

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/25/2016
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NAME OF PROVIDER OR SUPPLIER
CARILLON ASSISTED LIVING OF HILLSBORO

STREET ADDRESS, CITY, STATE, ZIP CODE
1911 ORANGE GROVE ROAD
HILLSBOROUGH, NC 27278

(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 conducted on 08/25/2016. Records indicate this facility was first licensed on 08/17/2000. The facility is currently licensed for 96 Beds with a 24 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1999(1999 Rev) 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.	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 interviews with staff members the facility did not have the current fire and building safety inspection reports maintained in the home and available for review. Finding on 08/25/2016: a. The fire official's inspection report, fire alarm system inspection report, and fire sprinkler inspection reports were not available on site for review by the surveyor.	C 111		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

For My Smith Corporate Maintenance Director

(X6) DATE

10-15-2016

If continuation sheet 1 of 5

6100

X6BD21

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C 164	Continued From page 1	C 164	0111	
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164	1a) Fire Marshall, Fire Alarm, AND Annual Insp. Reports are ATTACHED	
	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 is not free from unpleasant odor. Finding on 08/25/2016: a. Room B17 - There is a strong urine odor in the room. The odor did not lessen for the duration of time the surveyor was on site.		0114 1a) Room B17 has been completely cleaned and Clinical Staff made aware to monitor	
C 175	Bedroom Furnishings-Clean Towel, Towel Bar	C 175	C175	
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. The facility did not provide required furnishings for each resident in good repair.			

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AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL068023

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING:

(X3) DATE SURVEY
COMPLETED

08/25/2016

NAME OF PROVIDER OR SUPPLIER

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C 175	Continued From page 2 Finding on 08/25/2016: a. Out of 6 checks for towel racks in resident rooms the towel rack was either missing or broken.	C 175	C175 1a) Facility has verified that All Residents residing in Facility have been provided with their own personal towel rack, AND will ADD extra ones as needed	
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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained in a safe manner by a failure to maintain electrical emergency/safety related equipment in operating condition. This could effect occupants of the facility if paths of egress and exits were not illuminated during a power outage. Findings on 08/25/2016: a. "C" Hall, S.C.U. - The wall mounted emergency light did not operate on battery power when tested. Note: Repaired while the surveyor was on site. b. "B" Hall, Side Porch - The The wall mounted emergency light did not operate on battery power when tested. 2. Based on observation electrical	C 189	C189 1a) This issue was repaired while surveyor onsite b) Ball Side Porch emergency light has been Replaced and working properly	

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C 189	Continued From page 3 emergency/safety related equipment is not being maintained in operating condition. Failure to maintain electrical emergency safety equipment in operable condition could effect occupants of the facility if the equipment did not function when and as required. Finding on 08/25/2016: a. The Directional Illuminated exit sign did not operate on battery power when tested. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the facility could be effected if doors do not latch and remain closed as required so as to limit the spread of smoke or fire to the area of origin. Finding on 08/25/2016: a. Resident Care Coordinator - The door did not latch to shut when it was pulled closed. Note: Repaired while surveyor was on site. 4. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner. 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 08/25/2016: a Building Systems Room - There is a gap in the fire resistant rated ceiling where it is penetrated by cabling. b. Building Systems Room - There is an open ended cable sleeve that penetrates the fire resistant rated ceiling. 5. Based on observation there is a failure to	C 189	C189 2a) Directional illuminated exit sign has been replaced 3a) This issue was repaired while surveyor on site 4a Gap in Building Systems Room has been fire caulked b) Open ended Sleeve has been Fire caulked	

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NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HILLSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1911 ORANGE GROVE ROAD HILLSBOROUGH, NC 27278		
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C 189	Continued From page 4 Install and maintain required plumbing safety devices or equipment. The absence of the backflow type plumbing safety devices could effect all occupants of the facility if the domestic water supply to become contaminated. Finding on 08/25/2016: a. Salon - The hand held rinse wand had no visible anti-siphon/vacuum breaker installed.	C 189	5a) Vacuum breaker is already installed and was behind the partition "Picture Attached"	
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 the facility did not have required exhaust provided as required. Finding on 08/25/2016: a. The central exhaust system was not operating.	C 199	C199 1a) Central Exhaust system has had new fan motor installed and operating	

All work has been verified
As complete by Corporate Director of Maint
J. R. Smith
10/15/2016