Division	of Health Service Re	egulation			FORM	APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI		(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	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
CHESTE	ERFIELD ADULT CARE	HOME	HILL ROAD			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE	
C 000	Initial Comments		C 000			
	Report by Paul Dixe	on			AAAA	
	Survey on August 1 pM at the above ref records indicate the October 25, 1990 a (6) ambulatory Resi respond and evacuate verbal assistance demergency). Based requiring the home the following: the 19 Homes minimum are regulations with 19 portions of the 2005 Family Care Homes State Building Code Residential Care Fa	on this information we are to maintain compliance with 184 "Rules for Family Care and desired standards and 187 revisions, the applicable Rules 10A NCAC 13G for the 1978 North Carolina - Section 409.1(g) -		RECEIVE OCT 102 CONSTRUCTION	017	
	are as follows:					
	SECTION .0300 - T 10A NCAC 13G .03 EQUIPMENT (a) The building an mechanical, and plu care home shall be operating condition. (j) This Rule shall a family care homes. This Rule is not me 1.) All electrical, me	d all fire safety, electrical, mbing equipment in a family maintained in a safe and apply to new and existing	C 174			
		ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	Cowell Admini		X6) DATE
ATE FORM	A.		T	CZK21		on sheet 1 of

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

(X3) DATE SURVEY COMPLETED

(X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHESTERFIELD ADULT CARE HOME

2630 PAX HILL ROAD MORGANTON, NC 28655

(VAS III)		TON, NC 2		
X4) ID REFIX 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) COMPLET DATE
C 183	Continued From page 2	C 183		
	Effect: The peeling paint exposes the wood to rot and		Shutters on house was removed on 10/8/2017. It was decided not to replace the old shutters as they were wider than shutters available in todays market. Attached is work order from Edwards Home Improvement and a picture of one side of the house with shutters removed. In all 14 shutters	
000	the loose paint could be a hazard to residents.			
i i consistenza de la consistenza de l	Directive:			10/8/1
	Have the loose paint removed and re-paint the shutters. Once completed provide for our records photos and copies of receipts for the work performed.		were removed.	comple
	2. At the time of the survey it was observed that there is an old entertainment center stored outside at the rear of the home.		Entertainment center was used to display potted flowers by a former employee. I called her and she said she would gladly come and take the entertainment center to her home. She was under the impression that facility had only let her use it while she was living in the facility. Entertainment center was removed on 10/4/17. Picture of entertainment center in the	Karangaran da
	Effect:			- Address of the Control of the Cont
	The old entertainment center is unsightly and will continue to deteriorate unless removed.	The state of the s		
	Directive:			
	Have the entertainment center removed from the property. Once completed provide for our records photos and copies of receipts for the work performed.		back of her neighbors truck is attached.	10/4/1 complet
		Comment of the Commen		
		***************************************	The state of the s	
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	The second secon	***************************************	А	
	alth Service Regulation			

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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

(X3) DATE SURVEY COMPLETED

FCL012024

B. WING\_

08/01/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## CHESTERFIELD ADULT CARE HOME 2630 PAX HILL ROAD

MORGANTON, NC 28655

***************************************	MORGANION, 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 174	Continued From page 1 operating condition. Findings include:  1. At the time of the survey it was observed that one of the flapper blades for the clothes dryer exhaust was stuck in the open position.  Effect: The open blade could allow vermin to enter the home.	C 174	Purchased dryer vent on 10/5/2017 from Lowe's Home Centers, receipt is attached. Old dryer vent was replaced with new vent on 10/7/2017. Picture of new vent is attached. It does not have flapper blades, but plastic netting that is attached to vent that will prevent vermin from entering the facility.	10/7/17 complete				
	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.							
The control of the co	Outside Premises-Clean, Safe  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:	C 183						
ision of He	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.  alth Service Regulation							

ision of Health Service Regulation



LONE'S HOME CENTERS, LLC 1224 BURKEHONT AVENUE HORGANTON, NC 28655 (828) 433-1102

## - SALE -

SALES#: \$10978E3 2246642 TRANS#: 71231992 10-05-17

433665 4-IN DRUNT CAP PFRD/3-IN 7.98 DISCOUNT EACH -0.40 2 9 7.58

> 15.16 SUBTOTAL: 1.02 TAX: INVOICE 09196 TOTAL: 16.18 15.18 LCC:

TOTAL DISCOUNT:

0.80

LCC:XXXXXXXXXXXXXXX6215 AMOUNT:16.18 AUTHCB:000915 SWIPED REFID: 765560 10/05/17 15:32:53 LBA/PO: NO

STORE: 1097 TERMINAL: 09 10/05/17 15:33:39

# OF ITEMS PURCHASED: EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOVE'S. SEE REVERSE SIDE FOR RETURN POLICY. STORE HANAGER: TERRY CARR

LONE'S PRICE NATCH GUARANTEE FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

\*\*\*\*\*\*\*\*\*\*\*\*\* YOUR OPINIONS COUNT!

REGISTER FOR A CHANCE TO BE

THE OF FIVE \$300 WINKERS DRAWN NONTHLY!

IREGISTRESE EN EL SORTEO HENSUAL

PARA SER UNO DE LOS CINCO GANADORES DE \$300!

REGISTER BY COMPLETING A QUEST SATISFACTION SURVEY

WITHIN ONE WEEK AT: www.lowes.com/survey

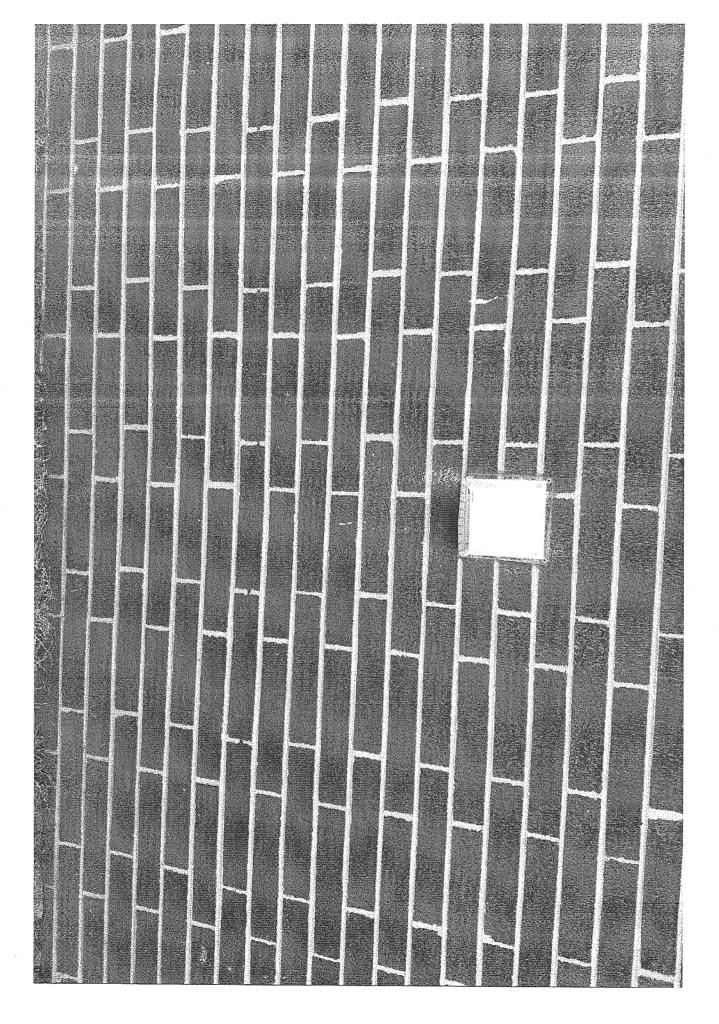
YOUR ID# 09196 1097 278

NO PURCHASE NECESSARY TO ENTER OR WIN.

\* VOID WHERE PHONIBITED. NUST BE 18 OR OLDER TO ENTER. \*

\* OFFICIAL RULES & WINNERS AT: www.loues.com/sorvey \*

STORE: 1097 TERNINAL: 09 10/05/17 15:33:39



## Shutter removal

## ROGER EDWARDS < rogered@bellsouth.net>

Sun 10/8/2017 11:24 AM

To:teresagcarswell@msn.com < teresagcarswell@msn.com >;

Edwards Home Improvement 132 W.A. Harris Rd. Morganton, NC 28655

Date: 10/8/17

Chesterfield Adult Care Home 2630 Pax Hill Rd. Morganton, NC 28655

Remove and dispose 14 exterior shutters.





Former Employee: Camilla Hallyburton 828-443-6987