STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL076005	A. BUILDING: **01** B. WING _____	**09/13/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF ASHEBORO	**2925 ZOO PARKWAY ASHEBORO, NC 27204**

(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 Billy S. Bryant and Suzanna Fay conducted on 09/13/2017. Records indicate this facility was first licensed on 07/17/1996. The facility is currently licensed for 96 Beds including a 24 Bed Special Care Unit. Therefore the 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 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation the outside of the building grounds was not maintained in good condition/clean condition. Finding on 09/13/2017: a. The fascia boards, wood trim boards and the soffits have peeling and badly weathered paint. Some of the fascia and trim boards are rotting.	C 160		

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C 164	Continued From page 1	C 164		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the ceilings were not kept in good repair. Finding on 09/13/2017: 1. Corridor Ceiling at Intersection of "A" & "B" Hall - Complete the repair on the section of the ceiling that has been damaged by a water leak. 2. Wellness Center - A small section of gypsum board joint tape is starting to detach from the fire resistant rated ceiling.	C 164		
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.	C 189		

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C 189	Continued From page 2 This Rule is not met as evidenced by: 1. 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 09/13/2017: a. Laundry - There is a gap in the fire resistant rated ceiling where it is penetrated by the duct from the gas fired commercial laundry dryer. b. Salon - There is a gap in the fire resistant rated ceiling at the location where a smoke detector that has been replace was previously mounted. c. S.C.U - There is an approximately 1" diameter hole in the fire resistant rated corridor ceiling outside dining room. 2. Based on observation there is a failure to maintain the building's fire safety equipment in a safe operating condition as evidenced by doors with inoperable automatic self closing hardware. Occupants of the facility could be effected if rooms required to have self closing hardware did not close to limit smoke or the spread of fire to the area of origin. Findings on 09/13/2107: a. Resident Laundry - The automatic door closer hardware has been disabled. b. Kitchen Electrical Room - The automatic door closer hardware has been disabled. Note: Repaired while the surveyors were on site.	C 189		

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C 189	Continued From page 3 3. Based on observation there is a failure to maintain the building's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on 09/13/2017: a. Salon - When the door was pulled closed it did not completely latch to remain shut. b. Room D-8 - When the door was pulled closed it did not completely latch to remain shut. c. Foyer - The door at the entry foyer is difficult to pull closed because it drags on the carpet which prevents it from being closed quickly in the event of an emergency. d. Laundry/Vending Area - The door will not completely close and latch. The door contacts the door frame and the latching hardware is missing from the door. 4. The building plumbing equipment was not maintained in maintained in a safe and operating condition. Finding on 09/13/2017: a. Kitchen - There is not a 2" minimum gap between the ice bin drain pipe and the floor drain. The end of the drain pipe is in contact with floor drain.	C 189		