

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTING LIVING OF SHELBY		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 CHARLES ROAD SHELBY, NC 28152		
(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 Biennial Construction Survey by Dennis Harrell and Bob Getchell on 2-20-2015. Records indicate this facility was first submitted to DHSR on 6-30-1997. The facility is licensed for 96 beds including 60 Special Care Unit beds. Therefore, we are requiring that this facility meet the 1996 "Regulations for Homes for the Aged and Disabled ; Minimum Standards and Regulations and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I).	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by:	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTING LIVING OF SHELBY		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 CHARLES ROAD SHELBY, NC 28152		
(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 101	Continued From page 1 1. Based on observation the facility did not meet the 1996 NC State Building Code as relates to commercial range hood ducts. Improperly protected ducts through an attic could endanger all residents and staff by allowing a range hood fire to spread to the attic and the remainder of the facility. Findings include: The exhaust duct for the kitchen range hood was less than 18 inches from combustibles and was not fire protected. Section 505.12 of the 1996 NC State Mechanical Code requires range hood exhaust ducts to be separated from combustible construction by not less than 18 inches or to be protected with materials rated for 1 hour fire resistance. 2. Based on observation, the facility did not meet the 1991 NC State Building Code as relates to exit signs. Findings include: There is only one exit sign visible when you exit bedrooms beyond the cross-corridor doors on D Hall when the cross-corridor doors are closed. Section 1118.2.1 of the 1991 NC State Building Code requires that exits shall be marked by an approved sign readily visible from any direction of exit access. Contact your local Building Inspector and/or Fire Marshal for their opinion on whether an additional exit sign is needed to improve this condition.	C 101		
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	C 111		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTING LIVING OF SHELBY		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 CHARLES ROAD SHELBY, NC 28152		
(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 111	Continued From page 2 shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire. 2. Based on a review of documents, the required annual Fire Marshal building and safety inspection report could not be located. Buildings that are not inspected and approved as required could result in safety systems not operating properly in the event of an actual emergency. 3. Based on a review of documents, the required sprinkler system inspection report, dated 4-2-2014, listed several deficiencies. No subsequent documentation was available to indicate the deficiencies had been corrected. Sprinkler systems that are not approved may not operate properly in the event of an actual fire. The deficiencies cited included: a. The required 5 year internal inspection of the Fire Department Connection and sprinkler riser had not been done, b. The system guages need calibration or replacement, c. No FDC sign at the Fire Department Connection, d. The required 10 year sample testing of dry sprinkler heads had not been done, e. A sprinkler head on the front porch was missing its escutcheon.	C 111		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTING LIVING OF SHELBY		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 CHARLES ROAD SHELBY, NC 28152		
(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 166	Continued From page 3	C 166		
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 hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, a hazard exists as relates to the exit sign in the corridor near the Administrator's office. Findings include: The directional arrows on the exit sign direct one toward C Hall which is a locked unit and is not provided with an exit sign or listed as an evacuation route from that location. Other viable exit paths (3) are visible from this location. 2. Based on observation, the hose at the mop sink in the kitchen utility closet was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	C 166		
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	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTING LIVING OF SHELBY		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 CHARLES ROAD SHELBY, NC 28152		
(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 189	Continued From page 4 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. This Rule is not met as evidenced by: 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable smoke dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed pipe penetrations in the attic smoke barrier wall near room B1, b. PVC pipe (3 inch) penetrating the attic smoke barrier wall near room A13 in a manner that is not a part of a firestop system that meets ASTM E-814, c. Inoperable smoke damper in a duct penetrating the attic smoke barrier wall near room A13, d. Damaged fire rated enclosure in the attic above room A13, e. Inoperable smoke damper in a duct penetrating the attic smoke barrier wall near room D11, f. A section of the wall removed in the attic smoke barrier wall near room D11, g. Hole by wires penetrating the ceiling in the Mechanical Room, h. Hole by a pipe through the ceiling of the electrical room on A Hall, i. Residential fire foam used to seal a hole through the ceiling of the electrical room on A Hall. Residential fire foam is not approved for	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTING LIVING OF SHELBY		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 CHARLES ROAD SHELBY, NC 28152		
(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 189	Continued From page 5 use in Institutional Occupancies. j. Hole by wires through the ceiling of the closet off the main Dining Room, k. Hole in the ceiling of the water heater room, l. The sprinkler escutcheons were missing or not tightly fitted to the ceiling complete the one-hour protection in the following locations; i. Corridor near room B8, ii. Closet on B Hall Dining Room, iii. Kitchen (2), iv. Several on the front porch, 2. Based on observation, the cross-corridor doors near room A8 are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. 3. Based on observation, the facility was not maintained in a safe condition because of an intermittently operating main emergency release switch on the Special Locking (magnetic locking) on C Hall. An emergency release switch that does not operate correctly and consistently could prevent an evacuation in an emergency or could allow residents to wander away. Findings include; The main emergency release switch on the Special Locking on C Hall failed to relock the doors and courtyard gate several times after testing. After several failed attempts, the switch finally relocked the doors and gate but cannot be considered reliable. 4. Based on observation, the exit door near room C5 was difficult to open. Exit doors that are	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTING LIVING OF SHELBY		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 CHARLES ROAD SHELBY, NC 28152		
(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 189	Continued From page 6 difficult to open could delay or prevent an evacuation in an emergency. 5. Based on observation, the sampling tubes for the all the duct mounted smoke detectors in the facility were dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly.	C 189		
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. This Rule is not met as evidenced by: 1. Based on observation the range in the activity room on C Hall (Special Care) was not being used but was not locked in the off position to prevent unsupervised use. The room was unattended by staff and the locking feature was	C 193		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTING LIVING OF SHELBY		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 CHARLES ROAD SHELBY, NC 28152		
(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 193	Continued From page 7 located behind the range in an inaccessible position. An energized range in an unsupervised room presents a significant danger to the residents. 2 Based on observation the range in the activity room on D Hall was not being used but was not locked in the off position to prevent unsupervised use. Interview with the staff person in the activity room revealed that she was not constantly in the room. An energized range in an unsupervised room presents a significant danger to some residents.	C 193		
C 198	Night Lights SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (3) 1 foot-candle power at the floor for corridors at night. (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: Based on observation the facility was not maintained in a safe condition as relates to night lights. This facility was equipped with night lights in the corridors as required but the night lights could be easily switched off from switches accessible from the corridor. Night lights must remain on when the main corridor lights are switched off. Corridors that can easily be made completely dark present a danger to the residents.	C 198		