

CHESTNUT PARK RETIREMENT CENTER

84 CHESTNUT PARK DRIVE

WAYNESVILLE, N.C.

Phone 828-456-3337

FAX 828-456-3338

Email barbara18662@aol.com

Fax Transmittal Form

To: DITSR Construction Section
Name: Ed Miller
CC:
Phone:
Fax: 919-733-6529

From: Chestnut Park Retirement Center
Date Sent: 5/16/19
Number of Pages: 12 including cover

Message: This FAX contains our plan of corrections. Please let us know when you receive this.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 2, 2019

Barbara Hannah (via e-mail only)
84 Chestnut Park Drive
Waynesville, NC 28786

RE: Chestnut Park Retirement - HA Biennial Survey
84 Chestnut Park Drive
Waynesville Haywood County
FID #920207 Hal044022

Dear Ms. Hannah :

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on April 24, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.
 1. Corrective action must begin immediately.
 2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by May 17, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by May 17, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by May 17, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at:

<http://www.dhhs.nc.gov/dhsr/ncidra/IDRProcedures>

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,



Ed Miller
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Haywood County DSS - with attachment-(via e-mail only)

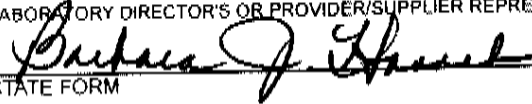
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B WING _____	(X3) DATE SURVEY COMPLETED 04/24/2019
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NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on April 24, 2019.</p> <p>Records indicate this facility was first licensed in 1973 and an addition to the building in 1982 increased the total capacity to 20 beds. Based on this information, we are requiring the older portion of the facility to meet the 1967 NC State Building Code-Section 407.1 Group D-2 Institutional Occupancy, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds. The newer portion of the building, to the right of the firewall at the living room, was reviewed using the 1978 NC State Building Code, the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based on record review, and interview with Manager, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by</p>	C 111	<p><i>Fire inspection will be completed when all electrical & load servicing is complete</i></p>	<p><i>7/1/19</i></p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>5/16/19</i>
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C 111	Continued From page 1 this Rule. Findings on April 24, 2019: a. The current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, is not available for review by the Surveyor.	C 111	<i>Next Sanitation inspection is due in May 2019</i> <i>Fire Alarm System Inspection was completed. 5/10/19</i>	
C 126	Bedrooms-Windows SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (d) The requirements for the bedroom are: (9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and This Rule is not met as evidenced by: 1. Based on observation, the facility failed to maintain operable windows for the residents' bedrooms and their components in good working order. This deficiency affects all residents who do not have an operable window so the resident can control the ventilation of their bedroom. Findings on April 24, 2019: a. Many Bedrooms - the windows require a crank to open the windows. Many windows were missing cranks and staff did not have a supply of spare window cranks.	C 126	<i>All window cranks have been placed on all windows. 4/27/19</i> <i>Cranks replaced on all windows. All staff will monitor to assure compliance quarterly. 4/27/19</i>	
C 148	Corridors-Handrails	C 148		

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C 148 Continued From page 2

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(g) The requirements for corridors are:
(2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;

This Rule is not met as evidenced by:
1. Based on observation, the building was not providing handrails in the corridor that could support 250 pounds. This deficiency affects residents, staff and visitors who use unstable handrails by not providing increase safety, stability/balance, and maneuverability provide by these devices.

Findings on April 24, 2019:
a. Back Corridor near Exterior Door - About 8 feet of handrail has been removed on one side of the corridor near the exterior door.

C 148

*Handrail was purchased on 5/31/19
5/16/19 and will be installed
by 5/31/19*

C 150 Corridors-Free of equipment and Obstructions

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(g) The requirements for corridors are:
(4) Corridors shall be free of all equipment and other obstructions.

This Rule is not met as evidenced by:
1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency.

Findings on April 24, 2019:
a. Back Corridor - there are many items stored along the entire Back Corridor, obstructing the

C 150

*Corridor obstructions are
cleared and all doors
can open + close
properly 4/26/19*

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C 150	Continued From page 3 required six feet width corridor to 48 inches. b. Main Left Corridor - there is large fan, two large wheel chairs and three large plastic tubs, obstructing the required six feet width corridor to 50 inches.	C 150	All listed items have been removed from the corridors. Staff will monitor to assure corridors are not obstructed on a daily basis. Oxygen cylinder has been stored in a rack on wheels. Plumber states the wall will have to come out to correct the problem with sink. Faucet handles have been re-placed on tub in shower room.	4/25/19
C 166	Housekeeping-Maintained Free of Hazards 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. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on April 24, 2019: a. Med Room - a portable medical oxygen cylinder is standing up on the floor not physically secured in a rack, stand or chained to the structure. 2. Based on observation, the Building Plumbing fixture(s) are not free of all obstructions and hazards. Findings on April 24, 2019: a. Bed Pan Wash Room - the faucet on the hand-wash sink has no water for washing hands after cleaning a bedpan. b. Bathroom near Bedpan Wash Room - the faucet on the tub do not have handles to operate	C 166		4/25/19

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C 166	Continued From page 4 the water.	C 166		
C 175	<p>Bedroom Furnishings-Clean Towel, Towel Bar</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident:</p> <p>(7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident.</p> <p>Findings on April 18, 2019:</p> <p>a. Entire Building - in the Bedrooms or there adjoining Bathrooms, there are insufficient individual towel bars for the number of Residents being served.</p>	C 175	<p><i>Towel bars have been purchased and will be installed for individual use.</i></p>	<p><i>6/30/19</i></p>
C 183	<p>Fire Extinguishers</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS</p> <p>(a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof.</p> <p>(b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to</p>	C 183		

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C 183	Continued From page 5 properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on April 24, 2019: a. Med Room - the documentation of the portable fire extinguisher's monthly inspections stopped in May 2018.	C 183	<i>All fire extinguishers have been serviced by Waynesville Fire Waynesville Fire + Safety. Will return to service the look on that system according to their schedule.</i>	<i>5/9/19</i>
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 care home shall be maintained in a safe and operating condition. (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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on April 24, 2019: a. Main Corridor near Dining - this exit sign faces the Main Corridor on the left and Living Room Corridor on the right. The exit sign has no chevron directional indicators punch-outs removed on either side, to direct you to the front door, where the closest exit is located. b. Piano Room - the left headlight on the	C 189	<i>Directional indicator removed and points to the right.</i>	<i>5/15/19</i>

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C 189	<p>Continued From page 6</p> <p>wall-mounted self-contained emergency light does not illuminate on backup power when the test button is pushed.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on April 24, 2019: a. Kitchen - per the attached semi-annual maintenance tag, the commercial kitchen hood's fire suppression system had its last semi-annual maintenance performed in May of 2018.</p> <p>3. Based on observations, the Building fire safety components were not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on April 24, 2019: a. Bedroom 2 - there is a gap around a cable not firestopped as it penetrates the corridor smoke partition assembly. b. Main Corridor near Dining - there is a gap at the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Back Housekeeping Room- there is a gap at the base of the exhaust fan not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Bedroom 7 - a leak had deteriorated the fire-resistance-rated ceiling assembly. (tape and joint compound coming apart).</p> <p>4. Based on observation, the Building was not</p>	C 189	<p><i>The electrician has been contacted concerning emergency light and will install new light according to his schedule.</i></p> <p><i>The kitchen hood's fire suppression system will be serviced by Waynesville Fire + Safety according to their schedule.</i></p> <p><i>Fire Cautioning will be in place by 5/18/19</i></p> <p><i>Tape and joint compound will be replaced on 5/18/19</i></p>	<p><i>5/15/19</i></p> <p><i>5/18/19</i></p>

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C 189	Continued From page 7 maintained in a safe and operating condition, because the electrical lighting system was not being operated or maintained safely, providing reliable illumination. This could affect all if walking areas are not illuminated, alerting all of tripping hazards and/or obstructions Findings on April 24, 2019: a. Bedroom 2 - one of the light fixture is missing its globe. 5. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on April 24, 2019: a. Front Housekeeping - the corridor door has a housekeeping cart blocking the door open. Once cart was removed, 3 one gallon bottles were keeping the door from closing. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 6. Based on Observation and interview with Manager, the Building is not accessible for inspections. This will prevent any deficiency that may be discovered with regular inspections from being corrected. Findings on April 24, 2019: a. Bedrooms 5 & 6 - there are no keys onsite to allow access into these areas for inspection.	C 189	<i>Globe has been replaced 5/16/19 on 5/16/19</i> <i>Obstructions were removed and door can easily open and close with cart inside. 4/24/19</i> <i>Bedrooms 5+6 have keys that are now accessible.</i>	
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	C 199		

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C 199	<p>Continued From page 8</p> <p>requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. <p>Findings on April 24, 2019:</p> <ul style="list-style-type: none"> a. Shared Bathroom Between Bedrooms 2 & 4 - the required exhaust ventilation system did not work. b. Shared Bathroom Between Bedrooms 7 & 9 - the required exhaust ventilation system did not work. 	C 199	<p><i>All ventilation systems will be corrected according to the electrician's schedule which we 7/1/19 are asking for a broader timeframe. Could I please have an extended date.</i></p>	
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