	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION		E SURVEY PLETED
		FCL012024	B. WING		10/	03/2018
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
CHESTEI	RFIELD ADULT CARE	F HOME	X HILL ROAD	55		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Report by Luis Pad	illa				
	2:00 PM at the abo records indicate the October 25, 1990 a (6) Residents (Able without physical or or other emergency requiring the home following: The 1984 Minimum and Desin with 1987 revisions 2005 Rules for Fan 13G, and the 1978	3, 2018 from 12:10 PM to ve referenced facility. DHSR e home was first licensed on is a Family Care Home for six e to respond and evacuate verbal assistance during a fire y). Based on this we are to be in compliance with the Rules for Family Care Home red Standards and Regulation , the applicable portions of the nily Care Homes 10A NCAC North Carolina State Building 0.1(g) - Residential Care	e es is ie			
	require an acceptal deficiencies listed b	isit, we cited deficiencies that ble plan of correction; all below were discussed with on exit interview. The listed follows:				
C 149	SECTION .0300 - 1 10A NCAC 13G .03 AND EXITS (f) All steps, porch	B12 OUTSIDE ENTRANCE	C 149 e			
	This Rule is not me 1.) The rule require and ramps shall be guardrails:	s all steps, porches, stoops provided with handrails and				
	During our visit it w	as observed that there was				

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: C			PLETED
		FCL012024	B. WING		10/	03/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
CHESTE	RFIELD ADULT CARE	F HOME	K HILL ROAD NTON, NC 286	55		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 149	Continued From pa	ae 1	C 149	DENCIENC	1)	
• • • •	one handrail installe	ed in the secondary exit of the ompliant with the rule.				
		s to have the deficiency documentation in the form of leted work.				
C 152	Floors		C 152			
	smooth, non-skid m to be easily cleanab (b) Scatter or thro	amily care home shall be of naterial and so constructed as				
	This Rule is not me 1.) The rule require good repair:	et as evidenced by: s all floors shall be kept in				
		as observed that the floor viny m was in poor condition. This h the rule.				
		s to have the deficiency documentation in the form of leted work.				
C 172	Fire Safety-Four Re	ehearsals	C 172			
	DISASTER PLAN (e) There shall be fire evacuation plan rehearsals shall be furnished to the cou services annually.	THE BUILDING B16 FIRE SAFETY AND at least four rehearsals of the n each year. Records of maintained and copies unty department of social The records shall include the e rehearsals, staff members				

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 10

		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	CONSTRUCTION		E SURVEY PLETED
		FCL012024	B. WING		10/03/201	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		00/2010
CHESTE	RFIELD ADULT CAR	F HOME	X HILL ROAD NTON, NC 286	355		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
C 172	Continued From pa	ige 2	C 172			
	present, and a shor rehearsal involved.	rt description of what the				
	rehearsals of the fil Records of rehears	es there shall be at least four re evacuation plan each year. als shall be maintained and the county department of				
	was not conducting	as observed that the home quarterly drills for every staff mpliant with the rule.				
		s to have the deficiency documentation in the form of leted work.				
C 174	Building Equipment	t Maintained Safe, Operating	C 174			
	EQUIPMENT (a) The building a mechanical, and pl care home shall be operating condition	BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing				
		s all fire safety equipment in a hall be maintained in a safe				
	Extinguishers were	as observed that the Fire not undergoing their monthly not compliant with the rule.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		E SURVEY PLETED
		FCL012024	B. WING		10/	03/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HESTE	RFIELD ADULT CARE	F HOME	X HILL ROAD NTON, NC 286	\$55		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 174	Continued From pa	ge 3	C 174			
		s to have the deficiency documentation in the form of leted work.				
	2.) The rule requires plumping equipment in a family care home shall be maintained in a family care home shall be maintained in a safe and operating condition:					
	the Bathroom adjac	as observed that the sink in cent to Bedroom #5 was loose is not compliant with the rule.				
		s to have the deficiency documentation in the form of leted work.				
	family care home s	s plumping equipment in a hall be maintained in a family maintained in a safe and :				
	the Bathroom on th	as observed that the toilet in e left side of the home had a e at its base. This is not rule.				
		s to have the deficiency documentation in the form of leted work.				
	family care home s	s electrical equipment in a hall be maintained in a family maintained in a safe and :				
		as observed that there was a eing utilized in Bedroom #5. nt with the rule.				

Dividion	of Health Service Re	guiation	Т			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>C</b>	CONSTRUCTION 1		E SURVEY PLETED
		FCL012024	B. WING		10/	03/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
CHESTE	RFIELD ADULT CARE	HOME	( HILL ROAD NTON, NC 286	55		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	HE APPROPRIATE	COMPLETE DATE
C 174	Continued From pa	ge 4	C 174			
		s to have the deficiency documentation in the form of leted work.				
		s building equipment in a hall be maintained in a safe ition:				
		as observed that the door Bedroom was damaged. This h the rule.				
		s to have the deficiency documentation in the form of leted work.				
		s building equipment in a hall be maintained in a safe ition:				
	for Bedroom #4 wo	as observed that the window uld not remain in the open compliant with the rule.				
		s to have the deficiency documentation in the form of leted work.				
C 180	Building Service Eq	uipment-Call System	C 180			
	EQUIPMENT (f) Where the bed located in a separa bedrooms, an elect shall be provided co	THE BUILDING 17 BUILDING SERVICE room of the live-in staff is te area from residents' rically operated call system onnecting each resident -in staff bedroom. The				

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STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED	
		FCL012024	B. WING		10/	03/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	•	
HESTE	RFIELD ADULT CARE	FHOME	K HILL ROAD NTON, NC 286	55		
(X4) ID	SUMMARY STA		ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLET DATE
C 180	Continued From pa	ge 5	C 180			
	can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (j) This Rule shall apply to new and existing family care homes.					
	always been consid a basement and the having to meet this of the basement ha an apartment provid for staff, it has all th	Is state that this home has lered a single story home with a lower level was exempt from rule section. Since a portion s been modified to serve as ding and setup as a living area a amenities of a dwelling unit kitchen, sleeping and				
	system compliant w monitor is prohibite activator shall be su with a single action deactivated by staff shall be within reac bed.s. Copy's of rea	vill need to provide a call vith the rule; use of a baby d. The resident call system uch that it can be activated and remain on until The call system activator h of resident lying on his/her ciepts must be submitted to cords as well as photos of the				
C 101	Construction-Single	Family	C 101			
	(10NCAC 42C .210 1. The home must residential building Carolina Insurance following apply to fa	uction and Maintenance 2) meet the single family code requirements of North Department. In addition, the acilities licensed after February hich increase bed capacity,	/			

If continuation sheet 6 of 10

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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		
		FCL012024	B. WING		10/	03/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE		
CHESTE	RFIELD ADULT CARE	F HOME	X HILL ROAD	55		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 101	Continued From pa	ige 6	C 101			
	and facilities which	change ownership.				
	Residential Code a Residential Building sleeping rooms mu leading directly to th emergency egress. walls were built in th apartment with a ba and bedroom. The of the basement tha and there is no wind provide the required there is a window w outside from this ar compliance is need	North Carolina State Uniform nd all subsequent NC State g Codes since require that all st have a door or window ne outside to facilitate It has been identified that he basement to define an athroom, kitchen, living room bedroom is built in the portion at is completely below grade dow or door installed to d emergency egress opening; vell provided that leads to the rea but verification of led.				
	window well egress and guidelines as d against and effectiv hazardous situation Construction Section your local code office	al Building Officail that the s meets all the requirements lictated by code to ensure rely prevent any potentially is. Provide to DHSR on written verification from cial regarding the ir decision al requirements as may be				
C 106	Construction-Two S	Stories	C 106			
	NCAC 42C .2102) 3. The home must stories in height and requirements:	on and Maintenance (10 be one story in height, or two d meet the following be less than 1800 square fee				

	of Health Service Re				Γ	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION 1		E SURVEY PLETED
		FCL012024	B. WING		10/	03/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE		
CHESTE	RFIELD ADULT CARE	F HOME	( HILL ROAD			
		MORGAI	NTON, NC 286			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
C 106	Continued From pa	ge 7	C 106			
	in area.	-				
		ed persons are not to be				
	housed on the seco					
		nt facilities are not to be				
	located on the seco					
		alarm system with pull stations ounding devices which are				
		the building must be provided.				
		em must be able to transmit ar				
		the local fire department				
	where possible.					
		U.L. approved products of				
	combustion detectors directly wired to the house					
	current must be ins	talled on each floor.				
	This Rule is not me					
		ds state that this home has				
		lered a single story home with e lower level was exempt from				
		section 10 NCAC 42C .2103				
		of the basement has been				
		s an apartment providing and				
		ea for staff, it has all the				
		lling unit having a bathroom,				
	kitchen, sleeping ar	nd potential living/dining area.				
	Based on this you w	vill need to provide A complete				
		vith pull stations on each floor				
		es which are audible				
		ding must be provided. The				
		nust be able to transmit an				
		the local fire department work will be required to be				
		ed through your local Building				
		ment to verify compliance with				
		irements.Copy's of permits				
		t be submitted to our office for				
		as invoices of work performed				
	and photos of the c					1

TATEME	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
ND PLAN	I OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: C	)1	COM	PLETED
		FCL012024	B. WING		10/	03/2018
AME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
HESTE	RFIELD ADULT CAR	F HOME	X HILL ROAD	55		
	SUMMARY STA		NTON, NC 286	PROVIDER'S PLAN OF		(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 126	Outside Premises		C 126			
	<ul> <li>a. The outside gro clean and safe con rules of the Division the sanitation of res</li> <li>b. If the home has the fence must not entering freely or bio c. General outdoor illuminate walkways</li> <li>This Rule is not me 1.) The rule require maintained in a cleation accordance with the Health Services go residential care fac</li> <li>During our visit it w multiple trip hazard home. One was loc another was at the garage. This is not</li> <li>Make arrangement corrected; provide ophotos for all comp</li> </ul>	ses (10 NCAC 42C .2215) unds must be maintained in a dition, in accordance with the n of Health Services governing sidential care facilities. a fence around the premises prevent residents for exiting of e hazardous. Ighting must be adequate to s and drives. et as evidenced by: es the outside grounds must b an and safe condition, in e rules of the Division of verning the sanitation of illities: as observed that there were s at the front porch of the cated beside the door and end of the porch beside the compliant with the rule. s to have the deficiency documentation in the form of leted work.	g , e			
	maintained in a clear accordance with the	is the outside grounds must b an and safe condition, in e rules of the Division of verning the sanitation of ilities:	C			
		as observed that the Staff C unit installed that impeded				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>	CONSTRUCTION 1	(X3) DATE SURVE COMPLETED	
		FCL012024	B. WING		10/	03/2018
	PROVIDER OR SUPPLIER	E HOME 2630 F	ADDRESS, CITY, ST PAX HILL ROAD ANTON, NC 286			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
C 126	the staff members This is not complia Make arrangement corrected; provide photos for all comp 3.) The rule require maintained in a cle accordance with th Health Services go residential care fac During our visit it w exhaust was utilizin compliant with the Make arrangement	path of emergency egress. nt with the rule. ts to have the deficiency documentation in the form or oleted work. es the outside grounds must an and safe condition, in e rules of the Division of overning the sanitation of overning the sanitation of cilities: vas observed that the dryer ng a cage. This is not rule. ts to have the deficiency documentation in the form or	be			