

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL058005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/28/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHESTNUT HILL OF HIGHLAND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>64 CLUBHOUSE TRAIL HIGHLANDS, NC 28741</b>		
(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	Initial Comments  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 000		
C 166	Housekeeping-Maintained Free of Hazards  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 fail, 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 166	<i>Several portable medical oxygen cylinders were stored in an un-approved beverage crate and in cardboard delivery containers in the locked med prep room on the ground floor.</i>  APS (Lincare Oxygen) was called on 1/28/16 and they have removed the beverage crate and cardboard delivery containers. They have supplied us with a metal rack for storage.	3/3/16
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT	C 185	<i>a.) In the first quarter of 2015 There was no fire rehearsal done during the second shift.</i>  <i>b.) In the 3<sup>rd</sup> quarter of 2015 there was no fire rehearsal done during the 2<sup>nd</sup> shift.</i>  January 4, 2016 a fire drill schedule was established and printed on a yearly calendar and given to the Maintenance Director. The Administrator has a schedule posted in her office to monitor that they are being carried out quarterly on each shift as well as a binder with all drills logged for review.	1/4/16

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE -1

TITLE

*Barbara J. Ridgeway, Administrator 3/8/16*

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C 185	Continued From page 1  10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 1st quarter of this year, there was no rehearsal done during the 2nd shift. b. In the 3rd quarter of this year, there was no rehearsal done during the 2nd shift.	C 185	1.  a.) One side of the smoke barrier doors near apartment 1202 would not latch when closed.  Our Maintenance Director took the door apart to repair. He was unable to repair properly. He called Gibson Lock & Key and they were able to repair. The door now closes and latches in order to contain fire and smoke.  b.) One side of the smoke barrier doors on the ground floor would not latch when closed.  Our Maintenance Director was able to Repair the ground floor smoke barrier Doors on 1/29/16. When Gibson Lock and Key came on 3/1/16 he looked at this door to make sure it was latching properly to contain fire and smoke and confirmed it was good.  c.) There was a gap of about 1/4 inch between the smoke barrier doors on the ground floor when closed.	3/1/16  1/29/16
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 (e) which shall not apply to existing facilities.	C 189	Our Maintenance Director installed a trim piece permitting the door to close securely without a gap. Gibson Lock and Key also checked this door to confirm a proper fit on 3/1/16.	1/29/16

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C 189 Continued From page 2

This Rule is not met as evidenced by:

1. Based on observation, the facility was not maintained in a safe manner because of smoke barrier doors not fitting well or not latching closed in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings include:

- a. One side of the smoke barrier doors near apartment 1202 would not latch when closed.
- b. One side of the smoke barrier doors on the ground floor would not latch when closed.
- c. There was a gap of about ¼ inch between the smoke barrier doors on the ground floor when closed.

2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:

- a. Holes, approximately 5 inches by 8 inches, cut around all ceiling sprinkler heads for repair in the ground floor AC condensor area.
- b. Ceiling damaged of the exterior porch near the laundry.
- c. The sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the AC closet, off the AL Dining room.

3. Based on observation, a corridor door was prevented from closing quickly to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can

C 189

C189 2.

a). *The 1 hour fire rated ceilings were compromised due to 4, 5"x8" openings made around the sprinkler heads for repair in the ground floor AC condenser area.*

The 5x8 holes have been replaced with The same one hour fire rated gypsum And sealed with one hour fire block caulking to maintain the integrity of the one hour fire resistance rated ceiling .

b.) *Ceiling damaged of the exterior porch near the laundry.*

Attempted to repair the small area that had water damage but found the area above had more water damage. Plan is to replace the existing ceiling with HardiPlank siding Picking up Hardie Planks 3/7/16 and will begin work as soon as the Permit is approved. Sent application for a permit on 3/4/16. Permit office said they pull the next in order. Hoping the permit will be ready to pick up on Monday 3/7. The job should be completed in 1 to 2 days. Once the HardiePlank is installed we will Seal the area above with concrete sealer to prevent this from happening again.

3/3/16

3/13/16

