		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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HAL056005		B. WING 07/10			0/2019	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CHESTN	UT HILL OF HIGHLAI	ND	IOUSE TRAI DS, NC 287			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICENCY)	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
C 164	Report of Construction Section Biennial Survey by Dennis Harrell on 7-10-2019.  Records indicate this facility was first licensed on 3-26-1997, for 26 residents. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1996 North Carolina State Building Code -I 2 - Institutional Occupancy,  Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS  (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing		C 164	The maintenance man has pu Mildew inhibitor on the walls a ceiling. He will paint the walls ceiling.	and	7/31/19
C 166	clean and in good r Findings on 7-10-2i There was black m walls of the outside condensors.  Housekeeping-Main SECTION .0300 - F	ion, the building is not kept repair. 019; old growing on the ceiling and storage room near the A/C  Intained Free of Hazards  PHYSICAL PLANT 06 HOUSEKEEPING AND	C 166	Flushed sink and will continus so on a bi-monthly basis.	ue to do	7/11/19

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Linda Tiffany

Regional Director/ Administrator

HJX721

7/31/19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
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,,,	PROVIDER OR SUPPLIER	64 CLUBI	DRESS, CITY, S HOUSE TRAI DS, NC 287			
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C 166	(5) be maintained orderly manner, fre hazards; (e) This Rule shall facilities.  This Rule is not me Based on observati hopper had been a waste traps allow nossibly harmful based on the safety-Rehear SECTION .0300 - F10A NCAC 13F .03 EVACUATION	in an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: fon, the waste trap for the flowed to become dry. Dry oxious, combustible odors and acteria to enter the facility.	C 166	All future drills will be on alter shifts. All paperwork will be fi according to regulations, listin staff that participated, date ar of drill, and how drill was impl	lled out g all d shift	8/1/19
	quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.  (c) 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, the shift, staff members present, and a short description of what the rehearsal involved.  (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by:  1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency.  Findings on 7-10-2019:  a. In the 1st quarter of this year, there were no					

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C 185	rehearsals done. b. In the 2nd quarter of last year, there was no rehearsal done during the 2nd shift. c. In the 2nd quarter of this year, there was no rehearsal done during the 2nd shift. d. In the 3rd quarter of last year, there were no rehearsals done. e. In the 4th quarter of last year, there were no rehearsals done. 2. Based on a review of documents, the records available onsite did not include a list of staff menbers present. 3. Based on a review of documents, some of the records available onsite did not list the shift when the rehearsal was done 4. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.		C 185			
C 189	SECTION .0300 - P 10A NCAC 13F .03 REQUIREMENTS (a) The building and mechanical, and plu care home shall be operating condition. (k) This Rule shall a facilities with the exc which shall not apply This Rule is not me 1. Based on observ	d all fire safety, electrical, ambing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) y to existing facilities.	C 189	Exit sign will be replaced. 2. a) Adjusted latch mechanist door to allow proper closer. b) Removed wedge and instanguetic door stop. c) Cart repositioned. d) Removed pen and installe magnetic door stop. 3. a) Applied Fire Rated cauliceiling. b) Applied Fire Rated caulkin conduit. c) Reattached Fire Collar to ceiling.	alled a d a king to	8/2/19

HJX721

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	CUMBANADY OT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI	ON	(X5)
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C 189	Continued From pa	ige 3	C 189		30	
	signs could delay of emergency. Finding on 7-10-20 The exit sign in the battery when tested 2. Based on obser	laundry did not work on  d.  vation, corridor doors are				
	<ol> <li>Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 7-10-2019;</li> <li>a. One of the smoke barrier doors near room 1202 did not latch when closed by the fire alarm system.</li> <li>b. The door from the corridor to "Dining Services" was wedged open.</li> <li>c. The door from the corridor to "Dining Services"</li> </ol>					
	was blocked by a cart from being able to close. d. The door from the corridor to the entrance foyer was propped open with a dark colored pen stuck in a hole in the dark colored floor. Closing the door in an emergency required special knowledge of what was holding it open.					
	fire rated walls and in locations. Holes sealed with materia one-hour fire rated possibility that a fire quickly spread to o Findings on 7-10-2 a. Unsealed penet janitor's closet on the sealed penet in the	ration in the ceiling of the he main floor, all sleeve in the ceiling of the				

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C 189	c. A fire collar not pin the "Mechanical"  4. Based on obser maintained in a safimproper storage the head. Storage that below the sprinkler of the fire sprinkler Findings on 7-10-2 a. Storage had be ceiling in "Storage" b. Storage had be of the ceiling in the  5. Based on obser maintained in a safimproperly installed Finding on 7-10-20 There was no pipin	properly mounted to the ceiling room on the 1st floor.  vation, the facility was not be condition because of the colors to a fire sprinkler at its not kept at least 18 inches head could negate the ability system to extinguish a fire.  019; en stacked all the way to the conthe 1st floor. The stacked to within 2 inches "Breakroom" on the 1st floor.  vation, the facility was not be condition because of an I water heater.	C 189	4. a) Removed all obstruction storage shelves in Storage reto allow Fire Sprinkler systemable to work properly. b) Removed all obstructions storage shelves in Breakroof Fire Sprinkler system to be a work properly. 5. CPVC installed to prevent in blow off conditions.	oom m to be from n to allow ble to	8/2/19
C 191	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (b) There shall be maintain 75 degree winter design cond following shall appl appliances. (2) Unvented fuel I portable electric he (k) This Rule shall facilities with the ex		C 191	Both heaters removed from	facility.	7/11/19

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C 191	Based on observat to the prohibition of Portable electric he hazard and as such the facility. Findings on 7-10-2 a. There was a porthe Activity Director	et as evidenced by: ion the facility failed to adhere f portable electric heaters. eaters are a potential fire n could affect all occupants of  019: rtable electric heater found in 's office. rtable electric heater found in	C 191			