| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL092193 | A. BUILDING: **01**<br>B. WING _____ | **08/31/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **CARILLON ASSISTED LIVING OF WAKE FORE** | **3218 HERITAGE TRADE DR WAKE FOREST, NC 27587** |

| (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 |
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| C 000 | Initial Comments<br><br>Report of a Construction Section Biennial Survey by Suzanna Fay and Ed Miller conducted on August 31, 2017.<br><br>Records indicate this facility was first licensed on July 3, 2014. The facility is currently licensed for 96 Beds including a 36 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 2012 Edition of the North Carolina Building Code, Institutional Occupancy. | C 000 | | |
| C 133 | Bathrooms-Hand Grips<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(e) The requirements for bathrooms and toilet rooms are:<br>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that one tub accessible to residents did not have hand grips.<br><br>Findings on August 31, 2017:<br>a. SCU Spa - there was not a hand grip at the tub. | C 133 | | |
| C 160 | Outside Premises-Clean, Safe<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT | C 160 | | |

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| C 160 | Continued From page 1<br>(m) The requirements for outside premises are:<br>(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the outside premises were not maintained in a safe condition.<br><br>Findings on August 31, 2017:<br>a. There was an outdoor chair obstructing the exit door at Stair 2 so that it could not fully open. The chair was removed at the time of survey. | C 160 | | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the facility was not maintained free of unpleasant odors.<br><br>Findings on August 31, 2017:<br>a. Room C12 Bath - there was a strong unpleasant odor in the bathroom. Housekeeping was notified and the room was cleaned at the time of survey.<br><br>2. Based on observation, the facility did not | C 164 | | |

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| C 164 | Continued From page 2<br>maintain all furnishings in good repair.<br><br>Findings on August 31, 2017:<br>a. Room C5 Bath - the ring was missing for the towel bar. The ring was replaced at the time of survey. | C 164 | | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The 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.<br><br>Findings on August 31, 2017:<br>a. A Hall - when closed and latched, the cross corridor doors had a 1/2" gap at the top of the door.<br><br>2. Based on observation there is a failure to maintain the building's fire safety equipment systems in a safe condition. Holes or gaps at penetrations in the fire resistant rated ceilings could allow fire and smoke to spread beyond the | C 189 | | |

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| C 189 | Continued From page 3<br>area of origin.<br><br>Findings on August 31, 2017:<br>a. Marketing Closet - there was a hole at the sprinkler escutcheon plate. This item was corrected at the time of survey.<br>b. Water Heater Room - there was a hole at the sprinkler head and several small penetrations adjacent to the sprinkler head. This item was corrected at the time of survey.<br>c. Exterior Electrical Room - there were gaps in the fire caulk at the conduit along the back wall and at the right front panel conduit penetration. This item was corrected at the time of survey.<br>d. SCU storage right - there was a small hole at the sprinkler head. This item was corrected at the time of survey.<br>e. SCU Laundry - there was a gap around the sprinkler head. This item was corrected at the time of survey.<br>f. 2nd Floor Electrical Room - there were gaps in the fire caulk at the conduit penetrations. This item was corrected at the time of survey.<br><br>3. Observations revealed that the building plumbing equipment was not maintained in operating condition.<br><br>Findings on August 31, 2017:<br>a. Room B6 Bath - the hot water was turned off at the sink due to a leak at the faucet.<br><br>4. Based on observation there is a failure to maintain the facility'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.<br><br>Findings on August 31, 2017: | C 189 | | |

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| C 189 | Continued From page 4<br>a. Room C12 - the corridor door's latching mechanism had been taped closed so that the door would no longer latch. The tape was removed at the time of survey.<br>b. 2nd Floor Residential Laundry - the door did not latch when closed. This item was corrected at the time of survey.<br>c. D Hall Janitor's Closet - the closer had been disconnected and the bracket was damaging the wall. Incidental Use areas including rooms for the storage of trash require closers.<br><br>5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition.<br><br>Findings on August 31, 2017:<br>a. The FDC sign had not been installed on the exterior of the facility. | C 189 | | |
| C 199 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. | C 199 | | |

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| C 199 | Continued From page 5<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that three rooms did not have exhaust ventilation at the rate of two cubic feet per minute per square foot.<br><br>Findings on August 31, 2017:<br>a. The exhaust fans were not working in the SCU Laundry, the SCU Janitor's Closet and in the kitchen Janitor Closet. Maintenance has the required parts on order. | C 199 | | |
| C 201 | Newly Licensed Facilities-Call System<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom and bathroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the call system was not being properly utilized for the safety of the residents.<br><br>Findings on August 31, 2017:<br>a. The Surveyor initiated the call button in the bathroom of C12. Staff did not respond. One Staff person was interviewed regarding the pager | C 201 | | |

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| C 201 | Continued From page 6<br>system. Staff did not respond because he did not have the pager on him when the call was initiated. The pager had been left in another room and he could not immediately recall where the pager was located. | C 201 | | |