

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2015
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF FAYETTEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1164 71ST SCHOOL ROAD CUMBERLAND, NC 28331		
(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 Biennial Survey by Billy S. Bryant and Greg Cates conducted on 10/29/2015. Records indicate this facility was first licensed on 06/10/2008. 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 in effect at the time of initial licensure and applicable portions of the 2006 Edition of the North Carolina Building Code(s), Institutional Occupancy; Group I-2.	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. The facility failed to have available for review and maintained on site current (within the calendar year) sanitation reports. This requirement is to ensure that the facility is inspected on a regular basis by the regulatory authority to ensure compliance with sanitation requirements. Failure to do so could effect all occupants if it was determined that sanitation standards were not met. Finding on 10/29/2015: a. The facility has not had a current sanitation inspection (within the calendar year) for the building or the kitchen.	C 111		

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

TITLE

(X6) DATE

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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. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility's fire safety systems as evidenced by gaps and open penetrations in the fire resistant rated ceilings. Fire resistant rated ceilings must be free of gaps and openings in order to resist the spread of fire and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Finding on 10/29/2015: a. "A" Hall Main Electrical Room - There is a gap in the fire resistant rated ceiling where it is penetrated by CATV cables. 2. Based on observation there is failure to maintain electrical emergency/safety related equipment in a safe operating condition. Failure to maintain electrical emergency safety equipment in safe and operable condition could effect occupants of the facility if the equipment did not function when and as required. Findings on 10/29/2015:	C 189		

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C 189	Continued From page 2 a. "A" Hall, Outside Director ' s Office - The ceiling mounted electrical exit sign did not illuminate when tested on battery power. b. Kitchen - The ceiling mounted electrical exit sign is not working, there is no illumination. c. Resident Laundry - The ceiling mounted electrical exit sign is not working on house current or battery power. d. Special Care Unit Entrance - The ceiling mounted electrical exit sign is not working on house current or battery power. e. Special Care Unit - Adjacent to Room C-3 the ceiling mounted electrical exit sign to the fenced in area and is not working on house current or battery power. f. Special Care Unit, Electrical Room - The wall mounted electrical emergency light did not illuminate when tested on battery power. g. "B" Hall - The wall mounted electrical emergency light did not illuminate when tested on battery power. f. "D" Hall - At the patio the wall mounted electrical emergency light did not illuminate when tested on battery power.	C 189		
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	C 199		

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C 199	Continued From page 3 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. There is a pattern to provide the required mechanical exhaust as evidenced but not limited to the examples cited in the findings. Failure to exhaust air from the designated areas could effect the occupants of the facility by not removing odors, fumes or other air borne contaminates from the area of the room requiring an exhaust fan. Findings on 10/29/2015: a. "A" Hall - The exhaust fan for the soiled clothing/utility room was not working. b. "A" Hall - Janitor ' s Closet - The exhaust fan was not working. c. "A" Hall Laundry - The exhaust fan was not working. d. "D" Hall Resident Laundry - The exhaust fan was not working. e. Special Care Unit - Men and Women's Rest rooms - The exhaust fans were not working.	C 199		