
45. No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals.....	2 1

VERMIN CONTROL, PREMISES: [1317]

4. Vermin excluded.....	3 1.5
5. Approved pesticides properly stored and handled.....	2 1
6. Premises clean, no breeding places or rodent harborage.....	2 1
7. Pet areas clean, veterinary records available.....	2 1

EMPLOYEES: [1324]

46. Clothing clean, no tobacco used while handling food.....	1 3
47. Hands properly washed or decontaminated.....	3 1.5
48. Persons with infections excluded from food service work.....	2 1

TOTAL 3-0

Comments: HOT WATER IS 115°F 4) NEED LIGHTS END CAPS (INK KIT (HON))
8) CLEAN BASES OF TOILETS - ONE TOILET NEEDS TO BE RESET BECAUSE
14) GET TEST KIT FOR OR EPA HOSPITAL DISINFECTANT FOR NEW WAX RING

Rept. Received by: Barbara J. Hannah

Inspection by: Sharon P. Barr EHS I.D.# 1024 Comment Sheet Attached Yes No

INSTRUCTIONS: Purpose: General Statute 130A-275 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1204 specifies the contents of an inspection form to record the results of inspections made of institutional facilities. This form is developed to be used in making inspections of orphanages, children's homes, and similar institutions. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies (a). Original to be left with the administrator or manager. b. Copy for the local health department. c. Copy for the Environmental Health Services Section, Division of Environmental Health. Disposition: This form may be destroyed in accordance with Standard 8.06, Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Division of Environmental Health, 1612 Mail Service Center, Raleigh, NC 27699-1612, (1-800-952-6100)

Comment Addendum to Food Establishment Report

Establishment Name: CHOCOLATE PARK 23
 Location Address: 84 CHOCOLATE PARK
 City: WYOMING State: NC
 County: HAYWARD CO. Zip: 28786
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site Supply
 Permittee: BARBARA HANNATH
 Telephone: 828-756-5858

Establishment ID: 01044160005
 Inspection Re-Inspection
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other

Date: 3/24/15
 Status Code: A
 Category#: 2

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
COOLER - MEAT CHICKEN	39				
KITCHEN HOT WATER	190				
RESTROOM HOT WATER	115				

Observations and Correction Actions

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
1)	COPY IS ENPOWERED TO COMPLETE SERVE SAFE <u>WASH</u> PERSON PRESENT MUST HAVE APPROVED FOOD EDUCATION CERTIFICATE
13)	NEED TO KEEP RAW SAUSAGE LOWER THAN ANY READY TO EAT FOODS
57)	NEED TRASH CAN AT HANDSINK IN KITCHEN NEED LIP ON RESTROOM USED BY WOMEN
59)	NEED LIGHT END CAP ON KITCHEN LIGHT

Person in Charge (Print & Sign): Barbara J. Hannath Barbara J. Hannath Certification Required Date: _____
 Regulatory Authority (Print & Sign): DENNA BROWN / DENNA BROWN REHS ID: 1024
 REHB Contact Phone Number: 356-2104