STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL056005 01/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **64 CLUBHOUSE TRAIL CHESTNUT HILL OF HIGHLAND** HIGHLANDS, NC 28741 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Dennis Harrell on 1-28-2016. Records indicate this facility was first licensed on 3-26-1997, for 26 residents. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1996 North Carolina State Building Code -I 2 - Institutional Occupancy, C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in an unapproved beverage crate and in cardboard delivery containers in the med prep room on the ground floor. C 185 Fire Safety-Rehearsals on Each Shift C 185 SECTION .0300 - PHYSICAL PLANT

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			TE SURVEY MPLETED	
		HAL056005	B. WING		01/2	8/2016	
NAME OF PROVIDER OR SUPPLIER  CHESTNUT HILL OF HIGHLAND  STREET ADDRESS, CITY, STATE, ZIP CODE  64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
C 185	10A NCAC 13F .03 EVACUATION (b) There shall be a quarterly on each s requirement of the lenforcement Official (c) Records of rehe and copies furnishes social services anninclude the date and shift, staff members description of what (f) This Rule shall a facilities.  This Rule is not me Based on review of rehearsals are not be least one per shift or rehearse the fire pladelay in an actual e Findings include: a. In the 1st quarter rehearsal done duri	rehearsals of the fire plan hift in accordance with the ocal Fire Prevention Code al. earsals shall be maintained of to the county department of ually. The records shall dime of the rehearsals, the present, and a short the rehearsal involved. Apply to new and existing the according done regularly with at each quarter. Failure to an could lead to confusion and mergency.  To of this year, there was no not the 2nd shift.	C 185				
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				) DATE SURVEY COMPLETED	
		HAL056005	B. WING		01/2	8/2016	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 0172	01/20/2010	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741							
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C 189	Continued From pa	ige 2	C 189				
	1. Based on obser maintained in a saft barrier doors not fit in order to contain saffect all residents as moke and fire in the Findings include:  a. One side of the apartment 1202 wob. One side of the ground floor would c. There was a gar	et as evidenced by: vation, the facility was not e manner because of smoke ting well or not latching closed smoke and fire. This could and staff by not containing ne fire compartment of origin.  smoke barrier doors near ould not latch when closed. smoke barrier doors on the not latch when closed. o of about ¼ inch between the s on the ground floor when					
	fire rated walls and in several locations are not sealed with one-hour fire rated possibility that a fire quickly spread to of Findings include:  a. Holes, approximaround all ceiling spround floor AC corb. Ceiling damager laundry.  c. The sprinkler estightly fitted to the corportection in the AC.  3. Based on obserprevented from clospassage of fire and do not close complete.	vation the required one-hour /or ceilings were compromised at Holes and penetrations that materials approved for use in construction present the ethat begins in one space can ther areas of the facility.  nately 5 inches by 8 inches, cut prinkler heads for repair in the ordensor area.  If of the exterior porch near the ceiting complete the one-hour ceiling complete the one-hour coloset.off the AL Dining room.  Vation, a corridor door was sing quickly to resist the less smoke. Corridor doors that etely and latch present the ethat begins in one space can					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL056005	B. WING		01/2	8/2016
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, STATE, ZIP CODE			
CHESTNUT HILL OF HIGHLAND 64 CLUBHOL						
	0.0000000000000000000000000000000000000		DS, NC 287			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOUL  CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 3	C 189			
	of the facility. Finding includes; The corridor door to	e corridor and the remainder o a storage closet on the eld open with a mechanical				
C 191	Unvented & Portab	le Elec. Heaters Prohibited	C 191			
	maintain 75 degree winter design condi following shall apply appliances.  (2) Unvented fuel to portable electric her (k) This Rule shall facilities with the ex which shall not app.  This Rule is not mer Based on observation to the prohibition of Portable electric her hazard and as such the facility. Finding includes:	a heating system sufficient to s F (24 degrees C) under tions. In addition, the y to heaters and cooking ourning room heaters and aters are prohibited. apply to new and existing ception of Paragraph (e) ly to existing facilities.				

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