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 _____	**10/09/2019**

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 Ed Miller and Dennis Harrell, conducted on October 9, 2019. This facility was licensed on 07/17/1996 and is currently licensed for 96 Beds with a 24 Bed Special Care Unit. Therefore, this 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. Deficiencies were cited that require a Plan of Correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on October 9, 2019: a. The last annual Fire Sprinkler System Inspection, Testing, and Maintenance in accordance with NFPA 25, available for review, was performed in March 19, 2018, exceeding the	C 111	Annual Fire Sprinkler Inspection was completed March 19, 2019. Copy provided to the facility and attached to this Plan of Correction.	10/31/19

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

Vice President Development, 11/1/2019

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C 111	Continued From page 1 requirement to have the system inspected and tested at least annually to ensure that the system works properly.	C 111		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on October 9, 2019: a. B Hall Exterior Exit near Kitchen - there are tables and chairs, obstructing the path of egress away from the building. b. B Hall Patio - there are tables chairs and planters, obstructing the path of egress away from the building. c. B Hall Patio - there are planters, obstructing the path of egress to the exit door. d. Dining Room Exterior Exit - there are tables and chairs, obstructing the path of egress away from the building.	C 150	Patio furniture placement outside B wing exit adjusted. Patio furniture placement on B patio adjusted. Potted plants on B patio moved. Placement of patio furniture on the main dining patio adjusted.	10/9/19 10/9/19 10/9/19 10/9/19
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and	C 166		

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C 166	Continued From page 2 hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if compress gas cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on October 9, 2019: a. Marking Office - one portable helium cylinder is standing up on the floor not physically secured in a rack, stand or chained to the structure.	C 166	Helium cylinder moved & secured.	10/10/19
	2. Based on observation, the building Floors are not kept clean and in good repair. Findings on October 9, 2019: a. C Hall Country Kitchen - the carpet is detached and fraying at the transition strip to hard flooring.		New transition strip to be installed.	11/4/19
	b. C Hall Country Kitchen - the carpet is detached and fraying at the door to the corridor.		New transition strip to be installed.	11/4/19
	3. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on October 9, 2019: a. Corridor near Bedroom C-8 - the picture frame mounting brackets remain attached to the wall. These brackets are rough and have sharp edges, which provides potential to cause injury.		Brackets removed.	10/10/19
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT	C 183		

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C 183	Continued From page 3 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staff's ability to extinguish a small fire and permit it to grow larger. Findings on October 9, 2019: a. Entire Building - the documentation of most portable fire extinguisher's monthly in-house inspections stopped in August 2019. b. B Hall Country Kitchen - the documentation of the portable fire extinguisher's monthly in-house inspections stopped when the portable fire extinguisher was tagged. c. C Hall Nurse Station - the documentation of the portable fire extinguisher's monthly in-house inspections stopped when the portable fire extinguisher was tagged.	C 183	Inspected all fire extinguishers in the building and documented on the tags.	10/10/19
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall	C 185		

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C 185	Continued From page 4 include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on October 9, 2019: a. In the 1st quarter for the last 12 months, no rehearsal occurred during 1st shift. b. In the 2nd quarter for the last 12 months, no rehearsal occurred during 3rd shift. c. In the 4th quarter for the last 12 months, no rehearsals occurred during 1st and 2nd and 3rd shifts. 2. Based on Record review of the last 12 months of rehearsals, and interview with Executive Director the Facility failed to document a short description of what the rehearsal involved. Findings on October 9, 2019: a. The rehearsal records do not provide a short description of what the rehearsal involved for all the rehearsals.	C 185	Fire safety rehearsal requirements reviewed with Executive Director & Maintenance Director. Rehearsals completed on all shifts & proper frequency will be maintained going forward. Documentation requirements reviewed with Executive Director and Maintenance Director.	10/28/19 10/28/19
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	C 189		

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C 189	Continued From page 5 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on October 9, 2019: a. A Hall Corridor near Bedroom A-10 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. b. B Hall Employee Entrance - the exit sign does not illuminate on backup power when tested. c. Dining - the front wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on October 9, 2019: a. Electrical Room near Bedroom A-10 - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Electrical Room near Bedroom A-10 - the attic door is open, allowing fire and smoke access through the fire-resistance-rated ceiling assembly. c. A Hall Housekeeping - there is a gap around a new pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. A Hall Housekeeping - there are several holes not sealed as they penetrate the wall assembly.	C 189	Emergency light fixture replaced. Exit sign replaced. Emergency light fixture replaced. Fire caulk to be applied to seal hole. Door closed. Requirement to keep doors closed reviewed with Maint. Director. Fire caulk to be applied around pipe. Holes to be patched and sealed with drywall compound.	10/28/19 10/28/19 10/28/19 11/6/19 10/10/19 11/6/19 11/6/19

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C 189	Continued From page 6 e. Bulk Laundry (Water Heater Room) - the attic door is open, allowing fire and smoke access through the fire-resistance-rated ceiling assembly.	C 189	Door closed. Requirement to keep closed reviewed with Maint. Dir.	10/10/19
	f. A Hall Front Porch Mech Room - there is a cable with its firestopped sealant pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening.		Fire caulk to be re-applied to seal hole.	11/6/19
	g. A Hall Front Porch Mech Room - there are gaps around two new pipes not firestopped as they penetrate the fire-resistance-rated ceiling assembly.		Gaps to be firestopped.	11/6/19
	h. A Hall Front Porch Mech Room - there are two holes not sealed as they penetrate the wall assembly.		Holes to be patched with drywall compound.	11/6/19
	i. Exterior Main Electrical Room - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.		Fire caulk to be applied.	11/6/19
	j. Exterior Main Electrical Room - there are 3 cables with their firestopped sealant pulled out of the fire-resistance-rated ceiling, leaving unprotected openings.		Fire caulk to be reapplied.	11/6/19
	k. Bedroom B - 10 Window Side Closet - there is a gap around a PEX pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly.		Gap to be repaired with drywall compound.	11/6/19
	l. Bedroom B - 10 Window Side Closet - there is a gap around a PEX pipe not sealed as it penetrates the wall assembly.		Gap to be repaired with drywall compound.	11/6/19
	m. A Hall Housekeeping - there is a gap around a new pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly.		Fire caulk to be applied.	11/6/19
	n. Kitchen Housekeeping - there is a gap around a PVC conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly.		Fire caulk to be applied	11/6/19
	o. Kitchen Housekeeping - the one-hour fire-resistance-rated ceiling assembly has a gypsum patch that has come a part at a joint.		Drywall patch to be re-done.	11/6/19
	p. D Hall Housekeeping - the attic door is open,		Attic door repaired and closed.	10/28/19

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C 189	Continued From page 7 allowing fire and smoke access through the fire-resistance-rated ceiling assembly. q. D Hall Activity - there are two cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. r. D Hall Activity - there are three holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. s. D Hall Electrical Room - there is a hole behind a PVC conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. t. D Hall Electrical Room - the attic door is open, allowing fire and smoke access through the fire-resistance-rated ceiling assembly. 3. Based on observation, the facility was not maintained in a safe manner by having fire rated doors closed to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the room of origin. Findings on October 9, 2018: a. Kitchen Pantry - the required self-closing door has a can of food holding the door open. Fire rated doors must stay closed or be held open with a hold open device that releases on fire alarm activation. 4. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room of origin. Findings on October 9, 2019: a. Electrical Room near Bedroom A-10 - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. A Hall Front Porch Mech Room - the	C 189	Drywall compound applied to seal penetration. Drywall compound applied to seal penetration. Fire caulk applied. Door closed. Requirement to keep doors closed reviewed with Maint. Director. Food can removed. Requirement to keep door closed reviewed with kitchen staff. Escutcheon plate adjusted to cover opening.	10/28/19 10/28/19 10/28/19 10/28/19 10/10/19 10/28/19

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C 189	Continued From page 8 escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. c. Dryer Room - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. d. Bedroom B-10 Window Side Closet - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on October 9, 2019: a. A Hall Patio - the exterior ground-fault circuit-interrupter (GFCI) electrical power receptacle does not have electrical power, therefore it cannot be tested for ground fault. b. Dining Room Pre-Area - the ground-fault circuit-interrupter (GFCI) electrical power receptacle makes a buzzing sound when its test button is pushed and does not trip. 6. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on October 9, 2019: a. Bedroom B-8- the corridor door does not close and latch, unless extra force and/or effort is applied. b. Dining - the pair of door leaves to the Corridor have an excessive gap between their meeting edges, ranging from acceptable to 1/2 inches. This gap is not smoke tight. c. Bedroom C-11 - the corridor door does not close and latch, unless extra force and/or effort is	C 189	Escutcheon plate adjusted. Escutcheon plates ordered. Plate to be replaced upon receipt. Escutcheon adjusted to cover hole. GFCI outlet replaced. Operating properly. GFCI outlet replaced. Operating properly. B8 door adjusted. Closing and latching properly. Smoke astragal ordered. To be installed upon arrival. C11 door adjusted. Latching ok.	10/28/19 11/1/19 10/28/19 11/1/19 11/1/19 10/31/19 11/6/19 10/31/19

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C 189	Continued From page 9 applied. 7. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on October 9, 2019: a. C Hall Country Kitchen - the corridor door has a walker holding the door open. b. C Hall Quiet Room - the corridor door has a coat rack holding the door open.	C 189	Walker and coat rack removed. Requirement to keep doors closed reviewed with staff.	10/10/19
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 193		

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C 193	Continued From page 10 This Rule is not met as evidenced by: 1. Based on Observation, and interview with Staff the facility failed to provide an environment in accordance with Rule by not providing proper control over the range. Findings on October 9, 2019: a. B Hall Country Kitchen - the range in this room is energized and no staff where present to provide supervision.	C 193	Lock replaced on contactor switch and keys provided to staff. Staff retrained on control requirements.	10/31/19
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on October 9, 2019: a. B Hall Spa - the required exhaust ventilation system does not work. b. Kitchen Housekeeping - the required exhaust	C 199	Belt to be replaced on B-hall attic exhaust fan unit. Will correct kitchen housekeeping as well.	11/5/19

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C 199	Continued From page 11 ventilation system does not work. a. C-Hall Utility - the required exhaust ventilation system does not work, and there is odor. In addition, the grille and damper have an excessive accumulation of dust/lint.	C 199	Unit inadvertently switched off. Turned unit on, operating properly. Grills cleaned.	10/28/19

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