

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL044002 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ <i>ls</i> | (X3) DATE SURVEY COMPLETED 01/15/2015 |
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| NAME OF PROVIDER OR SUPPLIER CHESTNUT PARK REST HOME #1 | STREET ADDRESS, CITY, STATE, ZIP CODE 64 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786 | County: Haywood |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| D 000 | Initial Comments The Adult Care Licensure Section conducted an annual survey on January 15, 2015. | D 000 | See attached addendum (pg. 1). Provider's Plan of Corrections Survey Completed on January 15, 2015 | <i>ls</i> |
| D 079 | 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 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; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to maintain a clean, orderly and uncluttered environment that was free of obstructions and hazards throughout the facility. The findings are: Observations during initial tour of the facility on 01/15/15 from 8:45am through 9:15am revealed: - The only hallway from the living area leading to all three resident rooms and to the exit had two folded wheel chairs and a floor buffing machine stored beside the exit door, a linen cart, broom, mop and bucket, and electric sweeper; clothes were hanging on the hand rail. - Ceiling fan blades in all bedrooms and living area were covered with a heavy layer of dust. - The base of the commode in the bathroom shared by rooms #1 and #2 had a thick yellow brown stain on the floor tile directly in front of the base. - The shower floor in the bathroom shared by | D 079 | D 079 - 10A NCAC 13F .0306(a) (5) Housekeeping and Furnishing We plan on having all obstruction and clutter cleaned and organized within 45 days from receipt of our plan of corrections. We will be implementing a new cleaning checklist that will ensure that all areas are cleaned and will be maintained on a daily basis. The form will requires staff members performing the tasks to be initialed by staff after task is completed. Staff members will also have to sign & date that they have reviewed our checklist and understand what their duties include and what is expected of them. | |

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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE
[Signature]
TITLE
Administrator
DATE
2-13-15
STATE FORM 6899 SXGL11 If continuation sheet 1 of 7

POC Approved with Addendum
per R. Wilson / *ls*
02-25-2015

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| D 079 | <p>Continued From page 1</p> <p>rooms #1 and #2 was yellow and contained small pieces of debris.</p> <ul style="list-style-type: none"> -Bedroom #2 (shared by three residents) had a heavy coat of dust on all furnishings and on all window blinds. -Bedroom #2 had two thick cobwebs approximately 6 inches in length over two of the residents beds near the ceiling. - Bedroom #3 (shared by three residents) had a heavy coat of dust on all furnishings and on all the window blinds. - A floor fan in room #3 (in operation) was occluded with a thick dark layer of dust. - The floor vent in the main hallway was occluded with a heavy layer of dark dust and debris. - The floors throughout the facility were spotted with dark spots and stains. - All furnishings in the living area were covered with a thick coat of dust. - A large industrial size vacuum cleaner was sitting in the living room in front of the TV that occluded the walkway between one couch and TV. -In the living room in front of the fireplace insert there were bags of clothes and other articles and a chair with a computer monitor which occluded the walkway into the dining area of approximately 8 ft. long by 3 ft. wide. -A floor fan located beside the kitchen stove was occluded with a thick dark layer of dust. -The kitchen microwave handle had a yellow brown sticky substance at the base. -The refrigerator immediately to the left of the pot and pan storage racks had a handle that was yellowed and sticky. <p>Review of the local Heath Department's annual inspection dated 03/14/14 revealed:</p> <ul style="list-style-type: none"> - A a total demerit of 10 points. - 1 demerit for dirty ceiling fans and blinds in | D 079 | | |
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| D 079 | <p>Continued From page 2</p> <p>resident rooms.</p> <ul style="list-style-type: none"> - 2 demerits for improper miscellaneous storage. <p>Review of the facility cleaning chart posted on the kitchen door revealed:</p> <ul style="list-style-type: none"> - Staff were to clean the all bathrooms tub/showers, toilets, and sweep and mop the floors daily. - The bathroom walls were to be wiped down weekly. - Resident bedrooms were to be dusted, swept and mopped, and sinks cleaned daily. - In the kitchen, countertops, cabinets, stove/oven were to be wiped down daily. - In the kitchen, the walls were to be wiped down and the refrigerator/freezer was to be cleaned weekly. - In the living room, clutter was to be picked up, dusting, and floors swept and mopped daily. - In the dining room, the floors were to be swept and mopped after each meal and the dining chairs wiped down daily. - In the hallway, walls were to be wiped down weekly. <p>During an interview with the Administrator on 01/15/14 at 2:00pm revealed:</p> <ul style="list-style-type: none"> - They "never" dusted. - Staff were supposed to follow a cleaning schedule but did not. - After breakfast everyday staff cleaned all the bathrooms, changed bedding that needed changing, and swept and mopped all the floors. - Deep cleaning was supposed to be done on Thursdays. - Three staff were scheduled on Thursdays to be able to do the deep cleaning. - The floors were "just mopped yesterday." - The facility was supposed to be mopped after breakfast and at night after the residents went to | D 079 | | |

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| D 079 | Continued From page 3 bed. - The dining room floor was supposed to be swept and mopped after each meal. | D 079 | | |
| D 255 | <p>10A NCAC 13F .0801(c)(1) Resident Assessment</p> <p>10A NCAC 13F .0801 Resident Assessment (c) The facility shall assure an assessment of a resident is completed within 10 days following a significant change in the resident's condition using the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows: (1) Significant change is one or more of the following: (A) deterioration in two or more activities of daily living; (B) change in ability to walk or transfer; (C) change in the ability to use one's hands to grasp small objects; (D) deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic; (E) no response by the resident to the treatment for an identified problem; (F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period; (G) threat to life such as stroke, heart condition, or metastatic cancer; (H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or higher; (I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being such as initial diagnosis of Alzheimer's disease or diabetes;</p> | D 255 | <p>D 255 – 10A NCAC 13F .0801 (c) (1) Resident Assessment</p> <p>Resident # 1 – We have had a new care plan and FL-2 signed and dated by the primary physician to show significant change. This was completed on 01/24/2015 and was signed on 01/28/2015. [redacted] checked it on 02/13/2015.</p> <p style="text-align: right;">AHS (Adult Home Specialist)</p> <p>We are now aware of what clarifies a significant change and will ensure that within 10 days of any significant change a new Care Plan will be filled out and signed by the primary physician. This will be implemented by the Administrator or Administrator in Charge.</p> | |

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| D 255 | <p>Continued From page 4</p> <p>(J) improved behavior, mood or functional health status to the extent that the established plan of care no longer matches what is needed;</p> <p>(K) new onset of impaired decision-making;</p> <p>(L) continence to incontinence or indwelling catheter, or</p> <p>(M) the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident.</p> <p>This Rule is not met as evidenced by: Based on observations, record review, and interview the facility failed to complete an assessment within 10 days following a significant change in condition for 1 of 1 residents whose condition had declined. (Resident #1).</p> <p>The findings are:</p> <p>Review of Resident #1's most current FL2 dated 07/14/14 revealed diagnoses that included acute renal insufficiency and debility.</p> <p>Review of the most current care plan dated 09/09/14 revealed Resident #1 needed:</p> <ul style="list-style-type: none"> - Limited assistance with eating, toileting, ambulation, bathing and transfers. - Extensive assistance with dressing and grooming. <p>Observations and interview on 01/16/15 at 8:45am revealed:</p> <ul style="list-style-type: none"> - Resident #1 was in a geri-chair with a table top in place. - The resident had an indwelling urinary catheter. - The resident was alert but confused to time and place. | D 255 | | |

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| D 255 | <p>Continued From page 5</p> <ul style="list-style-type: none"> - The resident independently drank water from a bottle that sat on the table top. <p>Record review of an ED (Emergency Department) summary dated 06/10/14 revealed:</p> <ul style="list-style-type: none"> - Resident #1 had gone to the ED June 10, 2014 with "weakness." - No specific recommendations were made at that time. <p>Record review of an ED summary dated 12/07/14 revealed:</p> <ul style="list-style-type: none"> - Resident #1 had a urinary tract infection and urinary retention. - An indwelling urinary catheter was placed at that time. <p>An interview with Staff A (Resident Assistant) on 01/15/15 at 9:40am revealed:</p> <ul style="list-style-type: none"> - Resident #1 was totally dependent on staff for standing and transferring. - Resident #1 could not walk but could bear weight. <p>An interview with the Administrator on 01/15/15 at 2:00pm revealed:</p> <ul style="list-style-type: none"> - Resident #1 had declined in ability to walk and transfer since September of last year. - The resident was now totally dependent on staff for all ADL (Activities of Daily Living) except eating. - Resident #1 had received physical therapy in September 2014 (for decline in ambulation) but the therapy had not helped, so in October 2014, a wheel chair was used to help with mobility. - November 2014 the physician ordered a geri-chair for positioning and safety. - The catheter had been in place since 12/07/14 and home health was seeing the resident every week. | D 255 | | |
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| D 255 | Continued From page 6 - The Administrator stated she was not aware of the need for a significant change assessment. | D 255 | | |
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POC accepted per addendum to POC for Chestnut Park Rest Home #1 regarding monitoring component:

Telephone conversation with Administrator on 2/25/15 at 10:45am:

- Administrator will review the cleaning schedule checklist once a week to ensure staff are initialing when task are done and will observe areas to be cleaned.
- Administrator will review folder of cleaning schedule once a month to ensure the same.

Date of correction will be 2/15/15.

Kita Wilson, RN, BSN

CHESTNUT PARK REST HOME #1
HAYWOOD COUNTY - HAL-044-002

POC Attachment (1pg.)
Date Survey Completed: 01/15/2015

Shook, Linda

From: Shook, Linda
Sent: Wednesday, February 25, 2015 12:01 PM
To: Bradley, Lisa (lbradley@haywoodnc.net)
Cc: Wilson, Rita; Burns, Pam S
Subject: CHESTNUT PARK REST HOME #1 - HAYWOOD COUNTY
Attachments: Chestnut Park Rest Home #1 2015-02-13 POCA-SXGL11.pdf

Please find attached copy of the approved "Amended" Plan of Correction (POC) for the above referenced facility.

Thank you.

Linda Y. Shook, Processing Assistant
Adult Care Licensure Section
NC Department of Health and Human Services
Division of Health Service Regulation
12 Barbetta Drive, Asheville, NC 28806
Phone: (828) 670-3391 x 149
Fax: (828) 670-5040
Linda.Shook@dhhs.nc.gov
www.ncdhhs.gov/dhsr

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