		(X2) MULTIPLE CONSTRUCTION ( A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
		HAL056005	B. WING		07/	10/2019
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
UESTN	UT HILL OF HIGHLAN	64 CLUE	HOUSE TRAIL	-		
		HIGHLA	NDS, NC 2874	1		
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 000	Initial Comments		C 000			
	Report of Construc by Dennis Harrell o	tion Section Biennial Survey n 7-10-2019.				
	3-26-1997, for 26 re must meet the 1990 of the 2005 Rules fi Homes, and the 19	is facility was first licensed on esidents. Therefore the facility 6 and the applicable portions or the Licensing of Adult Care 96 North Carolina State Institutional Occupancy,				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND				
	clean and in good r Findings on 7-10-20 There was black m	on, the building is not kept epair.				
C 166	Housekeeping-Main	ntained Free of Hazards	C 166			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home	06 HOUSEKEEPING AND				

Division	of Health Service Re	egulation			TON	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056005			(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			B. WING		07/	10/2019	
	PROVIDER OR SUPPLIER				077	10/2019	
		64 CL LIE	DDRESS, CITY, ST BHOUSE TRAIL				
CHESTN	UT HILL OF HIGHLA	ND HIGHLA	NDS, NC 2874	1			
(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) COMPLETE DATE	
C 166	Continued From pa	age 1	C 166				
	orderly manner, fre hazards;	in an uncluttered, clean and e of all obstructions and apply to new and existing					
	Based on observat hopper had been a waste traps allow n	et as evidenced by: ion, the waste trap for the llowed to become dry. Dry ioxious, combustible odors and acteria to enter the facility.	Ŀ				
C 185	Fire Safety-Rehear	sals on Each Shift	C 185				
	quarterly on each s requirement of the Enforcement Officia (c) Records of reh and copies furnishe social services ann include the date an shift, staff member description of what	09 PLAN FOR rehearsals of the fire plan shift in accordance with the local Fire Prevention Code					
	1. Based on review rehearsals are not least one per shift of rehearse the fire pl delay in an actual of Findings on 7-10-2	019: er of this year, there were no					

Division	of Health Service Re	egulation			FURI	APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: <b>(</b>	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL056005	B. WING		07/	10/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
CHESTN	UT HILL OF HIGHLAI		HOUSE TRAIL			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF CORF	RECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)		COMPLETE DATE
C 185	Continued From pa	ige 2	C 185			
	<ul> <li>rehearsal done dur</li> <li>c. In the 2nd quarter</li> <li>rehearsal done dur</li> <li>d. In the 3rd quarter</li> <li>rehearsals done.</li> <li>e. In the 4th quarter</li> <li>rehearsals done.</li> <li>2. Based on a revia</li> <li>available onsite did</li> <li>menbers present.</li> <li>3. Based on a revia</li> <li>records available of</li> <li>the rehearsal was of</li> <li>4. Based on a revia</li> </ul>	er of this year, there was no ing the 2nd shift. er of last year, there were no er of last year, there were no ew of documents, the records not include a list of staff ew of documents, some of the nsite did not list the shift when done ew of documents, the records luded little to no description of				
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	10A NCAC 13F .03 REQUIREMENTS (a) The building ar mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	1. Based on obser	et as evidenced by: vation, the facility failed to be e condition because of an exit				

AND PLAN OF CORRECTION		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED	
					07/	07//0/00/0
					077	10/2019
	PROVIDER OR SUPPLIER	64 CI UE	DDRESS, CITY, ST CHOUSE TRAIL			
CHESTN	UT HILL OF HIGHLAI	ND	NDS, NC 2874			
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C 189	Continued From pa	ige 3	C 189			
	signs could delay o emergency. Finding on 7-10-20 The exit sign in the battery when tested 2. Based on obser prevented from close resist the passage doors that do not clop resist the passage doors that do not clop resent the possibi one space can quice the remainder of th Findings on 7-10-20 a. One of the smol 1202 did not latch we system. b. The door from the was wedged open. c. The door from the was blocked by a c d. The door from the foyer was propped stuck in a hole in the the door in an emer knowledge of what 3. Based on obser	laundry did not work on d. vation, corridor doors are sing quickly and latching to of fire and smoke. Corridor lose completely and latch lity that a fire that begins in ckly spread to the corridor and e facility.				
	in locations. Holes sealed with materia one-hour fire rated possibility that a fire	and penetrations that are not als approved for use in construction present the that begins in one space can ther areas of the facility.				
	a. Unsealed penet janitor's closet on the	ration in the ceiling of the ne main floor, iit sleeve in the ceiling of the				

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CHESTN	UT HILL OF HIGHLAI		IOUSE TRAIL DS, NC 2874 <sup>,</sup>			
(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 189		age 4 properly mounted to the ceiling ' room on the 1st floor.	C 189			
	maintained in a saf improper storage to head. Storage that below the sprinkler of the fire sprinkler Findings on 7-10-20 a. Storage had bee ceiling in "Storage" b. Storage had bee of the ceiling in the 5. Based on obser maintained in a saf improperly installed Finding on 7-10-20 There was no pipin	en stacked all the way to the on the 1st floor. en stacked to within 2 inches "Breakroom" on the 1st floor. vation, the facility was not e condition because of an water heater.				
C 191	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (b) There shall be maintain 75 degree winter design condi following shall appl appliances. (2) Unvented fuel F portable electric he (k) This Rule shall facilities with the ex		C 191			

Division of Health Service Regulation           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	
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AME OF PROVIDER OR SUP		T ADDRESS, CITY, S				
HESTNUT HILL OF HIC		UBHOUSE TRAIL LANDS, NC 2874				
REFIX (EACH DEFI	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
C 191 Continued Fro	om page 5	C 191				
Based on obs to the prohibit Portable elect hazard and as the facility. Findings on 7 a. There was the Activity Di b. There was	hot met as evidenced by: servation the facility failed to adhe- tion of portable electric heaters. tric heaters are a potential fire a such could affect all occupants -10-2019: a portable electric heater found rector's office. a portable electric heater found nce Director's office.	of				