Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL044022 B. WING 07/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **84 CHESTNUT PARK DRIVE** CHESTNUT PARK RETIREMENT WAYNESVILLE, NC 28786 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of Biennial Follow Up Construction Survey by Dennis Harrell on 7-10-2019. Some deficiencies were not corrected. Further action is required. {C 150} Corridors-Free of equipment and Obstructions {C 150} 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: All corridors are NOW 1. Based on observation, corridors are not free of obstructions. This would affect all residents, free of obstructions. All staff, and visitors by slowing or obstructing egress 7-13-19 Staff members will be required to movivor daily to assure the six feet width during an emergency. Findings on 7-10-2019: a. Back Comidor - there are many items stored along the entire Back Corridor, obstructing the is maintained at all times. required six feet width corridor to 48 inches. Items included 3 full trash bags and 9 cardboard boxes b. The rear exit corridor was obstructed with 2. ladders, 4 storage boxes, tools and brooms. (C 183) Fire Extinguishers {C 183} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (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. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where

Division of Health Service Regulation

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

(X6) DATE

7-29-19

Division of Health Service Regulation **FORM APPROVED** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL044022 B. WING 07/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **84 CHESTNUT PARK DRIVE** CHESTNUT PARK RETIREMENT WAYNESVILLE, NC 28786 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) {C 183} | Continued From page 1 (C 183) applicable, in the maintenance shop. This Rule is not met as evidenced by: All fire extinguishers were Based on observation, the facility failed to properly maintain the fire extinguishers and taken down and shaken associated equipment. This could hamper staffs and gauges checked to ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, assure all were in proper and visitors by not identifying emergency working order. The monthly equipment not in proper working order. inspection was completed on 7-11-14 And tags were Signed off Administrator will assure the monthly inspections are done and Finding on 7-10-2019; The documentation of all of the portable fire extinguisher's monthly inspections stopped in May 2018. (C 189) Building Equipment Maintained Safe, Operating {C 189} documented. 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. All gaps have been fire stopped in bedroom #2AND also in back housekeeping This Rule is not met as evidenced by: 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. room. This was completed ons Findings on 7-10-2019: 7-11-19 also. Staff will a. Bedroom 2 - there is a gap around a cable MONNOT MONTH 14 to watch not firestopped as it penetrates the corridor smoke partition assembly. for areas such as these. c. Back Housekeeping Room- there is a gap at

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATI	(X3) DATE SURVEY COMPLETED R 07/10/2019	
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(C 189)	Continued From page 2		{C 189}	, , , , , , , , , , , , , , , , , , ,		-	
	the base of the exh penetrates the fire- assembly.	naust fan not firestopped as it resistance-rated ceiling					