Division	of Health Service Re	egulation				IAPPROVEL
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 04/24/2019	
		HAL044022	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
CHESTN	UT PARK RETIREME	NT	INUT PARK D			
		WAYNES	VILLE, NC 28	3786		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
		uction Section Biennial Survey cted on April 24, 2019.				
	1973 and an addition increased the total this information, we of the facility to me Code-Section 407. Occupancy, the 19 Standards and Reg Aged and Infirm, and the current rules for or More Beds. The to the right of the fill reviewed using the the 1977 Minimum Regulations for Hom and the applicable Adult Care Homes	his facilitywas first licensed 1n on to the building in 1982 capacity to 20 beds. Based on a are requiring the older portion et the 1967 NC State Building 1 Group D-2 Institutional 71 Minimum and Desired gulations for Homes for the nd the applicable portions of r Adult Care Homes of Seven a newer portion of the building, rewall at the living room, was 1978 NC State Building Code, and Desired Standards and mes for the Aged and Infirm, portions of the current rules for of Seven or More Beds.				
C 111	Correction. Must Have Current	San. & Fire Safety Reports	C 111			
	fire and building sa	02 DESIGN AND				
vision of th	Manager, the facilit facility, current (cor	et as evidenced by: rd review, and interview with y failed to maintain in the npleted within the last twelve pection report(s) required by				
		DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE

TATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION 01		E SURVEY PLETED
		HAL044022	B. WING		04/24/2019	
AME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, S	TATE, ZIP CODE		
HESTN	UT PARK RETIREME	INT	STNUT PARK I SVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 111	Inspection and Tes	-	C 111			
C 126	SECTION .0300 - 10A NCAC 13F .03 ENVIRONMENT (d) The requirement (g) Each resident with one or more w operable and well be equivalent to at space and be prov window opening m opening to inhibit r The windows shall outdoors from the 36 inch sill height; This Rule is not m 1. Based on obse maintain operable bedrooms and the order. This deficier not have an operal control the ventilati Findings on April 2 a. Many Bedroom crank to open the ventilati	PHYSICAL PLANT 305 PHYSICAL ents for the bedroom are: bedroom shall be ventilated vindows which are maintained lighted. The window area sha least eight percent of the floo ided with insect screens. The ay be restricted to a six-inch esident elopement or suicide. be low enough to see bed and chair, with a maximul and net as evidenced by: ervation, the facility failed to windows for the residents' ir components in good working ncy affects all residents who d ble window so the resident car ion of their bedroom. 4, 2019: ns - the windows require a windows. Many windows were d staff did not have a supply o	II r n 3 0			
C 148	Corridors-Handrail	_	C 148			

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 04/24/2019	
		HAL044022	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
CHESTN	UT PARK RETIREME	NT	INUT PARK E VILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 148	Continued From pa	ge 2	C 148			
0.150	 (2) Handrails shall corridors at 36 inch capable of supportilload; This Rule is not mean the second sec	05 PHYSICAL the for corridors are: be provided on both sides of es above the floor and be ing a 250 pound concentrated et as evidenced by: rvation, the building was not in the corridor that could s. This deficiency affects visitors who use unstable boviding increase safety, ad maneuverability provide by 4, 2019: hear Exterior Door - About 8 been removed on one side of e exterior door.	0 150			
C 150	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (g) The requirement (4) Corridors shall other obstructions. This Rule is not me 1. Based on obset of obstructions. This staff, and visitors by during an emergence Findings on April 24 a. Back Corridor -	05 PHYSICAL hts for corridors are: be free of all equipment and et as evidenced by: rvation, corridors are not free s would affect all residents, y slowing or obstructing egress cy.	C 150			

	of Health Service Re			CONCEDUCTION		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION		E SURVEY PLETED
		HAL044022	B. WING		04/	24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
CHESTN	UT PARK RETIREME	NT	TNUT PARK D			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
C 150	Continued From pa	ige 3	C 150			
	b. Main Left Corri large wheel chairs	dth corridor to 48 inches. dor - there is large fan, two and three large plastic tubs, uired six feet width corridor to				
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	orderly manner, fre hazards;					
	1. Based on Obse maintained free of fall, breaking their v and turning it into a Findings on April 24 a. Med Room - a cylinder is standing	et as evidenced by: ervation, the Building was not hazards, if oxygen cylinders valves, propelling the cylinder, dangerous projectile. 4, 2019: portable medical oxygen up on the floor not physically stand or chained to the				
	fixture(s) are not fre hazards. Findings on April 24 a. Bed Pan Wash hand-wash sink ha after cleaning a bee b. Bathroom near	Room - the faucet on the s no water for washing hands				

Division	of Health Service R	egulation			FORM	APPROVED		
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION	(X3) DATE SURVEY COMPLETED 04/24/2019			
		HAL044022	B. WING					
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE				
CHESTN	UT PARK RETIREME	NT	INUT PARK D VILLE, NC 28					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
C 166	Continued From pa	age 4	C 166					
	the water.							
C 175	Bedroom Furnishin	gs-Clean Towel, Towel Bar	C 175					
	FURNISHINGS (b) Each bedroom furnishings in good resident: (7) individual clear bar in the bedroom	PHYSICAL PLANT 606 HOUSEKEEPING AND shall have the following repair and clean for each n towel, wash cloth and towel or an adjoining bathroom; and apply to new and existing						
	1. Based on observed provide residents a individual towels ar resident. Findings on April 18 a. Entire Building adjoining Bathroom	et as evidenced by: ervation, the facility failed to ireas, with the required ad/or towel bars for each 8, 2019: - in the Bedrooms or there as, there are insufficient 's for the number of Residents						
C 183	Fire Extinguishers		C 183					
	A-B-C type fire exti 2,500 square feet c (b) One five pound	508 FIRE EXTINGUISHERS e pound or larger (net charge) nguisher is required for each of floor area or fraction thereof. d or larger (net charge) A-B-C uired in the kitchen and, where						
		et as evidenced by: rvation, the facility failed to						

Division of Health Service Regulation STATE FORM

DSMS21

If continuation sheet 5 of 9

Division	of Health Service Re	egulation				PPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION 01	(X3) DATE S COMPL	
		HAL044022	B. WING		04/24	/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
CHESTN	UT PARK RETIREME	NT	TNUT PARK [VILLE, NC 28			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTING (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR LS	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
C 183	Continued From pa	ge 5	C 183			
C 189	properly maintain the associated equipme ability to extinguish grow larger. This we and visitors by not in equipment not in pr Findings on April 24 a. Med Room - the portable fire extingu stopped in May 201 Building Equipment SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be	 a fire extinguishers and ent. This could hamper staffs a small fire and permit it to build affect all residents, staff, dentifying emergency oper working order. b, 2019: c documentation of the uisher's monthly inspections 8. Maintained Safe, Operating PHYSICAL PLANT 11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and 	C 189			
	facilities with the ex	apply to new and existing ception of Paragraph (e) ly to existing facilities.				
	1. Based on obset emergency equipme safe and operating if they could not pro- during an emergence Findings on April 24 a. Main Corridor on faces the Main Corri Room Corridor on to chevron directional removed on either so door, where the close	rvation, the building's ent was not maintained in a condition. This would affect all mptly find their way to an exit cy. 4, 2019: ear Dining - this exit sign ridor on the left and Living he right. The exit sign has no indicators punch-outs side, to direct you to the front				

NAME OF PROVIDER CHESTNUT PAR (X4) ID PREFIX TAG C 189 C 18	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:(X2) MULTIPLE CO A. BUILDING: 01) DATE SURVEY COMPLETED	
CHESTNUT PAR(X4) ID PREFIX TAG(EA REGC 189Contin wall-m does n test bu2. 189Contin wall-m does n test bu2. 1892. Ba mainta becaus suppre mainte ensure affect n common fails to Finding a. Kit mainte3. 1803. Ba safety and op fire/sm Finding a. Be not fire smoke b. Ma the bas penetri assem			A. BUILDING: U1			
CHESTNUT PAR(X4) ID PREFIX TAG(EA REGC 189Contin wall-m does n test bu2. 189Contin wall-m does n test bu2. 189Contin wall-m does n test bu2. 180Same mainta becaus suppre mainte affect n common fails to Finding a. Kit mainte3. 180Safety and op fire/sm Finding a. Be not fire smoke b. Ma the bas penetria assem		HAL044022	B. WING		04/	24/2019
(X4) ID PREFIX TAG(EA RECC 189Contin wall-m does n test buC 189Contin wall-m does n test bu2. Ba mainta becaus suppre mainte ensure affect n common fails to Finding a. Kit mainte fire sup mainte3. Ba safety and op fire/sm Finding a. Be not fire smoke b. Ma the bas penetri assem	IDER OR SUPPLIER		ADDRESS, CITY, STAT			
PREFIX TAG(E/ REGC 189Contin wall-m does n test bu2. 189Contin wall-m does n test bu2. 1802. 180 mainta becaus suppre mainte ensure affect n common fails to Finding a. Kit mainte fire sup mainte3. 180 safety and op fire/sm Finding a. 180 not fire smoke b. Ma the bas penetri assem	PARK RETIREME	NT	STNUT PARK DR SVILLE, NC 2878			
 wall-m does n test built 2. Ba maintal becaus suppre maintel ensure affect n common fails to Finding a. Kit maintel fire sup maintel 3. Ba safety and op fire/sm Finding a. Be not fire smoke b. Ma the bas penetral assem 	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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 HE APPROPRIATE	(X5) COMPLET DATE
does n test bu 2. Ba mainta becaus suppre mainte ensure affect n commo fails to Finding a. Kit mainte fire sup mainte 3. Ba safety and op fire/sm Finding a. Be not fire smoke b. Ma the bas penetra assem	ntinued From pa	age 6	C 189			
mainta becaus suppre mainte ensure affect n comme fails to Finding a. Kit mainte fire sup mainte 3. Ba safety and op fire/sm Finding a. Be not fire smoke b. Ma the bas penetra assem		contained emergency light on backup power when the ed.				
safety and op fire/sm Finding a. Be not fire smoke b. Ma the bas penetra assem	intained in a saf cause the comm opression system intenance, and o sure a properly v ect residents, stanmercial kitcher s to operate pro- dings on April 24 Kitchen - per the intenance tag, the suppression system	ervation, the Building was not ie and operating condition, hercial kitchen hood's fire in lacked the inspections, documentation required to working system. This could aff, and visitors if the in hood's suppression system perly when needed. 4, 2019: the attached semi-annual he commercial kitchen hood's stem had its last semi-annual rmed in May of 2018.				
the bas	ety components d operating cond /smoke if not co dings on April 24 Bedroom 2 - th firestopped as i oke partition ass Main Corridor r base of the exit metrates the fire- sembly. Back Houseker base of the exh	ere is a gap around a cable it penetrates the corridor				
assem d. Be	embly. Bedroom 7 - a	leak had deteriorated the d ceiling assembly, (tape and				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E SURVEY PLETED
			B. WING			24/2040
	PROVIDER OR SUPPLIER	HAL044022	DDRESS, CITY, ST		04/	24/2019
		84 CHE5	STNUT PARK D			
CHESIN	UT PARK RETIREME	NI WAYNES	SVILLE, NC 28	786		
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 189	Continued From pa	ige 7	C 189			
	because the electri being operated or r reliable illumination areas are not illumi hazards and/or obs Findings on April 24					
	not maintained in a This affects all by n in the room of origin Findings on April 24 a. Front Houseke housekeeping cart cart was removed, keeping the door from	4, 2019: eping - the corridor door has a blocking the door open. Once 3 one gallon bottles were om closing. This prevents the door with a light push or pull	1			
	Manager, the Build inspections. This w may be discovered being corrected. Findings on April 24 a. Bedrooms 5 &	ervation and interview with ing is not accessible for ill prevent any deficiency that with regular inspections from 4, 2019: 6 - there are no keys onsite to nese areas for inspection.				
C 199	Exhaust Ventilation		C 199			
	provided with exhan					

Division of Health Service STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	CONSTRUCTION		E SURVEY PLETED
		HAL044022	B. WING		04/	24/2019
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, SI	TATE, ZIP CODE		24/2013
HESTN	UT PARK RETIREME	NT	STNUT PARK D SVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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) COMPLE DATE
C 199		rage; ; I toilet rooms;				
	(k) This Rule shall facilities with the ex- which shall not app This Rule is not m 1. Based on Obse plastic sheet, the fa- ventilation system i could affect all resid	apply to new and existing exception of Paragraph (e) by to existing facilities. et as evidenced by: ervation and testing with a thin acility failed to maintain the in proper working order. This dents, staff, and visitors by				
	the required exhau work. b. Shared Bathroo					