

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/02/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DEER PARK HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 306 DEER PARK ROAD NEBO, NC 28761
--	---

(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) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 000	INITIAL COMMENTS	F 000		
F 689 SS=E	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations and record review the facility failed to remove an accident hazard (grill with 2 propane tanks) from the resident smoking area. In addition, the facility did not have a policy for safe operation of a gas grill in a common area used by residents. The resident smoking area contained 21 of 22 residents who smoked at the facility when the grill and 2 propane tanks were present.</p> <p>Findings included: The facilities smoking policy titled "Resident Smoking Deer Park Health and Rehab" was last revised on 4/16/24. A review of the policy found it did not include the storage and use of propane tanks in the resident smoking area.</p> <p>An observation of the resident smoking area occurred on 7/2/24 at 1:47 PM. A gas grill with 2</p>	F 689	<p>As Stated in Tag F689: The facility failed to remove propane grill from resident smoking area. The Facility identified no other areas that were affected by this deficient practice.</p> <p>1. The gas grill was removed from the smoking area during the survey. Education was done with the Maintenance Director, Activity Director and Activity Assistant regarding having the gas grill set up in the smoking area for activities/events on 7/2/24 by the Administrator.</p> <p>2. The outdoor patio area was inspected and was found free of hazardous materials on 7/2/24 by the Regional Director of Operation.</p>	7/25/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/18/2024
--	-------	-----------------------------

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/02/2024
NAME OF PROVIDER OR SUPPLIER DEER PARK HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 306 DEER PARK ROAD NEBO, NC 28761		
(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) COMPLETION DATE	
F 689	<p>Continued From page 1</p> <p>connected propane tanks was found sitting approximately 6 feet from the resident smoking area. The resident smoking area contained 21 residents actively smoking and using vapes, with 4 residents sitting at a table approximately 6 feet from the grill.</p> <p>On 7/2/24 at 1:52 PM the Activity Director stated he was unaware if the gas grill with propane tanks could be near the smoking area. He stated he would ask the Maintenance Director to come to the smoking area.</p> <p>On 7/2/24 at 1:54 PM the Maintenance Director stated he had placed the gas grill in the smoking area on Monday (7/1/24), and he did not know if the grill and propane tanks could be in the smoking area or if the grill and propane tanks needed to be a specific distance away from the smoking area. He said the facility was using the grill for a cookout on 7/4/24. The Maintenance Director removed the grill and propane tanks from the smoking area at that time.</p> <p>The Administrator stated on 7/2/24 at 2:20 PM the gas grill was brought to the smoking area the previous day. She stated she was not aware of any regulation for the distance requirements that the propane and grill should be from the smoking area while residents were smoking.</p> <p>A follow-up interview was conducted with the Administrator on 7/2/24 at 4:10 PM. She stated the facilities smoking policy did not include information about gas grills in the smoking area. The Administrator said the gas grill should be moved away from the smoking area for resident safety.</p>	F 689	<p>3. The Department Head Administrative Team members to include the Administrator, Director of Nursing, Asst Director of Nursing/Staff Development Coord., Director of Social Services, Activities Director, Asst Activities, Business Office Manager, MDS Coordinator, Maintenance Director and Dietary Manager were educated on proper storage of propane grill and must be always stored in an area away from resident smoking area on 7/2/2024 by the Regional Director of Operation. During activities and events, the gas grill will not be used in the smoking area. It will be used and monitored in the front patio area. All licensed nursing staff will be educated on proper storage of the propane grill by the ADON/SDC nurse by 7/22/2024. No licensed nurses or administrative team members will be allowed to work after 7/22/24 until they have been educated. This education will be included in the new hire orientation. Facility resident smoking policy updated to state, All smoking residents will be in a designated area free from hazardous material and/or gases on 7/22/2024 by The Facility Administrator.</p> <p>4. The Maintenance Director will be observing the smoking area for any hazards, conduct observation rounds in the resident smoking area weekly for 4 weeks and then monthly for 2 months. The findings of the audit/observation round will be provided to the QAPI</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/26/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/02/2024
NAME OF PROVIDER OR SUPPLIER DEER PARK HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 306 DEER PARK ROAD NEBO, NC 28761		
(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) COMPLETION DATE
F 689	Continued From page 2	F 689	committee for review monthly times 3 months to ensure continued compliance. Facility has removed gas grill from facility property and will not be in use. Compliance date 7/25/2024	