| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL023027 | A. BUILDING: **01**<br>B. WING _____ | **04/19/2017** |

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| **CARILLON ASSISTED LIVING OF SHELBY** | **1550 CHARLES ROAD SHELBY, NC 28152** |

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| C 000 | Initial Comments<br><br>Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 4-19-2017.<br><br>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, 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 111 | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(<br>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.<br><br>This Rule is not met as evidenced by:<br>Based on review of documents, required reports were not available in the home for review.<br>Findings include the following missing reports:<br>a. Fire and building safety inspection report performed by the Fire Marshal.<br>b. Sprinkler system inspection. | C 111 | | |
| C 133 | Bathrooms-Hand Grips<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT | C 133 | | |

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| C 133 | Continued From page 1<br>(e) The requirements for bathrooms and toilet rooms are:<br>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;<br><br>This Rule is not met as evidenced by:<br>Based on observation, there was no hand grip provided at the tub in the Spa on B Hall. | C 133 | | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on observation, the walls and ceiling of the sprinkler riser room were covered with black mold. Mold will eventually invade the facility and become a health hazard to all residents and staff. | C 164 | | |
| C 166 | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing | C 166 | | |

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| C 166 | Continued From page 2<br>facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the facility failed to be maintained free of hazards because of the exit sign at the rear of the kitchen was directing exiting in the wrong direction. Exit signs that lead in the wrong direction could delay an evacuation in an emergency.<br>Note; This deficiency was corrected during the survey.<br><br>2. Based on observation, the facility failed to be maintained free of hazards because an addition to the dining room was not provided with a battery powered emergency light. Battery powered emergency lights must be provided to allow evacuation during a power failure.<br><br>3. Based on observation, the facility failed to be maintained free of hazards because a sprinkler head in the C Hall dining had been allowed to become covered with lint. Dirty sprinkler heads may delay activation in an actual fire.<br>Note; This deficiency was corrected during the survey. | C 166 | | |
| C 185 | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR EVACUATION<br>(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.<br>(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 3<br>include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved. | C 185 | | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>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 present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.<br>Findings include:<br>a. Hole in the ceiling of the Wellness Center,<br>b. Hole in the ceiling of the C Hall Activity room,<br>c. Hole around the main sprinkler pipe in the riser room,<br>d. Hole in the ceiling of the water heater room, | C 189 | | |

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| C 189 | Continued From page 4<br>Note; These deficiencies were corrected during the survey.<br><br>2. Based on observation the required one-hour fire rated ceilings were compromised in locations because of sprinkler escutcheons missing or not tightly fitted to the ceiling. Sprinkler escutcheons that are not properly mounted present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.<br>Improperly mounted escutcheons were found in:<br>a. Craftroom,<br>b. Porch ceiling near riser room (2),<br>c. Porch ceiling near water heater room,<br>d. Room A14,<br>e. Closet in A16,<br>f. Utility closet on C Hall.<br><br>3. Based on observation, the facility failed to be maintained safe because of exit signs that did not work when the battery back-up was tested. Exit signs that do not work for at least 90 minutes during a power failure could delay an evacuation in an emergency.<br>Finding includes:<br>a. Both exit signs in the kitchen failed to illuminate on test.<br>Note; This deficiency was corrected during the survey.<br>b. The exit sign in the corridor near room C6 failed to illuminate on test.<br><br>4. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. 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.<br>Findings include; | C 189 | | |

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| C 189 | Continued From page 5<br>a. The ¾ hour fire rated door to the soiled linen room was wedged open. This fire rated door must be self-closing and must automatically latch when closed.<br>b. The door to the Craft room was propped open. Note; These deficiencies were corrected during the survey.<br>c. The door to bedroom B15 would not latch when closed.<br><br>5. Based on observation, there was only one exit sign provided on D Hall beyond the smoke barrier doors. The only exit sign provided was above the exterior exit, none was provided at the smoke barrier doors. That section of corridor is 36 feet long and must have visible exit signs provided in 2 directions of exiting.<br><br>6. Based on observation, there was an open space in circuit breaker panel K in the kitchen. Open spaces expose electrified parts.<br>Note; This deficiency was corrected during the survey.<br><br>7. Based on observation, the ceiling radiation dampers in some of the return ducts were dirty. Radiation dampers that are not periodically inspected and cleaned may not close properly in the event of a fire. | C 189 | | |