NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 29, 2024
Barbara Hannah, Administrator (via email only)
84 Chestnut Park Drive
Waynesville, NC 28786

RE: Chestnut Park Retirement – ACH Biennial Construction Survey
84 Chestnut Park Drive
Waynesville (Haywood County)
FID #920207

Dear Ms. Hannah:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on August 27, 2024. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    1. Corrective action must begin immediately.
    2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE, AND RETURN** the Plan of Correction to DHSR – Construction by November 13, 2024. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The

PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction."

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by November 13, 2024. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by November 13, 2024. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Jeff Harms, Acting Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Tod Hancock

Tod Hancock
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
City Building Inspection Department – with attachment (via email only)
Haywood County DSS – with attachment (via email only)

Hersh, Melissa G
From: melissa.hersh@dhhs.nc.gov
To: 'Barbara18662@aol.com'
Cc: 'tmaguire@waynesvillenc.gov', BRADSHAW, Shannon, Hancock, Tod, Sluder, Chris

Tue, Oct 29 at 6:29 PM

Attached is the Statement of Deficiencies and letter for the **DHSR – Construction Section Biennial Survey** conducted on **August 27th, 2024 by Tod Hancock.**

As Construction Section resumes routine surveys, we understand the continuing difficulties faced by facilities located in the Western region of North Carolina. If your facility has lost utility services or if there were damages incurred from hurricane Helene, please do not hesitate to contact the assigned Biennial Surveyor to discuss details moving forward. Write the date that the work will be completed, and how it will be completed on the right hand side of your Plan of Correction. The work does not have to be completed before you submit this form. You also need to sign and date the Plan of Correction at the bottom. The POC is due back by November 13th, 2024.

The Plan of Correction can be:

Mailed to:	DHSR Construction Section 2705 Mail Service Center Raleigh NC 27699-2705
Faxed to:	(919) 733-6592
Emailed to:	DHSR.Construction.Admin@dhhs.nc.gov

Thank you.

Melissa Hersh
Administrative Supervisor
N.C. Department of Health and Human Resources
Division of Health Service Regulation, Construction Section

1800 Umstead Drive, Williams Bldg.
2705 Mail Service Center
Raleigh, NC 27699-2705

(Office) 919-855-3991
(Fax) 919-733-6592
melissa.hersh@dhhs.nc.gov

Download all attachments as a zip file

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL044022	A. BUILDING: 01 B. WING _____	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT PARK RETIREMENT	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
C 000	Initial Comments Report of a Construction Section Biennial Survey by Tod Hancock, conducted on August 27, 2024. Records indicate this facility was first licensed in 1973 and an addition to the building in 1982 increased the total capacity to 20 beds. Based on this information, we are requiring the older portion of the facility to meet the 1967 NC State Building Code-Section 407.1 Group D-2 Institutional Occupancy, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds. The newer portion of the building, to the right of the firewall at the living room, was reviewed using the 1978 NC State Building Code, the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current rules for Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a Plan of Correction.	C 000		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by:	C 189		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Barbara J. Hannett — Administrator — 11-11-24

STATE FORM 6899 D8QL21 If continuation sheet 1 of 2

Division of Health Service Regulation

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C 189	Continued From page 1 1.Based on observation, the buildings' emergency equipment is not maintained in a safe operating condition. This could affect all if they could not promptly find their way to the exit during an emergency. Findings August 27, 2024: a. Med Room- The Emergency lights did not illuminate when tested.	C 189	The Emergency Light in the Medication Room has been replaced with a new one by J. Creek Electric on 9/16/24. Invoice for the work is included as an attachment. All other work that they did was things that I wanted done while they were here. Administrator will monitor all lighting on a regular basis.	9/16/24

Your invoice from J Creek Electric, LLC

Hi Barbara,

Thank you for choosing J Creek Electric, LLC. Please see attached invoice due upon receipt.

Job Number: #629
Service Date: 09/16/24

Customer Name: Barbara Hannah
Service Address: 84 Chestnut Park Drive, Waynesville , NC 28786

Services	**amount**
Job Summary	$0.00
-Technician replaced one emergency light in office, one receptacle in directors room, and got battery sizes for future replacement on exit signs. Exit sign batteries must be ordered and replaced at a later date. - emergency light and receptacle tested properly.	
Dispatch Fee	$100.00
Hourly rate	$175.00
Hourly rate for electrical work for one technician	
Material	$37.68
Material provided by J Creek Electric	
Subtotal	$312.68
NC State Sales Tax	$21.89
Total job price	$334.57
Amount Due	**$0.00**

PAY ONLINE

Thank you for choosing J Creek Electric!

(828) 356-5561 | jcreekelectric@gmail.com

http://jcreekelectric.com

3204 Jonathan Creek Rd, Waynesville, NC 28785

Terms & Conditions