

Health Service Regulation

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL044002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DICE SURVEY COMPLETE  C 09/16/2015
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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**

(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)	IS COMPLETE DATE
D 000	Initial Comments  The Adult Care Licensure Section conducted a complaint investigation on September 10, 11, 14, 15, and 16, 2015.	D 000	The plan of correction regarding rule 10A NCAC 13F .0801(c) (10) Resident Assessment are as follows:	
D 255	10A NCAC 13F .0801(c)(1) Resident Assessment  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;	D 255	<ul style="list-style-type: none"> <li>At first sign of a significant change the staff at the facility will contact the primary/psychiatric care provider and guardian. If the change has impact on other residents in the facility, staff will contact and send report of documentation to the Department of Social Services.</li> <li>Within 24 hours or sooner of a significant change, the facility staff will contact resident's primary/psychiatric provider to report these changes, sooner if the change is unable to be controlled via prn medications if ordered.</li> <li>Within 5 days the facility staff (sooner if unable to control significant change) will contact the primary/psychiatric provider to schedule an appointment to be evaluated.</li> </ul>	9/30/15

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

TITLE

(X6) DATE

STATE FORM

38231

If continuation sheet 1 of 30

*Adm.*

*10-16-15*

*Approved by  
Charity Stule BSN, RN  
10/20/15*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HA1D04002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/18/2015
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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 27788
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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
D 255	<p>Continued From page 1</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 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 behavioral condition had declined. (Resident #1).</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 1/16/15 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included: Dementia with behavioral disturbance, osteoarthritis, and hypertension</li> <li>-Consistently disoriented</li> <li>-Wanders</li> <li>-Semi-ambulatory</li> <li>-Functional limitations of hearing and speech</li> <li>-An order for Thorazine (used to treat psychotic disorders) 25mg 1 tab three times a day.</li> <li>-An order for Thorazine 25mg as needed three times a day for agitation.</li> <li>-An order for Depakote sprinkles (used to treat psychiatric disorders) 125mg 2 capsules three times a day.</li> </ul> <p>Review of Resident #1's current Care Plan dated 9/9/14 revealed:</p>	D 255	<ul style="list-style-type: none"> <li>• If after the evaluation with the primary/psychiatric provider the facility administrator will decide and consult with the primary/psychiatric provider on whether the facility will be able to further meet the needs of the resident.</li> <li>• If it is decided that the needs of the resident can't be met, the administrator will do an immediate discharge of the resident to either a high skilled facility or hospital to ensure the safety of the resident.</li> <li>• Staff will document all times contact is made between any party (primary/psychiatric provider, guardian or DSS, etc.) regarding resident and if no assistance is given in any matters regarding resident, administrator will contact the supervisors of the party and if needed discharge resident to the hospital to ensure the safety of the resident.</li> </ul>	

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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
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D 255	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Sometimes disoriented</li> <li>-Forgetful-needs reminders</li> <li>-Vision limited (sees large objects)</li> <li>-Hears loud sounds/noises</li> <li>-Limited ability with ambulation</li> <li>-Limited range of motion in the upper extremities</li> <li>-Extensive assistance documented as needed from staff for eating, toileting, ambulation/locomotion, and bathing.</li> <li>-Limited assistance documented as needed from staff for dressing, grooming, and transferring.</li> </ul> <p>Review of Resident #1's record revealed he had been hospitalized 7/4/15, and had not returned to the facility</p> <p>Review of Resident #1's Licensed Health Professional Support Evaluation dated 6/29/15 revealed:</p> <ul style="list-style-type: none"> <li>"Resident is now up and ambulating independently."</li> <li>-Continues to ambulate in an "unsteady gait and ambulates in the neighborhood."</li> <li>-Resident has outburst of anger towards staff at times during care or when attempting to get resident to return to the facility."</li> <li>-Resident has short term memory loss and needs constant reminding and cuing from staff to remember how to do [Activities of Daily Living] and daily functions."</li> </ul> <p>Telephone Interview with Resident #1's Guardian on 9/10/15 at 2:31pm revealed:</p> <ul style="list-style-type: none"> <li>-Facility staff were letting Resident #1 go out walking alone without supervision.</li> <li>-Facility staff reported Resident #1 had been "peeking" in neighbors windows in the neighborhood.</li> <li>-On 5/7/15, facility staff reported Resident #1 had "physically assaulted a female resident..."</li> </ul>	D 255		

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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		
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D 255	<p>Continued From page 3</p> <p>The Administrator stated she was going to request medication for agitation for Resident #1 at the resident's next scheduled physician's appointment.</p> <p>-On 6/9/15, Resident #1 was brought back to the facility by the police after a complaint from a neighbor about the resident being outside her house</p> <p>-On 7/2/15, staff reported "increased agitation and wandering."</p> <p>-On 7/2/15 the Administrator called to report to the Guardian, she would be taking Resident #1 on 7/6/15 "to get his meds readjusted."</p> <p>-On 7/3/15, facility staff reported Resident #1 had walked to a local skilled nursing facility (0.7 miles away from the facility across a busy intersection) and "fall outside" the local skilled nursing facility</p> <p>-On 7/4/15, facility staff reported Resident #1 was "yelling and upsetting the other residents"</p> <p>-On 7/4/15, Resident #1 was hospitalized.</p> <p>Interview with Staff A, Supervisor, on 9/10/15 at 12:29pm and 9/11/15 at 9:15am revealed:</p> <p>-Resident #1 was a "wanderer."</p> <p>"One day I was trying to give my showers and [Resident #1's name] got gone for several hours and showed up at the [local skilled nursing facility name] here in town."</p> <p>-Resident #1 had been taken to see the psychiatric physician on 1/30/15, 2/4/15, and 4/2/15.</p> <p>Interview with Staff B, Supervisor, on 9/10/15 at 1:15pm revealed:</p> <p>-Resident #1 "...would fight us."</p> <p>-Resident #1 made sexual advances to staff</p> <p>-Resident #1 "would say sexual things" to staff</p> <p>-Resident #1 would go up into the neighborhood and "peek in neighbors windows" when his medication "needed changing."</p>	D 255			

Division of Health Service Regulation  
STATE FORM

6896

J8P311

If continuation sheet 4 of 30

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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: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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
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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
D 255	Continued From page 4  Interview with the Administrator on 9/10/15 at 11:00am and 9/11/15 at 9:50am revealed: -Resident #1 was sent to the local hospital related to medication and behavior problems on 7/4/15 -He was fighting and walking away from the facility. -He was making sexual gestures and comments to staff. -Resident #1 would walk over to two local fast food restaurants that were located approximately 0.6 mile from the facility -The local police had given Resident #1 rides back to the facility on more than one occasion  Interview with Staff A, Supervisor, on 9/11/15 at 10:41am revealed: -"[Resident #1] was fine there for a good while, but he liked to look in peoples windows [in the neighborhood]. -One day staff had received a call from a neighbor and reported Resident #1 had peeped in a window of a child and "scared [the child] to death" and for staff to come get the resident -Resident #1 would go up in the neighborhood and "pick peoples flowers" and "bring trash home." -"April or May of this year, one day I was coming up the road and [Resident #1] was walking right in the middle of the road. Traffic was having to slow down." -"I pulled over and got him in my car, before he got hit." -"Walking in the road was a change." -"We asked [Resident #1] to walk in the yard, but that didn't seem to help. He would still go out." -On 7/3/15, when Resident #1 had wandered away from the facility and showed up at a local skilled nursing facility 0.6 miles from the facility and the resident had been gone from 1:00pm to	D 255		

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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		
(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	
D 255	Continued From page 5 4:30pm.  Review of Resident #1's Record revealed: -No documentation of a significant change assessment for Resident #1's deterioration in behavior beginning in May 2015 -No documentation where facility staff had notified Resident #1's psychiatric physician of the residents increased wandering and behaviors beginning in May 2015  Interview with the Administrator on 9/14/15 at 12:42pm revealed: - "I felt I did everything I could about his behaviors." -The Administrator was unaware she was required to complete a resident assessment within 10 days following a significant change in a resident's condition	D 255	The plan of correction regarding rule 10A NCAC 13F .0901 (b) Personal Care and Supervision  * In regards to "walking around town". If a resident wishes to walk around in the community the facility will contact the guardian, primary/psychiatric provider to get documentation that it is safe and appropriate for the resident to be out of facility without a staff member. If at any time the facility staff believes that it is no longer safe or appropriate for the resident to be out without staff the facility staff/administrator will contact the resident's guardian, primary/psychiatric provider to have the resident re-evaluated.	9/30/15	
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision  10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms  This Rule is not met as evidenced by: TYPE A2 VIOLATION  Based on interview and record review, the facility failed to assure 1 of 2 sampled residents with a diagnosis of dementia (Resident #1) was supervised in accordance with the resident's assessed needs of wandering and disorientation	D 270			* Staff will document all times contact is made between any party (primary/psychiatric provider, guardian or OSS, etc.) regarding resident and if no assistance is given in any matters regarding resident, administrator will contact the supervisors of the party and if needed discharge resident to the hospital to ensure the safety of the resident.

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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
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D 270	<p>Continued From page 6</p> <p>and current symptoms of behavioral disturbance</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 1/16/15 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included: Dementia with behavioral disturbance, osteoarthritis, and hypertension.</li> <li>-Consistently disoriented</li> <li>-Wanderer</li> <li>-Semi-ambulatory</li> <li>-Functional limitations of hearing and speech</li> <li>-An order for Thorazine (used to treat psychotic disorders) 25mg 1 tab three times a day.</li> <li>-An order for Thorazine 25mg as needed three times a day for agitation.</li> <li>-An order for Depakote sprinkles (used to treat psychiatric disorders) 125mg 2 capsules three times a day.</li> </ul> <p>Review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> <li>-The resident was admitted to the facility on 4/8/13.</li> <li>-The resident had been hospitalized 7/4/15 to 7/14/15, and had not returned to the facility.</li> </ul> <p>Review of Resident #1's current Care Plan dated 9/9/14 revealed:</p> <ul style="list-style-type: none"> <li>-Sometimes disoriented</li> <li>-Forgetful-needs reminders</li> <li>-Vision limited (sees large objects)</li> <li>-Hears loud sounds/noises</li> <li>-Limited ability with ambulation</li> <li>-Limited range of motion in the upper extremities</li> <li>-Extensive assistance documented as needed from staff for eating, toileting, ambulation/locomotion, and bathing.</li> <li>-Limited assistance documented as needed from staff for dressing, grooming, and transferring.</li> </ul>	D 270		

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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: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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NAME OF PROVIDER OR SUPPLIER  CHESTNUT PARK REST HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 6 CHESTNUT PARK DRIVE WAYNEVILLE, NC 28786
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D 270	<p>Continued From page 7</p> <p>Review of Resident #1's current Licensed Health Professional Support Evaluation dated 8/29/15 revealed:</p> <ul style="list-style-type: none"> <li>- "Resident is now up and ambulating independently."</li> <li>- Continues to ambulate in an "unsteady gait and ambulates in the neighborhood."</li> <li>- "Resident has outburst of anger towards staff at times during care or when attempting to get resident to return to the facility."</li> <li>- "Resident has short term memory loss and needs constant reminding and cuing from staff to remember how to do ADL's and daily functions"</li> </ul> <p>Telephone interview with Resident #1's Guardian on 9/10/15 at 2:31pm revealed:</p> <ul style="list-style-type: none"> <li>- "He would go out walking" and the Administrator told her "we can't keep him here" indicating the staff could not tell the resident he could not go walking outside the facility.</li> <li>- Staff "would sometimes call me about incidences."</li> <li>- "I would find out things like [the resident] peeking in [neighbor's] windows on [routine] monthly visits" to the facility</li> <li>- On 5/7/15, "I went to see [Resident #1] and I was told by staff the previous weekend [Resident #1's name] had physically assaulted a female resident, because she was talking too much. Staff stated they had deescalated the situation and I guess that's why they didn't report the occurrence to me."</li> <li>- The Administrator had stated at the next physician's appointment Resident #1 had she was going to request medication for agitation</li> <li>- On 8/8/15, facility staff reported "[Resident #1's name] was doing well, but the lady down the street came to visit [Resident #1's name] bringing him donuts."</li> <li>- Resident #1 the next day "walked down to [the</li> </ul>	D 270		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL044D02	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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
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D 270	<p>Continued From page 8</p> <p>neighborhood lady's house] to talk to her and the lady called the police and [Resident #1's name] was brought back to the facility by the police "</p> <p>-On 7/2/15, staff reported "increased agitation and wandering."</p> <p>-"[Resident #1's name] had been going down to that lady's house and he told [the Administrator's name] he could do what he wanted."</p> <p>-The Administrator had called the Guardian on 7/2/15 to report, she would be taking Resident #1 on 7/6/15 "to get his meds readjusted."</p> <p>-On 7/3/15, Resident #1 had walked to a local skilled nursing facility and "fell outside" the local skilled nursing facility.</p> <p>-The local police department officers took Resident #1 to a local emergency room for evaluation and the resident was cleared to go back to the facility</p> <p>-On 7/4/15, an on call social worker from Department of Social Services (DSS) received a call from facility staff stating Resident #1 was "yelling and upsetting the other residents."</p> <p>-The staff was "having a difficult time calming [Resident #1] down" and was the only staff in the facility and could the social worker transport Resident #1 to the local emergency room for evaluation.</p> <p>-The on call social worker instructed staff to contact [Resident #1's psychiatric crisis support team] for assistance with dealing with the resident</p> <p>-Resident #1's psychiatric crisis support team went out to the facility and determined the resident needed to be hospitalized and took the resident to the local hospital.</p> <p>Interview with the Administrator on 9/10/15 at 11:00am revealed:</p> <p>-Resident #1 was sent to the local hospital related to medication and behavior problems.</p>	D 270		

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D 270	<p>Continued From page 9</p> <p>-He was fighting and walking away from the facility.</p> <p>-He was making sexual gestures and comments to staff.</p> <p>Interview with Staff A, Supervisor, on 9/10/15 at 12:29pm revealed</p> <p>-Resident #1 was a "wanderer"</p> <p>"One day I was trying to give my showers and [Resident #1's name] got gone for several hours and showed up at the [local skilled nursing facility name] here in town"</p> <p>"When we sent him to the hospital his workers sent him to the [local skilled nursing facility name] in [local city name]."</p> <p>"Now we aren't going to get him back. He's too bad of a wanderer and they didn't want [the resident] to get out here and get hurt."</p> <p>Interview with Staff B, Supervisor, on 9/10/15 at 1:15pm revealed:</p> <p>-Resident #1 "would fight us, [would attempt] sexual advantages to us, would say sexual things, peek in neighbors windows" when his medication "needed changing."</p> <p>"When his medicine was right you couldn't ask for a better man."</p> <p>-Staff would "keep our eyes on him."</p> <p>"With [Resident #1's name] he could get gone quickly, and we'd go get in the car and find him."</p> <p>"[Resident #1] never got far except when he got to the [local skilled nursing facility name]."</p> <p>Interview with the Administrator on 9/10/15 at 3:22pm revealed:</p> <p>"We had no orders from the Guardian or from a doctor saying that [Resident #1's name] had to stay in the house."</p> <p>"A week before [Resident #1's name] went to the hospital on July 4th we noticed he was getting</p>	D 270		

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D 270	<p>Continued From page 10</p> <p>more agitated and he wanted to walk more.</p> <p>-Resident #1 appeared to become more agitated after one of the male residents in the facility passed away.</p> <p>"We told [Resident #1] to go down to the bridge and wave at people. That helped to calm him. That and walking calmed him down..."</p> <p>-Resident #1 told her he had girlfriends in the neighborhood.</p> <p>-Resident #1 had an as needed "pill" ordered for when he got "agitated."</p> <p>"We couldn't make [Resident #1] stay home without an order."</p> <p>-Staff "wouldn't try to stop [Resident #1] from going out walking alone] unless it was raining."</p> <p>-On 7/4/15, the Administrator had spoken with the Guardian and if Resident #1's medications "didn't work then he couldn't come back to the facility."</p> <p>-The Administrator "knew [she] couldn't keep him any longer."</p> <p>-The Administrator stated she had discussed with the Guardian getting a tracking "bracelet" for Resident #1.</p> <p>Review of Resident #1's Record revealed no documentation of how to implement more measures to keep Resident #1 safe.</p> <p>Interview with Staff A, Supervisor, on 9/11/15 at 9:15am revealed:</p> <p>-Resident #1 had been taken to see the psychiatric physician on 1/30/15, 2/4/15, and 4/2/15.</p> <p>-The resident's next scheduled appointment had been 7/15/15, however the resident had been hospitalized on 7/4/15.</p> <p>Interview with the Administrator on 9/11/15 at 9:50am revealed:</p> <p>"Most of the time" Resident #1 would take his</p>	D 270		

Division of Health Services Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL044002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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
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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
D 270	<p>Continued From page 11</p> <p>medications.</p> <ul style="list-style-type: none"> <li>-Medication availability had not been a problem.</li> <li>-Resident #1 "was doing good until 2-3 days before we sent him on July 4th to the hospital."</li> <li>-Resident #1 had started looking in windows during that 2-3 days before he was sent to the hospital on 7/4/15</li> <li>-During the few days prior to the 7/4/15 hospitalization, Resident #1 "would cuss a little more than normal." but he had not been "any more aggressive with staff."</li> <li>-When Resident #1 was out walking and the weather was bad or it started to rain, staff would "go out and get him"</li> <li>-Resident #1 would walk over to two local fast food restaurants that were located approximately 0.6 mile from the facility.</li> <li>-"He had money and was always going out."</li> <li>-The local police had given Resident #1 rides back to the facility on more than one occasion.</li> <li>-"The law know him but they said he was going to need to stay out of the public."</li> <li>-Resident #1's Guardian had come every month to visit Resident #1 while he had lived at the facility.</li> </ul>	D 270		
	<p>Observation of bridge and roads near facility on 9/10/15 at 3:30pm revealed:</p> <ul style="list-style-type: none"> <li>-The bridge was located about 0.3 mile from the facility on a two lane road.</li> <li>-The two lane road was heavily populated with cars, depending on the time of day.</li> <li>-The same two lane road would have also provided access to the two local fast food restaurants 0.6 mile from the facility which Resident #1 frequented.</li> <li>-Both fast food restaurants faced a very busy 5 lane highway, however the resident would have been able to reach both restaurants by use of sidewalks and only have to cross the two lane</li> </ul>			

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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: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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 28788
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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 270	<p>Continued From page 12</p> <p>road.</p> <ul style="list-style-type: none"> <li>-The local skilled nursing facility was located 0.7 mile from the facility.</li> <li>-The resident would have had to cross a very busy 5 lane highway in order to reach the local skilled nursing facility</li> </ul> <p>Interview with Staff B, Supervisor, on 9/11/15 at 10:06am revealed</p> <ul style="list-style-type: none"> <li>-"One time [Resident #3] said [Resident #1] hit her."</li> <li>-Resident #3 would watch Resident #1 go out the door and "holler" at staff to let them know Resident #1 was leaving the facility.</li> <li>-Resident #1 would get mad at Resident #3 and call Resident #3 "a bitch "</li> <li>-Resident #1 "would go around patting people on the head to show affection and [Resident #3] would take it the wrong way."</li> <li>-The residents who had seen the incident on the porch "said he just patted her head..."</li> <li>-"We couldn't keep [Resident #1] on the premises without orders "</li> <li>-When Resident #1's medications were "ok," the resident was safe to walk the sidewalks to go to local fast food restaurant on his own.</li> <li>-She had known Resident #1 to "cuss" another resident who had since passed away, because the resident would "tell on" Resident #1 when he left the facility</li> <li>-Resident #1 "never hit us or anything."</li> <li>-Resident #1 had been doing well from 1/16/15 after returning to the facility from a hospitalization until a "few days" before his hospitalization on 7/4/15.</li> <li>-A "few days" before 7/4/15, "I started getting phone calls from the neighborhood."</li> <li>-"One lady [in the neighborhood] kept telling him to come see her, then she would call the law on him."</li> </ul>	D 270		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL044002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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
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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
D 270	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-That's when I noticed [Resident #1] was getting agitated, and walking more, and wouldn't come back when he was supposed to.</li> <li>-The cops would bring [Resident #1] back, but they were nice to him.</li> <li>-Staff informed the Guardian about Resident #1's behaviors.</li> </ul> <p>Interview with Staff A, Supervisor, on 9/11/15 at 10:41am revealed</p> <ul style="list-style-type: none"> <li>-[Resident #1's name] tried to hit me right before he went to the hospital in July this year...</li> <li>-[Resident #1] was fine there for a good while, but he liked to look in peoples windows [in the neighborhood].</li> <li>-One day staff had received a call from a neighbor and reported Resident #1 had peeped in a window of a child and "scared [the child] to death" and for staff to come get the resident</li> <li>-On 7/3/15, when Resident #1 had wandered away from the facility and showed up at a local skilled nursing facility the resident had been gone from 1:00pm to 4:30pm</li> <li>-Resident #1 "didn't get along" with Resident #3.</li> <li>-Resident #1 "didn't like" a resident who had passed away.</li> <li>-"Now [another residents name] before he died, [Resident #1's name] would shake his fist at him "</li> <li>-Resident #1 would also "shake his fist" at Resident #2.</li> <li>-"[Resident #3's name] claims he hit her, but I don't know if he did or not cause I didn't see it "</li> <li>-"April or May of this year, one day I was coming up the road and [Resident #1] was walking right in the middle of the road. Traffic was having to slow down "</li> <li>-"I pulled over and got him in my car, before he got hit"</li> <li>-Resident #1 "wasn't appropriately placed.."</li> <li>-"Walking in the road was a change."</li> </ul>	D 270		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL044002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2015</b>
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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**

(X4) IC 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
D 270	<p>Continued From page 14</p> <p>-"We asked [Resident #1] to walk in the yard, but that didn't seem to help. He would still go out." -Resident #1 would go up in the neighborhood and "pick peoples flowers" and "bring trash home"</p> <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 9/11/15 at 12:30pm revealed: -He had not seen Resident #1 since April 2015. -He had not heard of "any problems" the resident was having from facility staff. -"I wouldn't say [Resident #1] was safe to wander up and down the streets. I didn't know that was happening." -"I would say he could step out in front of a car" -"I would say this man shouldn't be allowed out by himself."</p> <p>Confidential interviews with two residents revealed: -Both residents denied having ever witnessed Resident #1 hitting Resident #3. -"[Resident #1's name] never hit nobody." -Resident #1 would "pat people on the head. That was his way of loving them." -"[Resident #1] does pat people on the head. He patted me on the head."</p>	D 270		
	<p>Interview with the Administrator on 9/11/15 at 3:20pm revealed facility policy on supervision of residents was for "most residents" staff checked on them every 15 minutes.</p> <p>Interview with the Administrator on 9/14/15 at 12:42pm revealed: -"I felt I did everything I could about [Resident #1's] behaviors" -Facility staff "did everything we could to protect [Resident #1]."</p>			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL044002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C <b>09/16/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHESTNUT PARK REST HOME #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>64 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786</b>
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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
D 270	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>- "Walking was [Resident #1's] stress relief. He didn't want to be couped up."</li> <li>- "Most of the time [Resident #1] didn't need [the as needed medication for agitation]."</li> <li>- Resident #1 "wouldn't go out after dark."</li> <li>- "In my opinion, [Resident #1's name] was not disoriented. He was not a prisoner here..."</li> <li>- "[Resident #1's name] knew how to get back to the facility."</li> <li>- "We didn't report to [Resident #1's psychiatric physician] about him walking around in the neighborhood."</li> <li>- The Administrator felt there "was no need" to report Resident #1's "walking in the neighborhood" because it was his "normal routine."</li> <li>- I didn't realize he had a new diagnosis after he was in the hospital in January.</li> <li>- He went back to his "normal self" prior to the incident in July.</li> </ul> <p>Interview with the Administrator on 9/14/15 at 2:04pm revealed:</p> <ul style="list-style-type: none"> <li>- "I knew he wasn't safe for walking..."</li> <li>- "We never reported any behaviors to [the resident's psychiatric provider]."</li> </ul> <p>A plan of protection was received from the facility on 9/11/15 and included the following:</p> <ul style="list-style-type: none"> <li>- Resident #1 has already been moved to a higher level of care.</li> <li>- Will check all current residents to see if there are any changes in their need for supervision.</li> <li>- Provide supervision for residents in accordance to their assessed needs.</li> </ul> <p>CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED OCTOBER 16, 2015.</p>	D 270		

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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: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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
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D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observation, interview, and record review, the facility failed to notify the physician of 1 of 4 sampled residents (Resident #1) of increased wandering and behavior decline which put the resident at risk.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 1/16/15 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included: Dementia with behavioral disturbance, osteoarthritis, and hypertension.</li> <li>-Consistently disoriented</li> <li>-Wanderer</li> <li>-Semi-ambulatory</li> <li>-Functional limitations of hearing and speech</li> <li>-An order for Thorazine (used to treat psychotic disorders) 25mg 1 tab three times a day.</li> <li>-An order for Thorazine 25mg as needed three times a day for agitation</li> <li>-An order for Depakote sprinkles (used to treat psychiatric disorders) 125mg 2 capsules three times a day.</li> </ul> <p>Review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> <li>-The resident was admitted to the facility on 4/8/13.</li> </ul>	D 273	<p>The plan of correction regarding rule 10A NCAC 13F .0902 (b) Health Care</p> <ul style="list-style-type: none"> <li>• The facility will ensure that all contacts (calls or visits) with primary/psychiatric provider are followed up as scheduled by the provider. If at any time between follow-ups the facility believes that the resident needs to be evaluated sooner the staff will contact the primary/psychiatric provider to schedule an appointment. Contact will be also made to DSS/Guardian regarding unscheduled follow-ups if DSS/Guardian if the situation requires it.</li> <li>• Staff will document all times contact is made between any party (primary/psychiatric provider, guardian or DSS, etc.) regarding resident and if no assistance is given in any matters regarding resident, administrator will contact the supervisors of the party and if needed discharge resident to the hospital to ensure the safety of the resident.</li> </ul>	9/30/15

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STATE FORM

6880

J8P311

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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: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
NAME OF PROVIDER OR SUPPLIER  CHESTNUT PARK REST HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 64 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786		
(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
D 273	<p>Continued From page 17</p> <p>-The resident had been hospitalized 7/4/15 to 7/14/15, and had not returned to the facility.</p> <p>Review of Resident #1's current Care Plan dated 9/9/14 revealed:</p> <ul style="list-style-type: none"> <li>-Sometimes disoriented</li> <li>-Forgetful-needs reminders</li> <li>-Vision limited (sees large objects)</li> <li>-Hears loud sounds/noises</li> <li>-Limited ability with ambulation</li> <li>-Limited range of motion in the upper extremities</li> <li>-Extensive assistance documented as needed from staff for eating, toileting, ambulation/locomotion, and bathing.</li> <li>-Limited assistance documented as needed from staff for dressing, grooming, and transferring.</li> </ul> <p>Review of Resident #1's Licensed Health Professional Support Evaluation dated 6/29/15 revealed:</p> <ul style="list-style-type: none"> <li>-"Resident is now up and ambulating independently."</li> <li>-Continues to ambulate in an "unsteady gait and ambulates in the neighborhood."</li> <li>-"Resident has outburst of anger towards staff at times during care or when attempting to get resident to return to the facility."</li> <li>-"Resident has short term memory loss and needs constant reminding and cuing from staff to remember how to do [Activities of Daily Living] and daily functions."</li> </ul> <p>Telephone interview with Resident #1's Guardian on 9/10/15 at 2:31pm revealed:</p> <ul style="list-style-type: none"> <li>-Facility staff were letting Resident #1 go out walking alone without supervision.</li> <li>-Facility staff reported Resident #1 had been "peeking" in neighbors windows in the neighborhood.</li> <li>-On 5/7/15, facility staff reported Resident #1 had</li> </ul>	D 273		

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STATE FORM

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J0P311

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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: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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 28788
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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
D 273	<p>Continued From page 18</p> <p>"physically assaulted a female resident..."</p> <p>-The Administrator stated she was going to request medication for agitation for Resident #1 at the resident's next scheduled physician's appointment.</p> <p>-On 6/9/15, Resident #1 was brought back to the facility by the police after a complaint from a neighbor about the resident being outside her house</p> <p>-On 7/2/15, staff reported "increased agitation and wandering."</p> <p>-On 7/2/15 the Administrator called to report to the Guardian, she would be taking Resident #1 on 7/6/15 "to get his meds readjusted."</p> <p>-On 7/3/15, facility staff reported Resident #1 had walked to a local skilled nursing facility (0.7 miles away from the facility across a busy intersection) and "fell outside" the local skilled nursing facility.</p> <p>-On 7/4/15, facility staff reported Resident #1 was "yelling and upsetting the other residents."</p> <p>- On 7/4/15, Resident #1 was hospitalized.</p> <p>Interview with Staff A, Supervisor, on 9/10/15 at 12:29pm and 9/11/15 at 9:15am revealed:</p> <p>-Resident #1 was a "wanderer."</p> <p>"One day I was trying to give my showers and [Resident #1's name] got gone for several hours and showed up at the [local skilled nursing facility name] here in town "</p> <p>-Resident #1 had been taken to see the psychiatric physician on 1/30/15, 2/4/15, and 4/2/15.</p> <p>Interview with Staff B, Supervisor, on 9/10/15 at 1:15pm revealed:</p> <p>-Resident #1 "...would fight us."</p> <p>-Resident #1 made sexual advances to staff.</p> <p>-Resident #1 "would say sexual things" to staff.</p> <p>-Resident #1 would go up into the neighborhood and "peek in neighbors windows" when his</p>	D 273		

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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: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
NAME OF PROVIDER OR SUPPLIER  CHESTNUT PARK REST HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 64 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786		
(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
D 273	Continued From page 18  medication "needed changing."  Interview with the Administrator on 9/10/15 at 11:00am and 9/11/15 at 9:50am revealed: -Resident #1 was sent to the local hospital related to medication and behavior problems on 7/4/15 -He was fighting and walking away from the facility. -He was making sexual gestures and comments to staff. -Resident #1 would walk over to two local fast food restaurants that were located approximately 0.6 mile from the facility. -The local police had given Resident #1 rides back to the facility on more than one occasion  Interview with Staff A, Supervisor, on 9/11/15 at 10:41am revealed: -"[Resident #1] was fine there for a good while but he liked to look in peoples windows [in the neighborhood]. -One day staff had received a call from a neighbor and reported Resident #1 had peeped in a window of a child and "scared [the child] to death" and for staff to come get the resident -Resident #1 would go up in the neighborhood and "pick peoples flowers" and "bring trash home." -"April or May of this year, one day I was coming up the road and [Resident #1] was walking right in the middle of the road. Traffic was having to slow down." -"I pulled over and got him in my car, before he got hit." -"Walking in the road was a change." -"We asked [Resident #1] to walk in the yard, but that didn't seem to help. He would still go out." -On 7/3/15, when Resident #1 had wandered away from the facility and showed up at a local skilled nursing facility 0.6 miles from the facility	D 273		

Division of Health Service Regulation

STATE FORM

5089

J8P311

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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: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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
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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
D 273	<p>Continued From page 20</p> <p>and the resident had been gone from 1:00pm to 4:30pm.</p> <p>Review of Resident #1's Record revealed:</p> <ul style="list-style-type: none"> <li>-No documentation of a significant change assessment for Resident #1's deterioration in behavior beginning in May 2015.</li> <li>-No documentation where facility staff had notified Resident #1's psychiatric physician of the residents increased wandering and behaviors beginning in May 2015.</li> </ul> <p>Telephone interview with Resident #1's psychiatric providers office on 9/11/15 at 9:30am revealed:</p> <ul style="list-style-type: none"> <li>-The physician who was seeing Resident #1 no longer worked there</li> <li>-Resident #1 was last seen in their office on 4/2/15.</li> <li>-Resident #1's next scheduled appointment had been scheduled for 7/15/15, however the resident had missed the appointment because he had been in the hospital</li> <li>-"(The caregivers) had never said anything about [Resident #1's] wandering."</li> </ul> <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 9/11/15 at 12:30pm revealed:</p> <ul style="list-style-type: none"> <li>-He had not seen Resident #1 since April 2015</li> <li>-He had not heard of "any problems" the resident was having from facility staff.</li> <li>-"I wouldn't say [Resident #1] was safe to wander up and down the streets. I didn't know that was happening."</li> </ul> <p>Review of Resident #1's Psychiatric Management and Evaluation Notes dated 4/2/15 revealed:</p> <ul style="list-style-type: none"> <li>-The resident and caregiver "return today saying [Resident #1] is much less agitated."</li> </ul>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL044002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 08/16/2015
NAME OF PROVIDER OR SUPPLIER  CHESTNUT PARK REST HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 64 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786		
(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	
D 273	Continued From page 21  - "He does not wander away from the house as much." - "There is some agitation still." - The resident was "not sleeping well." - The resident "had not been violent." - "Things are better [The resident] seems happy" - "I will see [Resident #1] back in two months "  Review of Psychiatric Management and Evaluation Notes for Resident #1 revealed: - The resident had a diagnostic visit on 1/30/15 - Evaluation and management visits were conducted on 2/4/15 and 4/2/15 with the resident. - There was no documentation in the record where facility staff had reported the incidences of increased wandering, increased agitation, and increased behaviors to the psychiatric provider which occurred during May, June, and July 2015  Interview with the Administrator on 9/14/15 at 12:42pm revealed - "I felt I did everything I could about [Resident #1's] behaviors." - Facility staff "did everything we could to protect [Resident #1]." - "Walking was [Resident #1's] stress relief. He didn't want to be couped up." - "Most of the time [Resident #1] didn't need [the as needed medication for agitation]." - Resident #1 "wouldn't go out after dark." - "In my opinion, [Resident #1's name] was not disoriented. He was not a prisoner here..." - "[Resident #1's name] knew how to get back to the facility." - "We didn't report to [Resident #1's psychiatric physician] about him walking around in the neighborhood." - The Administrator felt there "was no need" to report Resident #1's "walking in the neighborhood" because it was his "normal	D 273			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL044002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 09/16/2015
NAME OF PROVIDER OR SUPPLIER  CHESTNUT PARK REST HOME #1			STREET ADDRESS, CITY, STATE, ZIP CODE 84 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786		
(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	
D 273	Continued From page 22  routine."  Interview with the Administrator on 9/14/15 at 2:04pm revealed: -"I knew he wasn't safe for walking." -"We never reported any behaviors to [the resident's psychiatric provider]"  A plan of protection was provided by the facility on 9/28/15 and included: -Facility staff will notify residents' physicians about all changes in resident conditions for guidance in changes to care in a timely manner -Facility staff will document all physician notifications of health care issues in the resident records.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 31, 2015.	D 273			
D 338	10A NCAC 13F .0909 Resident Rights  10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21 Declaration of Residents' Rights, are maintained and may be exercised without hindrance.  This Rule is not met as evidenced by. TYPE B VIOLATION  Based on observation and interview, the facility failed to assure residents were treated with respect, consideration, and full recognition of his or her individuality and right to privacy.	D 338	<b>CHESTNUT PARK REST HOME PLAN OF CORRECTIONS</b>  The plan of correction regarding rule 10A NCAC 13F .0909 Resident Rights  • A residents rights class was given on 09/22/2015 by [redacted], LTC Ombudsman and [redacted], AHS attended the meeting as well.  • [redacted] Ombudsman and [redacted], AHS also had private interview/s with residents on 09/23/2015	9/23/15	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL044002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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
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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
D 338	<p>Continued From page 23</p> <p>The findings are:</p> <p>Observation on 9/10/15 at 11:37am revealed the Administrator went into the first resident room on the left and informed Resident #5 who resided in the room, "The State is here on a complaint investigation. They want to interview you."</p> <p>Interview with the Administrator on 9/10/15 at 11:37am revealed Resident #5 did not feel comfortable being interviewed without the Administrator present.</p> <p>Observation of the Administrator with Resident #2 on 9/10/15 at 11:38am revealed: -The Administrator followed survey members into Resident #2's room -The Administrator had her arm around his shoulder, brought his head down near her left chest, ran her fingers through his hair and gave him a kiss on the head. -The Administrator told him, "you're uncomfortable aren't you, you don't have to talk to [the surveyor], you want me to stay in here [with you] don't you?"</p> <p>Observation of the Administrator on 9/10/15 at 11:45am revealed she opened the door to Resident #7's room while an interview with the resident was in progress</p> <p>Observation of Administrator on 9/10/15 at 12:15pm revealed: -The Administrator came up behind Resident #6 seated in a wheelchair while being interviewed -The Administrator placed her arms around the resident's neck and stated the resident liked to sit out in the yard of the facility in the sun. -The Administrator then with her left hand reached around the resident and pulled up the</p>	D 338	<ul style="list-style-type: none"> <li>The facility has also wrote up a form that the residents have signed stated that they don't mind if staff us "Southern Endearing" terms when addressing the residents at times. If a resident is unable to give consent than the P.O.A or guardian will make these decisions for the resident.</li> <li>Staff will give appropriate comfort if requested by residents only. Staff will not initiate any comfort measures unless it has been documented that the resident is comfortable with appropriate comforts like a hug or hand holding in times of illness or stress to make the resident feel secure in the situation they are in. If a resident is unable to give consent than the P.O.A or guardian will make these decisions for the resident.</li> <li>Documentation of the above will be kept in resident's file at all times and a copy will also be located in the MAR.</li> </ul>	9/23/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL044002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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 28785
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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
D 338	<p>Continued From page 24</p> <p>part leg of his shorts on his left leg exposing the resident's "tan line" without asking the resident his permission first</p> <p>Observations of the Administrator on 9/10/15, 9/11/15, and 9/14/15 revealed she referred to residents as:</p> <ul style="list-style-type: none"> <li>- "Son"</li> <li>- "My children"</li> <li>- "These youngins"</li> <li>- "Baby"</li> <li>- "These kids"</li> </ul> <p>Some residents referred to the Administrator as "Mama."</p> <p>Confidential interviews with six residents revealed:</p> <ul style="list-style-type: none"> <li>- Six of six residents stated they were treated with respect and dignity by staff.</li> <li>- Six of six residents stated there was no one they felt uncomfortable around either staff or other residents in the facility.</li> <li>- Six of six residents stated their privacy was respected by staff.</li> <li>- When asked if they had ever been touched inappropriately by staff or other residents, five of five residents stated they had not.</li> </ul> <p>Confidential interviews with two staff revealed</p> <ul style="list-style-type: none"> <li>- Two of two staff stated they had received residents' rights training during their tenure at the facility.</li> <li>- Staff stated "tone of voice," "how you word things," "courteous speech," "never yell or be loud" were approaches they used with the residents that helped to maintain resident respect and dignity.</li> <li>- Two of two staff stated they routinely gave hugs to residents ("not to an inappropriate measure") that wanted a hug, would sometimes kiss</li> </ul>	D 338		

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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: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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
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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
D 338	<p>Continued From page 25</p> <p>residents on the head or forehead (never on the mouth or jaw), would hold a resident's hand when they were sick, gave a light touch on the shoulder, and gave a pat on the head or back to a resident.</p> <p>-One staff stated she did sometimes call residents her "darlings," but none of the residents had told her that it bothered them.</p> <p>-One staff stated she sometimes would call a resident "sweetheart," but the residents "have been okay with that."</p> <p>-Two of two staff stated they had never witnessed any inappropriate touching between staff and residents.</p> <p>Interview with the Administrator on 9/14/15 at 12:42pm revealed:</p> <p>-She and her staff did "show affection" to the residents</p> <p>-Several of the male residents had tried to touch staff members inappropriately, however she and the staff would redirect the residents by pointing out inappropriate touch and tell the residents to stop.</p> <p>-"Twenty years ago" when one female resident had been "so sick," the Administrator stated she had "laid down" in the bed with the resident and had fallen asleep and didn't wake up until the next morning.</p> <p>-When Resident #1 became agitated, the resident "used to like to rub my feet" and that would help to calm the resident down.</p> <p>_____</p> <p>A plan of protection was received from the facility on 9/15/15.</p> <p>-Residents' Rights classes will be scheduled immediately for all residents and staff.</p> <p>CORRECTION DATE FOR THE TYPE B</p>	D 338		

Division of Health Service Regulation

STATE FORM

6889

J8P311

If continuation sheet 28 of 30

Health Service Regulation

PRINTED: 09/29/2015  
FORM APPROVED

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL044002	(X2) MULTIPLE CONSTRUCTION A. BUILDING # _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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
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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
D 338	Continued From page 26  VIOLATION SHALL NOT EXCEED OCTOBER 31, 2015.	D 338		
D 416	10A NCAC 13F .1103(a) Legal Representative Or Payee  10A NCAC 13F .1103 Legal Representative Or Payee (a) In situations where a resident or an adult care home is unable to manage his funds, the administrator shall contact a family member or the county department of social services regarding the need for a legal representative or payee. The administrator and other staff of the home shall not serve as a resident's legal representative, payee, or executor of a will except as indicated in Paragraph (b) of this Rule.  This Rule is not met as evidenced by Based on observation, interview and record review, the facility failed to contact a family member or the county department of social services regarding the need for a legal representative or payee for 1 of 4 sampled residents (Resident #2).  The findings are:  Review of Resident #2's current FL2 dated 7/14/15 revealed diagnoses which included mental retardation and dementia.  Review of Resident #2's resident register revealed -He was admitted to the facility on 3/3/04 -A county DSS worker was named as the Responsible Person. -Review of the record revealed no legal documents of guardianship or POA.	D 416	The plan of correction regarding rule 10A NCAC 13F .1103 (a) Legal Representative or Payee  • The administrator and another designee has contacted Haywood County Department of Social Services regarding becoming the P.O.A/Guardian for resident #2.  • If Haywood County Department of Social Services is unable/unwilling to become P.O.A/Guardian for resident #2 then the facility will contact Larry Reeves, Ombudsman and other Resident Rights Representatives to get the resident a P.O.A/Guardian  • Documentation of all and any attempts will be kept in residents file	10/16/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL044002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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
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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
D 416	<p>Continued from page 27</p> <ul style="list-style-type: none"> <li>-No documentation of family members or emergency contact</li> <li>-He required assistance for dressing, bathing, nail care, shaving, toileting, grooming, skin care, mouth care, and scheduling appointments</li> </ul> <p>Review of Resident #2's record revealed he was his own responsible party and did not have a legal guardian or power of attorney.</p> <p>Review of Resident #2's current Care Plan dated 9/9/14 revealed.</p> <ul style="list-style-type: none"> <li>- Forgetful - needs reminders.</li> <li>- Extensive assistance documented as need from staff for toileting, ambulation, bathing, dressing, grooming, and transfers.</li> <li>- Limited assistance documented as need from staff for eating.</li> <li>- Dementia is getting worse.</li> <li>- Documentation of decreased vision.</li> <li>- He loves to do Lego's, but can only build the sets for 5-7 year olds</li> </ul> <p>Interview on 9/14/15 at 12:42 pm with the facility's Administrator revealed:</p> <ul style="list-style-type: none"> <li>- She was aware the resident was not capable of managing his own funds or making appropriate decisions regarding his care.</li> <li>- The resident had no family who would step up when he could no longer make good decisions for himself.</li> <li>- Resident #2 had grown up in group homes and had been in this facility since 2004.</li> <li>- She was unaware it was her responsibility to seek guardianship or a payee for residents who could not manage their own funds; therefore she had not sought guardianship for Resident #1</li> </ul> <p>Telephone interview with the Administrator on 9/15/15 at 9:50am revealed:</p>	D 416		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL044002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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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 28788**

(K4) 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)	(K5) COMPLETE DATE
D 416	Continued From page 28  - Resident #2 told the Administrator that he did not need a legal guardian and that he wanted her to take care of him. - "I'm the only person [Resident #2] trusts"	D 416		
D912	G.S. 131D-21(2) Declaration of Residents' Rights  G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.  This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure all residents receive care and services which are adequate, appropriate, and in compliance with federal and state laws and rules and regulations related to resident supervision, health care, and residents' rights.  The findings are:  1. Based on interview and record review, the facility failed to assure 1 of 4 sampled residents (Resident #1) was supervised in accordance with the resident's assessed needs and current symptoms. [Refer to Tag 270, 10A NCAC 13F .0901(b) Personal Care and Supervision (Type A2 Violation)].  2. Based on observation, interview, and record review, the facility failed to notify the physician of 1 of 4 sampled residents (Resident #1) of increased wandering and behavior decline which put the resident at risk. [Refer to Tag 273, 10A	D912	The plan of correction regarding G.S. 131D-21 (2) Declaration of Residents' Rights  • Staff at the facility will ensure that Declaration of Resident's Right are respected at all times, when actable.  • Staff at the facility will ensure that all residents receive care and services which are adequate, appropriate, and in compliance with federal and state laws regarding all areas in the facility. The residents will be treated with respect and dignity as stated in the Resident's Right.  • See plan of correction regarding 10A NCAC 13F .0909 Resident Rights	9/23/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL044002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/16/2015
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NAME OF PROVIDER OR SUPPLIER  CHESTNUT PARK REBT HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 64 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786
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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
D912	<p>Continued From page 29</p> <p>NCAC 13F .0902(b) Health Care (Type B Violation).</p> <p>3. Based on observation and interview, the facility failed to assure residents were treated with respect, consideration, and full recognition of his or her individuality and right to privacy. (Refer to Tag 0338, 10A NCAC 13F .0909 Residents' Rights (Type B Violation)).</p>	D912		

## CHESTNUT PARK REST HOME PLAN OF CORRECTIONS

The plan of correction regarding rule 10A NCAC 13F .0909 Resident Rights

- A residents rights class was given on 09/22/2015 by [REDACTED], LTC Ombudsman and [REDACTED], AHS attended the meeting as well.
- [REDACTED] Ombudsman and [REDACTED] AHS also had private interview's with residents on 09/23/2015
- The facility has also wrote up a form that the residents have signed stated that they don't mind if staff us "Southern Endearing" terms when addressing the residents at times. If a resident is unable to give consent than the P.O.A or guardian will make these decisions for the resident.
- Staff will give appropriate comfort if requested by residents only. Staff will not initiate any comfort measures unless it has been documented that the resident is comfortable with appropriate comforts like a hug or hand holding in times of illness or stress to make the resident feel secure in the situation they are in. If a resident is unable to give consent then the P.O.A or guardian will make these decisions for the resident.
- Documentation of the above will be kept in resident's file at all times and a copy will also be located in the MAR

The plan of correction regarding rule 10A NCAC 13F .1103 (a) Legal Representative or Payee

- The administrator and another designee has contacted Haywood County Department of Social Services regarding becoming the P.O.A/Guardian for resident #2.
- If Haywood County Department of Social Services is unable/unwilling to become P.O.A/Guardian for resident #2 then the facility will contact [REDACTED] Ombudsman and other Resident Rights Representatives to get the resident a P.O.A/Guardian.
- Documentation of all and any attempts will be kept in residents file.

The plan of correction regarding G.S. 131D-21 (2) Declaration of Residents' Rights

- Staff at the facility will ensure that Declaration of Resident's Right are respected at all times, when actable.
- Staff at the facility will ensure that all residents receive care and services which are adequate, appropriate, and in compliance with federal and state laws regarding all areas in the facility. The residents will be treated with respect and dignity as stated in the Resident's Right.
- See plan of correction regarding 10A NCAC 13F .0909 Resident Rights

## CHESTNUT PARK REST HOME PLAN OF CORRECTIONS

The plan of correction regarding rule 10A NCAC 13F .0801(c) (10) Resident Assessment are as follows:

- At first sign of a significant change the staff at the facility will contact the primary/psychiatric care provider and guardian. If the change has impact on other residents in the facility, staff will contact and send report of documentation to the Department of Social Services
- Within 24 hours or sooner of a significant change, the facility staff will contact resident's primary/psychiatric provider to report these changes, sooner if the change is unable to be controlled via prn medications if ordered.
- Within 5 days the facility staff (sooner if unable to control significant change) will contact the primary/psychiatric provider to schedule an appointment to be evaluated.
- If after the evaluation with the primary/psychiatric provider the facility administrator will decide and consult with the primary/psychiatric provider on whether the facility will be able to further meet the needs of the resident.
- If it is decided that the needs of the resident can't be met, the administrator will do an immediate discharge of the resident to either a high skilled facility or hospital to ensure the safety of the resident.
- Staff will document all times contact is made between any party (primary/psychiatric provider, guardian or DSS, etc.) regarding resident and if no assistance is given in any matters regarding resident, administrator will contact the supervisors of the party and if needed discharge resident to the hospital to ensure the safety of the resident.

The plan of correction regarding rule 10A NCAC 13F .0901 (b) Personal Care and Supervision

- In regards to "walking around town" if a resident wishes to walk around in the community the facility will contact the guardian, primary/psychiatric provider to get documentation that it is safe and appropriate for the resident to be out of facility without a staff member. If at any time the facility staff believes that it is no longer safe or appropriate for the resident to be out without staff the facility staff/administrator will contact the resident's guardian, primary/psychiatric provider to have the resident re-evaluated.
- Staff will document all times contact is made between any party (primary/psychiatric provider, guardian or DSS, etc.) regarding resident and if no assistance is given in any matters regarding resident, administrator will contact the supervisors of the party and if needed discharge resident to the hospital to ensure the safety of the resident.

The plan of correction regarding rule 10A NCAC 13F .0902 (b) Health Care

- The facility will ensure that all contacts (calls or visits) with primary/psychiatric provider are followed up as scheduled by the provider. If at any time between follow-ups the facility believes that the resident needs to be evaluated sooner the staff will contact the primary/psychiatric provider to schedule an appointment. Contact will be also made to DSS/Guardian regarding unscheduled follow-ups if DSS/Guardian if the situation requires it
- Staff will document all times contact is made between any party (primary/psychiatric provider, guardian or DSS, etc.) regarding resident and if no assistance is given in any matters regarding resident, administrator will contact the supervisors of the party and if needed discharge resident to the hospital to ensure the safety of the resident