

## A facsimile from

**CACH, Inc.**

2630 Pax Hill Road  
Morganton, NC 28655

Teresa Carswell  
Telephone 828 437-5164  
Fax 828 438-1000

**To: Luis Padilla or Alison M Godwin**

Fax number: 919 733-6592

**Date: 11/29/2018**

**Regarding: DHSR-Construction Section Biennial Survey**

**Please find attached the POC. If I can be of any further assistance, please contact me.**

**Thank you,  
Teresa Carswell  
Administrator**

Page 1 of 26

### CONFIDENTIALITY NOTICE

The information contained in this facsimile message may be confidential and/or legally privileged. It is intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please notify us immediately by telephone at (828) 437-5164 and return the original message to us at the above address via the U.S. Postal Service. Thank you.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL012024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/03/2018
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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C 000

Initial Comments

Report by Luis Padilla

DHSR Construction Section conducted a Biennial Survey on October 3, 2018 from 12:10 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) Residents (Able to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in 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 for Family Care Homes 10A NCAC 13G, and the 1978 North Carolina State Building Code - Section 409.1(g) - Residential Care facilities

At the time of our visit, we cited deficiencies that require an acceptable plan of correction; all deficiencies listed below were discussed with on site staff during the exit interview. The listed deficiencies are as follows:

C 000

C 149

Outside Entrances/Exits-Handrails At Porches

SECTION .0300 - THE BUILDING  
10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS

(f) All steps, porches, stoops and ramps shall be provided with handrails and guardrails.

This Rule is not met as evidenced by:  
1.) The rule requires all steps, porches, stoops and ramps shall be provided with handrails and guardrails:

During our visit it was observed that there was

C 149

1.) I will be getting a building permit from Burke County on Nov. 29, 2018. Edwards Home Improvement will be installing the needed handrails and guardrails as soon as we can consult with the Inspector and get the exact specs that are needed to correct this deficiency. It is my hope that this will be completed and approved by the County Inspector by Dec. 20, 2018.

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Luis Padilla*

*Administrator*

*11/29/2018*



# BURKE COUNTY

## BUILDING INSPECTIONS

PERMIT # 201802990

DATE ISSUED 11-29-18

PROPERTY REID # 46835

911 ADDRESS 2630 Pax Hill Road

OWNER NAME Chesterfield Adult

CONTRACTORS Home Care

GENERAL Ross Windows

ELECTRICAL —

MECHANICAL —

PLUMBING —

MOBILE HOME SET UP —

This permit placard shall be located on the job site in a position as to allow the Code Enforcement Official to see the Permit Number and 911 Address from the street. This placard must remain posted at the job site until the final Certificate of Occupancy has been issued.

**Burke County Building Inspections 828-764-9026**  
*Permit Number required to schedule inspections*

PRINTED: 11/14/2018  
FORM APPROVED

## Division of Health Service Regulation

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C 149	Continued From page 1  one handrail installed in the secondary exit of the home. This is not compliant with the rule.  Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.	C 149		
C 152	Floors  10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair.  This Rule is not met as evidenced by: 1.) The rule requires all floors shall be kept in good repair:  During our visit it was observed that the floor vinyl in the Staff Bathroom was in poor condition. This is not compliant with the rule.  Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.	C 152	1.) This deficiency has been partially corrected, the old flooring was removed, peel and stick tile was put down in its place. This was completed on Nov. 20, 2018. I will have shoe molding installed by the time the inspector comes so he/she can approve this correction.	
C 172	Fire Safety-Four Rehearsals  SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. 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, staff members	C 172	1.) In accordance with G.S. 131D-2.11(a2), I will be sending the required documents needed to dispute this deficiency through the Informal Dispute Resolution process. The package will be postmarked November 29, 2018.	

Division of Health Service Regulation  
STATE FORM

6899

IU1T21

If continuation sheet 2 of 10





Page 2  
C 152  
Floors

Roses 051 10.66

STORE #51  
112 East Fleming Dr. Morganton Plaza  
Morganton, NC 28655  
828-437-1914

REGULAR SALE

11/20/2018 16:58:45 REG021 TILL993 TRN2942  
Store Number: 51  
Cashier: Katelyn

054006332368 NEXUS TILE T 9.99

Total # of item(s): 1

TXSUBTTL		SUBTOTAL	9.99
9.99		NC STD SALES TAX	0.67
		TOTAL	10.66

		DEBIT CARD	10.66
ACCT #: XXXXXXXXXXXXX6762			
APPROVAL CODE: 430691			

REFUNDS ACCEPTED UP TO 30 DAYS  
WITH SALES RECEIPT/EXCEPTIONS APPLY

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C 172	Continued From page 2  present, and a short description of what the rehearsal involved.  This Rule is not met as evidenced by: 1.) The rule requires there shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually:  During our visit it was observed that the home was not conducting quarterly drills for every staff shift. This is not compliant with the rule.  Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.	C 172	
C 174	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1.) The rule requires all fire safety equipment in a family care home shall be maintained in a safe and operating condition:  During our visit it was observed that the Fire Extinguishers were not undergoing their monthly inspections. This is not compliant with the rule.	C 174	1.) In accordance with G.S. 131D-2.11(a2), I will be sending the required documents needed to dispute this deficiency through the Informal Dispute Resolution process. The package will be postmarked November 29, 2018.

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C 174	<p>Continued From page 3</p> <p>Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.</p> <p>2.) The rule requires plumbing equipment in a family care home shall be maintained in a family care home shall be maintained in a safe and operating condition:</p> <p>During our visit it was observed that the sink in the Bathroom adjacent to Bedroom #5 was loose from the wall. This is not compliant with the rule.</p> <p>Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.</p> <p>3.) The rule requires plumbing equipment in a family care home shall be maintained in a family care home shall be maintained in a safe and operating condition:</p> <p>During our visit it was observed that the toilet in the Bathroom on the left side of the home had a toilet that was loose at its base. This is not compliant with the rule.</p> <p>Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.</p> <p>4.) The rule requires electrical equipment in a family care home shall be maintained in a family care home shall be maintained in a safe and operating condition:</p> <p>During our visit it was observed that there was a multi plug device being utilized in Bedroom #5. This is not compliant with the rule.</p>	C 174	<p>2.) While Edwards Home Improvement was painting the bathroom adjacent to Bedroom #5 it was discovered that the bathroom subflooring needed to be repaired. A new subfloor was put down and new flooring was put down. The toilet had to have a new wax ring seal placed and the old bolts were replaced. The sink that was loose was tightened to the wall and new backsplash was installed.</p> <p>3.) The repair to the toilet consisted of replacing an improper flange, installing a new wax seal and replacing the old bolts. The sink required a new center outlet drain. A new paper holder was put in and the handrail was moved to a different place on the wall that would be easier for the residents to use.</p> <p>These repairs were completed between Oct. 18 and Nov. 9, 2018.</p> <p>4.) Power strips were purchased to replace the multi plug device in Bedroom #5. This was done between Oct. 18 and Nov. 17, 2018.</p>	



C 174  
2.7  
Pose  
M of 10





C174 2)  
Page  
4 of 10





C 174

3.)  
Page 4 of 10

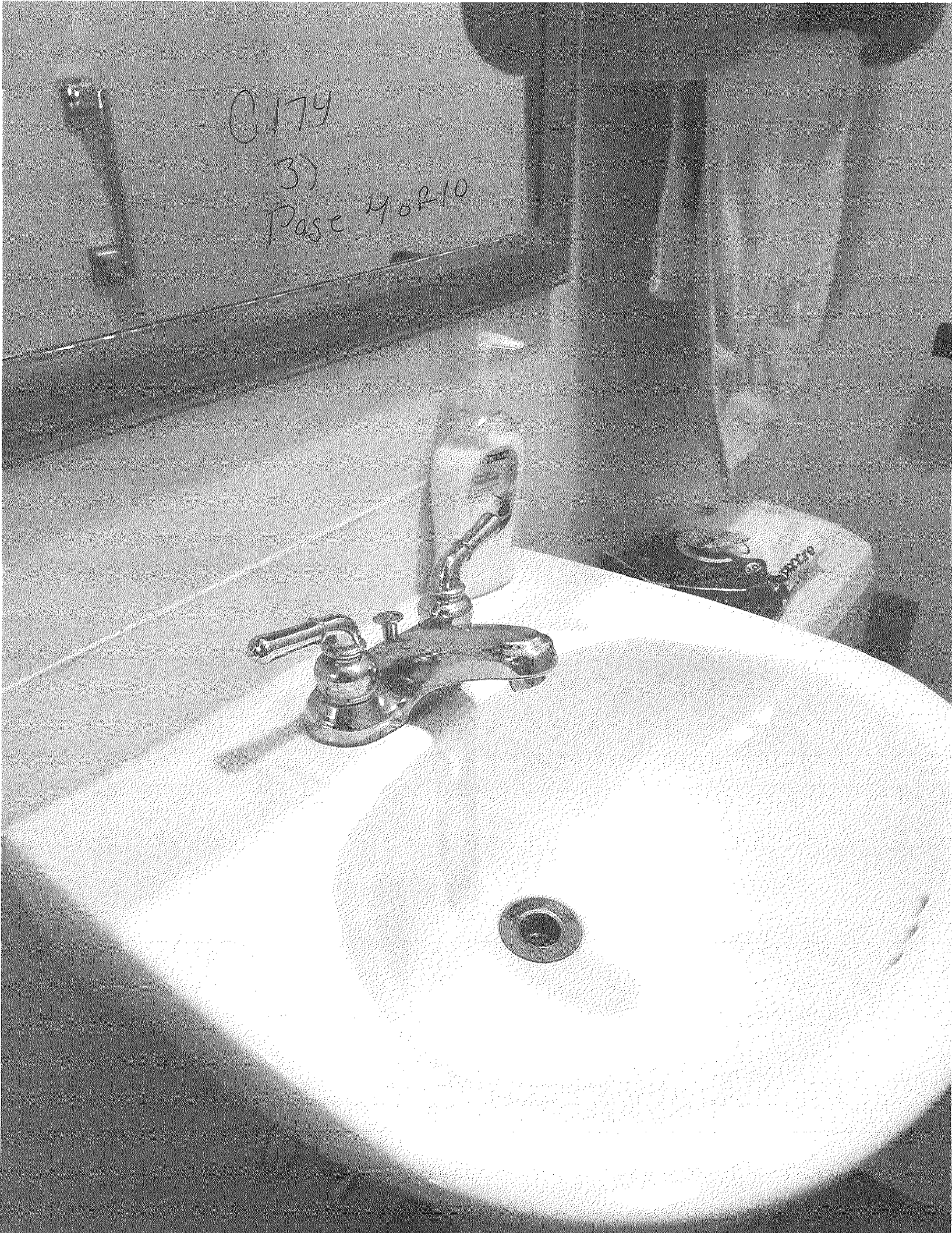




C174

3)

Page 4 of 10





C 174  
4.)

pose 4 of 10

Edwards Home Improvement  
Roger Edwards  
132 W. A. Harris Road  
Morganton, NC 28655  
828-291-3276  
Date: 11/02/2018

Invoice for:  
Chesterfield Adult Care Home  
2630 Pax Hill Rd.  
Morganton, NC

\$350.00	Remove all wallpaper and borders.
\$900.00	Paint kitchen and bathroom cabinets.
\$250.00	Paint kitchen and bathroom ceilings.
\$2,500.00	Paint all walls. (except staff quarters and office)
\$340.00	Repair bathroom floor.
\$40.00	Replace bathroom mirror.
\$150.00	Mount TV over fireplace.
\$14.00	FR1 Paint additive.
\$230.00	Replace door in staff quarters.
\$130.00	Paint bathroom tile.
\$50.00	Clean glue off bathroom shower.
\$4,954.00	Total amount due.

Thank you,  
Roger Edwards



232978

CUSTOMER'S ORDER NO.		DEPARTMENT		DATE 11-1-18			
NAME <i>Chesterfield Adult Care Home</i>							
ADDRESS							
CITY, STATE, ZIP							
SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.	MOSE RETD	PAID OUT
QUANTITY	DESCRIPTION			PRICE	AMOUNT		
1	<i>2</i>	<i>3/8" x 16" Lwd Supplies</i>				<i>11.91</i>	
2	<i>1</i>	<i>3" Closet Frame</i>				<i>4.25</i>	
3	<i>1</i>	<i>3/8" x 16 Lwd Supplies</i>				<i>5.96</i>	
4				<i>tot-</i>	<i>22.12</i>		
5	<i>1305</i>	<i>Labor</i>				<i>337.50</i>	
6					<i>359.62</i>		
7							
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9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
RECEIVED BY							

*PAID*



KEEP THIS SLIP FOR REFERENCE ORIGINAL

Small Shower bathroom

Toilet: replaced wax ring seal  
replaced bolts

Sink: replaced supplies  
replaced cut off valves  
replaced backsplash  
tightened sink to wall

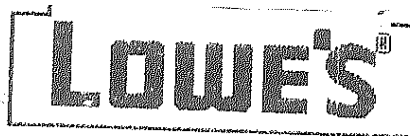
1/2 bath

Toilet: Improper flange replaced  
New wax seal in place  
Replaced bolts

Sink: Replaced supplied  
Replaced center outlet drain

11/9/18  
Completed

*Edward Helfrich*



LOVE'S HOME CENTERS, LLC  
1224 BURKEMONT AVENUE  
MORGANTON, NC 28655 (828) 433-1102

- SALE -

SALES#: S1697KC1 2026342 TRANS#: 44875897 10-18-18

271820 1/2-IN FIP X 3/8-IN VALVE	17.96
2 @	8.98
188431 O-CEL-O SPONGE	2.90
330427 JOHNI-RING REINFORCED KIT	12.76
2 @	6.38

SUBTOTAL:	33.70
TAX:	2.27
INVOICE 04373 TOTAL:	35.97
VISA:	35.97

150.00

VISA:XXXXXXXXXX6276 AMOUNT:35.97 AUTHCD:018727  
CHIP REFTD:109704312069 10/18/18 11:18:07  
APL: VISA CREDIT TUR: 8089008000  
AID: A000000031010 TST: 6800  
STORE: 1097 TERMINAL: 04 10/18/18 11:18:42

# OF ITEMS PURCHASED: 5  
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOVE'S.  
SEE REVERSE SIDE FOR RETURN POLICY.  
STORE MANAGER: JON BERRY EXT. 4000

LOWE'S PRICE MATCH GUARANTEE  
FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

\*\*\*\*\*

\* YOUR OPINIONS COUNT! \*

\* REGISTER FOR A CHANCE TO BE \*

\* ONE OF FIVE US\$300 WINNERS DRAWN MONTHLY! \*

\* ¡REGÍSTRASE EN EL SORTEO MENSUAL \*

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

\* REGISTER BY COMPLETING A GUEST SATISFACTION SURVEY \*

\* WITHIN ONE WEEK AT: [www.lowes.com/survey](http://www.lowes.com/survey) \*

\* Y O U R I D # 04373 1097 291 \*

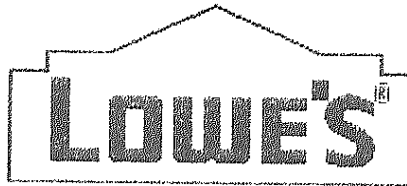
\* NO PURCHASE NECESSARY TO ENTER OR WIN. \*

\* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. \*

\* OFFICIAL RULES & WINNERS AT: [www.lowes.com/survey](http://www.lowes.com/survey) \*

\*\*\*\*\*

STORE: 1097 TERMINAL: 04 10/18/18 11:18:42



LOVE'S HOME CENTERS, LLC  
 1224 BURKHORT AVENUE  
 HUNGARTON, NC 28655 (828) 433-1102

- SALE -

SALES#: S1097KB4 2301468 TRANS#: 19801143 10-18-10

77631 PRESTON PAPER HOLDER BH	14.23
14.98 DISCOUNT EACH	-0.75
615220 8-FT 6 OUT POWERSTRIP WHI	7.96
8.38 DISCOUNT EACH	-0.42
362803 BOARD 7/8-IN SHI WRL H1A	31.79
1.97 DISCOUNT EACH	-0.10
17 @	1.87
226999 SS 3-IN CC SATIN NICKEL B	14.15
2.98 DISCOUNT EACH	-0.15
5 @	2.83

SUBTOTAL: 68.13

TAX: 4.60

INVOICE 10173 TOTAL: 72.73

LCC: 72.73

**TOTAL DISCOUNT: 3.62**

LCC:XXXXXXXXXXXX6215 AMOUNT:72.73 AUTHED:000984

SWIPE REFID:414118 10/18/10 12:44:57

LBA/PO: N



BIG KMART STORE 9549  
110 112 BOST RD  
MORGANTON, NC 28655  
(828)433-5850

\*\*\*\* SHOPYOURWAY \*\*\*\*  
\*\*\*\* Members Save More \*\*\*\*

CASHIER: CHELSEA  
Shop Your Way Rewards XXXXXXXXXXXX1985

BUY MORE AND SAVE

05026741822 27IN WHT/WHT BG 18.39 T  
05026741822 27IN WHT/WHT BG 18.39 T  
SAVE 50% OFF 9.20-T

GENERAL MERCHANDISE

84645009411 PWR STRIP A 6.39 T

\*\*\*\* TAX 2.29 BAL 36.26

XXXXXXXXXXXX6762

DEBIT APPROVAL 282479

AMOUNT DEBIT FROM CARD \$36.26

AMOUNT OF CASH BACK \$.00

ENTRY METHOD: C AUTH MODE: E

AID:A0000000980840

APPL PREF NAME:US DEBIT

CVM: VERIFIED BY PIN

VF DEBIT 36.26

CHANGE .00

TOTAL NUMBER OF ITEMS = 3



ØID JLY GVH ØØD V17 6TH

RECEIPT# 09549 111718 002 29358

Division of Health Service Regulation

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C 174	Continued From page 4  Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.  5.) The rule requires building equipment in a family care home shall be maintained in a safe and operating condition:  During our visit it was observed that the door frame for the Staff Bedroom was damaged. This is not compliant with the rule.  Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.  6.) The rule requires building equipment in a family care home shall be maintained in a safe and operating condition:  During our visit it was observed that the window for Bedroom #4 would not remain in the open position. This is not compliant with the rule.  Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.	C 174	5.) The staff bedroom frame and door was replaced by Edwards Home Improvement.  6.) Ross Window's will be coming to the facility on Nov. 29, 2018. At this time we will make arrangements to have the window in Bedroom #4, Bedroom #5, and the window in the basement window well replaced. It is my hope that this can be completed by Dec. 20, 2018 so the County Inspector can document and approve that the deficiency was corrected.	11/09/18 Completed
C 180	Building Service Equipment-Call System  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it	C 180	I will be contacting Nick Roths, of Security Unlimited Monday Dec. 3, 2018 to possibly add another alarm so the sound can be heard in the basement without the use of baby monitor. Any additional work that may be required for the call system will be done in accordance with the Burke County Inspector, when he comes on Nov. 30th for a consultation. I will have him put everything in writing so there will be no misunderstanding. Completion will be determined by Security Unlimited's schedule. But it will be completed ASAP hopefully by Dec. 20, 2018.	



(C 174 5.)  
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Division of Health Service Regulation

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C 180	<p>Continued From page 5</p> <p>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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) Previous records state that this home has always been considered a single story home with a basement and the lower level was exempt from having to meet this rule section. Since a portion of the basement has been modified to serve as an apartment providing and setup as a living area for staff, it has all the amenities of a dwelling unit having a bathroom, kitchen, sleeping and potential living/dining area.</p> <p>Based on this you will need to provide a call system compliant with the rule; use of a baby monitor is prohibited. The resident call system activator shall be such that it 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/her bed.s. Copy's of receipts must be submitted to our office for our records as well as photos of the completed work.</p>	C 180		
C 101	<p>Construction-Single Family</p> <p>IV. The Building</p> <p>B. General Construction and Maintenance (10NCAC 42C .2102)</p> <p>1. The home must meet the single family residential building code requirements of North Carolina Insurance Department. In addition, the following apply to facilities licensed after February 1, 1983, facilities which increase bed capacity,</p>	C 101	<p>1.) In accordance with G.S. 131D-2.11(a2), I will be sending the required documents needed to dispute this deficiency through the Informal Dispute Resolution process. The package will be postmarked November 29, 2018.</p>	

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C 101	Continued From page 6 and facilities which change ownership.  This Rule is not met as evidenced by: 1.) Since 1968 the North Carolina State Uniform Residential Code and all subsequent NC State Residential Building Codes since require that all sleeping rooms must have a door or window leading directly to the outside to facilitate emergency egress. It has been identified that walls were built in the basement to define an apartment with a bathroom, kitchen, living room and bedroom. The bedroom is built in the portion of the basement that is completely below grade and there is no window or door installed to provide the required emergency egress opening; there is a window well provided that leads to the outside from this area but verification of compliance is needed.  Verify with your local Building Official that the window well egress meets all the requirements and guidelines as dictated by code to ensure against and effectively prevent any potentially hazardous situations. Provide to DHSR Construction Section written verification from your local code official regarding the ir decision and or any additional requirements as may be necessary.	C 101		
C 106	Construction-Two Stories  IV. The Building General Construction and Maintenance (10 NCAC 42C .2102) 3. The home must be one story in height, or two stories in height and meet the following requirements: a. Each floor must be less than 1800 square feet	C 106	1.) In accordance with G.S. 131D-2.11(a2), I will be sending the required documents needed to dispute this deficiency through the Informal Dispute Resolution process. The package will be postmarked November 29, 2018.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL012024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/03/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHESTERFIELD ADULT CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2630 PAX HILL ROAD MORGANTON, NC 28655</b>
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(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 106	<p>Continued From page 7</p> <p>in area.</p> <p>b. Aged and disabled persons are not to be housed on the second floor.</p> <p>c. Required resident facilities are not to be located on the second floor.</p> <p>d. A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building must be provided. The fire alarm system must be able to transmit an automatic signal to the local fire department where possible.</p> <p>e. Interconnected U.L. approved products of combustion detectors directly wired to the house current must be installed on each floor.</p> <p>This Rule is not met as evidenced by:</p> <p>1.) Previous records state that this home has always been considered a single story home with a basement and the lower level was exempt from having to meet rule section 10 NCAC 42C .2103 (d) . Since a portion of the basement has been modified to serve as an apartment providing and setup as a living area for staff, it has all the amenities of a dwelling unit having a bathroom, kitchen, sleeping and potential living/dining area.</p> <p>Based on this you will need to provide A complete fire alarm system with pull stations on each floor and sounding devices which are audible throughout the building must be provided. The fire alarm system must be able to transmit an automatic signal to the local fire department where possible. All work will be required to be permitted or reviewed through your local Building Inspections Department to verify compliance with Building Code requirements. Copy's of permits and approvals must be submitted to our office for our records as well as invoices of work performed and photos of the completed work.</p>	C 106		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL012024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/03/2018
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NAME OF PROVIDER OR SUPPLIER  CHESTERFIELD ADULT CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2630 PAX HILL ROAD MORGANTON, NC 28655
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C 126	<p>Outside Premises</p> <p>IV. The Building C. Physical Environment 11. Outside Premises (10 NCAC 42C .2215) a. The outside grounds must be maintained in a clean and safe condition, in accordance with the rules of the Division of Health Services governing the sanitation of residential care facilities. b. If the home has a fence around the premises, the fence must not prevent residents for exiting or entering freely or be hazardous. c. General outdoor lighting must be adequate to illuminate walkways and drives.</p> <p>This Rule is not met as evidenced by: 1.) The rule requires the outside grounds must be maintained in a clean and safe condition, in accordance with the rules of the Division of Health Services governing the sanitation of residential care facilities:</p> <p>During our visit it was observed that there were multiple trip hazards at the front porch of the home. One was located beside the door and another was at the end of the porch beside the garage. This is not compliant with the rule.</p> <p>Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.</p> <p>2.) The rule requires the outside grounds must be maintained in a clean and safe condition, in accordance with the rules of the Division of Health Services governing the sanitation of residential care facilities:</p> <p>During our visit it was observed that the Staff Bedroom had a A/C unit installed that impeded</p>	C 126	<p>1.) I will be contacting Mr. Luis Padilla for clarification on this. It is my opinion that what is needed to correct this deficiency is a guardrail at the front door where a ramp is located and at the end of the porch a handrail and guardrail should be installed. If this is what is needed, Edwards Home Improvement will be installing the handrails and guardrails as soon as we can consult with the Inspector and get the exact specs that are needed to correct this deficiency. It is my hope that this will be completed and approved by the County Inspector by Dec. 20, 2018.</p> <p>2.) While Edwards Home Improvement is at the facility, I will have him remove the window A/C unit. It is my hope that this will be completed and approved by the County Inspector by Dec. 20, 2018.</p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL012024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/03/2018</b>
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C 126	Continued From page 9 the staff members path of emergency egress. This is not compliant with the rule.  Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.  3.) The rule requires the outside grounds must be maintained in a clean and safe condition, in accordance with the rules of the Division of Health Services governing the sanitation of residential care facilities:  During our visit it was observed that the dryer exhaust was utilizing a cage. This is not compliant with the rule.  Make arrangements to have the deficiency corrected; provide documentation in the form of photos for all completed work.	C 126	3.) In accordance with G.S. 131D-2.11(a2), I will be sending the required documents needed to dispute this deficiency through the Informal Dispute Resolution process. The package will be postmarked November 29, 2018.	