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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		COMPLETED							
		FCL012024	B. WING		08/01	/2017						
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE									
2630 PAX HILL ROAD												
CHESTERFIELD ADULT CARE HOME MORGANTON, NC 28655												
(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		C 000									
	Report by Paul Dixon											
	DHSR Construction Section conducted a Biennial Survey on August 1, 2017 from 12:45 PM to 2:00 pM at the above referenced facility. DHSR records indicate the home was first licensed on October 25, 1990 as a Family Care Home for six (6) ambulatory Residents (Who are able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Rules for Family Care Homes minimum and desired standards and regulations" with 1987 revisions, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1978 North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities.											
		sit, we cited deficiencies that ole plan of correction. They										
C 174	Building Equipment	Maintained Safe, Operating	C 174									
	EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition.	17 BUILDING SERVICE and all fire safety, electrical, ambing equipment in a family maintained in a safe and										
		et as evidenced by: echanical and plumbing maintained in a safe and										

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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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 _ FCL012024 08/01/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2630 PAX HILL ROAD **CHESTERFIELD ADULT CARE HOME** MORGANTON, NC 28655 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 CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 174 Continued From page 1 C 174 operating condition. Findings include: 1. At the time of the survey it was observed that one of the flapper blades for the clothes drver exhaust was stuck in the open position. Effect: The open blade could allow vermin to enter the home. Directive: Have the blade fixed so that when the clothes dryer is not operating, the blades on the exterior flapper assembly close. Once completed provide for our records photos and copies of receipts for the work performed. C 183 Outside Premises-Clean, Safe C 183 SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1.) The outside grounds of existing Family Care Homes shall be maintained in a clean and safe condition: Findings Include: 1. At the time of the survey it was observed that the window shutters on the left side of the home had peeling paint.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED					
		FCL012024	B. WING		08/0	1/2017				
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE						
CHESTERFIELD ADULT CARE HOME 2630 PAX HILL ROAD MORGANTON, NC 28655										
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE					
C 183	Continued From page 2		C 183							
	Effect:									
		xposes the wood to rot and d be a hazard to residents.								
	Directive:									
	shutters. Once con	nt removed and re-paint the npleted provide for our records of receipts for the work								
		e survey it was observed that rtainment center stored of the home.								
	Effect:									
		ent center is unsightly and will ate unless removed.								
	Directive:									
	property. Once cor	nent center removed from the mpleted provide for our copies of receipts for the								

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