

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 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	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>45272</p> <p>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:</p> <p>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 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>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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