

Fax Transmission

Attention to:-

Name: DHSR Construction Section

Company:

Fax: 9197336592

Date: 03-28-2024

Time: 02:14:42 P

From:-

Name: The Landings Of Chesnut Grove

Company: The Landings Of Chestnut Grove

Fax:

Telephone:

Pages: 7

RE: SOD

Comments/Notes:



► Fax

Date:	3-28-2024
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From:	The Landings of Chestnut Grove
Sender Phone:	(336) 640-1081
Sender Fax:	(336) 640-1198

To:	DHSR Construction Section
Company Name:	
Recipient Phone:	
Recipient Fax:	919-733-6592

Pages Including This One:	6
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Comments:

Please see the following SOD
for review and approval.

Thank You
Angela Wheeler

PRINTED: 03/14/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL003005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 02/08/2024
NAME OF PROVIDER OR SUPPLIER THE LANDINGS OF CHESTNUT GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 158 CHESTNUT GROVE CHURCH ROAD SPARTA, NC 28675		
(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	
C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on February 8, 2024. This facility was licensed on December 20, 2021 and is currently licensed for 40 Beds. Therefore, this facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 2018 Edition of the North Carolina Building Code, Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or Corrective Action Report; the plan of correction is prepared solely as a matter of compliance with state law.		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with code requirements in effect at	C 101			

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

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C 189	Continued From page 3 Findings on February 8, 2024: a. Employee Restroom - the emergency light did not illuminate on test. 3. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on February 8, 2024: a. Exterior Mechanical Room - the fire extinguisher did not receive its annual service inspection. 4. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on February 8, 2024: a. Outside Dryer Room - some fire caulk around the ceiling penetrations is loose and has pulled away from the ceiling leaving gaps in the fire rated ceiling assembly. b. Service Hall Data Room - a new cable has been installed and has not been properly sealed at this time. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire.	C 189	2.(a.) Corrected 2/8/24 and ongoing. 3.(a.). Corrected 2/8/24 and ongoing. 4.(a.) Corrected 2/8/24 and ongoing. (b.) Corrected 2/8/24 and ongoing.		

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C 189	Continued From page 4 Findings on February 8, 2024: a. Kitchen Pantry - items are stored to within 18" of the bottom of the sprinkler head.	C 189	5.(a.) Corrected 2/8/24 and ongoing.	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on February 8, 2024: a. 100 Hall Residential Laundry - the exhaust fan is not working.	C 199		

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