

PRINTED: 09/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HARRISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 ROBERTA ROAD HARRISBURG, NC 28075		
(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 Construction Survey by Ed Miller and Frank Strickland on August 4, 2016. Records indicate that this facility was first licensed as a Home for the Aged on September 3, 1986. The facility is currently licensed for 96 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). Deficiencies were noted which require a Plan of Correction.	C 000		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on August 4, 2016:	C 133		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6809

UPP521

If continuation sheet 1 of 6

PRINTED: 09/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 08/04/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HARRISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 ROBERTA ROAD HARRISBURG, NC 28075			
(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 133	Continued From page 1 a. Bedroom B-26 Bathroom - the commode's side hand grips (grab bar) was loose.	C 133	C133a B26 Bath handi-cap Bar has been tightened		
C 155	Floors=Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. * This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to provide a facility free of scatter or throw rugs. Findings on August 4, 2016: a. Bedroom A-4 Bathroom - there were three rugs on the floor creating a tripping hazard. Remove all none low profile, rubber backed throw or scatter rugs.	C 155	C155 1a) Per discussion with surveyor this tag will be removed and is NOT AN ISSUE.		
C 184	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 facility failed to	C 184			

PRINTED: 08/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MAL013017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HARRISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 ROBERTA ROAD HARRISBURG, NC 28075		
(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 164	Continued From page 2 keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on August 4, 2016: a. Bedroom C-7 - the carpet had a large stain. 2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff and visitors by exposing them to an unpleasant environment. Findings on August 4, 2016: a. Bedroom C-7 - the room smelled of urine.	C 164	C164 1) Carpet in C7 has been cleaned 2) Room in C7 has been Deep Cleaned and Chemical Services have been notified as to trying to manage Residents	
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, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on August 4, 2016: a. Bedroom A-4 - three portable medical oxygen cylinders were stored standing up, not secured to the structure. 2. Based on Observation, the Building was not maintained free of hazards. This could affect staff	C 166	C166 1) All oxygen cylinders have been removed and vendor contacted to not bring back into facility without proper storage to A4	

PRINTED: 09/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HARRISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 ROBERTA ROAD HARRISBURG, NC 28075		
(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 and visitors if the device falls out of ceiling & hits someone. Findings on August 4, 2016: a. A Hall Mech Room - the exhaust fan was falling out of the ceiling.	C 166	C166 2a) Exhaust Fan in A hall Mech. Room has been Reinstalled to ceiling	
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 observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin. Findings on August 4, 2016: a. Attic above Dining- the light fixtures that penetrated the fire-resistance-rated ceiling assembly have several five-sided fire-resistance-rate enclosures that were missing or damaged, b. Sprinkler Riser Room - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. A Hall Mech Room - there was a gap around a pipe where the firestopping had falling down as it penetrated the fire-resistance-rated ceiling assembly.	C 189	C189 1a) All light fixtures above Dining has been Boxed in with a Fire rated Enclosure b) Gap in Sprinkler Riser Room has been sealed w/ Fire Caulking c) Gap in A hall Mech Room has been sealed w/ Fire Caulking	

PRINTED: 08/18/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HARRISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 ROBERTA ROAD HARRISBURG, NC 28075		
(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 d. B Hall Closet across from Linens - there was a gap around the exhaust fan not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Bedroom B-26 Closet - there was a gap around a pipe not firestopped as it penetrated the fire-resistance-rated ceiling assembly. f. Electrical Room - there was a gap behind a conduit not firestopped as it penetrated the fire-resistance-rated ceiling assembly 2. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on August 4, 2016: a. D Hall Cross-Corridor Doors near bedroom D-12 - the exit sign did not work on backup power when tested. Exit signs must work on backup power to provide directions during power outages. * b. D Hall Library - the exit sign's chevrons graphics misrepresent the egress pathway from the building. * c. C Hall Back Kitchen Corridor - the exit sign's chevrons graphics misrepresent the egress pathway from the building. 3. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on August 4, 2016: a. Pantry - the top hinge was loose making closing and latching the door difficult. b. Bedroom D-4 - the corridor door did not latch into its frame when closed. c. Bedroom B-6 - the corridor door did not latch into its frame when closed. d. Bedroom C-3 - the corridor door did not latch	C 189	C189 d) Gap in B Hall Closet has been sealed w/ Fire Caulking e) Gap in B26 Closet has been sealed w/ Fire Caulking f) Gap in Electrical Room has been sealed w/ Fire Caulking 2 a) D Hall Cross-Corridor Door near D12, the exit sign has been replaced w/new sign b) The Exit sign graphics have been corrected to the correct egress pathway at D Hall Library c) The exit sign at C Hall Kitchen Corridor graphics have been corrected to correct direction of egress 3. a) Door at Pantry has been adjusted b) Bedroom D4 Door latch has been Adjusted c) Bedroom B6 Door latch has been adjusted d) Bedroom C3 Door latch has been Adjusted	

PRINTED: 09/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HARRISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 ROBERTA ROAD HARRISBURG, NC 28075		
(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 into its frame when closed e. Bedroom A-12 - the corridor door had holes through it where the replacement hardware did not cover the installation holes to the previous hardware. 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 or compartment of origin. Findings on August 4, 2016: a. D Hall End Porch - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling, allowing the spread of fire and smoke. Deficiency corrected before Construction Surveyors departed Site. b. Sprinkler Riser Room - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling, allowing the spread of fire and smoke. c. A Hall End Porch - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling, allowing the spread of fire and smoke. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the heating, ventilation and air conditioning were not being operated or maintained safely. This would affect all residents, staff and visitors by allowing unsafe conditions to persist. Findings on August 4, 2016: a. Bedroom D-4 - the PTAC unit was out of order therefore not providing conditioned air to maintain a comfortable temperature. b. Bedroom B-11 - the PTAC unit was out of order therefore not providing conditioned air to	C 189	C189 e) All holes at Bedroom A12 have been sealed to ensure no penetration 4. a) This was corrected w/surveyor onsite b) Sprinkler Riser Room escutcheon has been sealed to ceiling c) This was corrected while surveyor onsite 5. a) Bedroom D4 ptac has been replaced w/new unit b) Bedroom B11 ptac has been replaced w/new unit	

PRINTED: 09/19/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING:	(X3) DATE SURVEY COMPLETED 08/04/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HARRISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 ROBERTA ROAD HARRISBURG, NC 28075		
(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 maintain a comfortable temperature. 6. Based on observation, the electrical system was not being maintained safe. Findings on August 4, 2018: a. A Hall Mech Room - an electrical junction box with energized components, was missing its cover plate, b. A Hall Mech Room - an electrical switch has a broken cover plate exposing energized components.	C 189	C189 6) Cover plate to missing junction box has been put on in A hall Mech b) A hall Mech Room Electrical switch cover has been replaced	
C 189	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 proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on August 4, 2018: a. D Hall Housekeeping Closet and Utility	C 189	C189 12) D Hall Housekeeping Closet Exhaust Fan has been repaired and is working order b) Spa Exhaust Fan has been repaired and is working order c) Bedroom B17 Bathroom exhaust Fan has been replaced 2	

PRINTED: 08/19/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2016
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HARRISBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 ROBERTA ROAD HARRISBURG, NC 28075		
(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 199	Continued From page 7 Closet - the exhaust ventilation system was running, but did not remove the required amount of air to dissipate the odors. b. Spa- the exhaust ventilation system did not work, allowing a build-up of odors. c. Bedroom B-17 Bathroom - the exhaust ventilation system was running, but did not remove the required amount of air to dissipate the odors. 2. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on August 4, 2016: a. C Hall Laundry - there was no exhaust ventilation system and odors are present.	C 199	C199 2 d) C Hall Laundry has had a new exhaust fan installed and vented to outside All work has been verified as complete by CDM 	