Division of Health Service Regulation

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 11/30/2017 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 Suzanna Fay conducted on November 30, 2017. Records indicate this facility was first licensed on March 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: 1. Observations revealed that the facility was not maintained free of all hazards. Findings on November 30, 2017: a. Lower level - the threshold at the door to Stair 2 is loose and the carpet is pulled up creating a trip hazard. C 189 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

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

TITLE (X6) DATE

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C 189	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		C 189	DEFICIENCY			
	Findings on Novem a. Activity Room - catch.	the latch on the left leaf did not					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
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C 189	b. Dining Room - t doors did not catch 3. Based on obser maintain the facility means of egress/pa Emergency evacua occupants could be was blocked or observa. Lower level - the corridor width to less The chair was relood be Lower level exit were chairs being so restricting the path corridor that restrict required. 4. Based on obsermaintain electrical equipment in safe of effect occupants of were not illuminated. Findings on Novema. Dining Room - t light when tested. 5. Based on obsermaintain electrical equipment in safe of the facility could indicating exit paths event of an emerger.	the latches on the corridor vation there is a failure to rin a safe manner. Emergency athways must not be blocked. Ition from the facility by the delayed if means of egress structed. There was a chair restricting the ses than 6' at the right wing. Cated at the time of survey. Corridor by soiled linen - there stored in the exit corridor of egress. Wing - there was a desk in the ted the width to less than the 6' vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths d during a power outage. There was a desk in the ted the width to less than the 6' vation the facility did not emergency/safety lighting operating condition. Occupants be effected if the signs is could not be seen in the ency evacuation.	C 189				

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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 _ HAL056005 11/30/2017 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 CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 Continued From page 3 C 189 corridor door was out. 6. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock potential. Findings on November 30, 2017: a. Room 1101 - the GFCI outlet to the left of the kitchen sink did not trip when tested. C 199 C 199 Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage: (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility failed to provide exhaust ventilation in required locations. This could effect occupants of the facility if odors were to permeate the facility's occupied areas beyond the Housekeeping Room.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
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C 199	Findings on Novem a. Housekeeping of an exhaust fan for 2. Based on obser maintain the exhau rate of two cubic fe Findings on Novem a. Club level (Main men's bath was not b. Club level (Main	aber 30, 2017: closet main level - there is not the housekeeping closet. vation the facility failed to st ventilation equipment at the et per minute per square foot. aber 30, 2017: a level) - the exhaust fan in the	C 199				

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