

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL060142</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>03/07/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARILLON ASSISTED LIVING OF HUNTERSVII</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 COMMERCE CENTER DRIVE<br/>HUNTERSVILLE, NC 28078</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                                                  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                                           | Initial Comments<br><br>Report of Biennial Follow Up Construction Survey<br>by Dennis Harrell on 3-7-2018.<br><br>Some deficiencies were not corrected. Further<br>action is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | {C 000}                                                                                              |                                                                                                                          |                                                                    |
| {C 185}                                                                           | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR<br>EVACUATION<br>(b) There shall be rehearsals of the fire plan<br>quarterly on each shift in accordance with the<br>requirement of the local Fire Prevention Code<br>Enforcement Official.<br>(c) Records of rehearsals shall be maintained<br>and copies furnished to the county department of<br>social services annually. The records shall<br>include the date and time of the rehearsals, the<br>shift, staff members present, and a short<br>description of what the rehearsal involved.<br>(f) This Rule shall apply to new and existing<br>facilities.<br><br>This Rule is not met as evidenced by:<br>Based on a review of documents, the records<br>available onsite included little to no description of<br>what the rehearsal involved.<br>Findings on 3-7-2018;<br>The records of fire drill rehearsals still did not<br>include the time of the rehearsal. | {C 185}                                                                                              |                                                                                                                          |                                                                    |
| {C 189}                                                                           | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | {C 189}                                                                                              |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARILLON ASSISTED LIVING OF HUNTERSVII</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 COMMERCE CENTER DRIVE<br/>HUNTERSVILLE, NC 28078</b> |                                                                                                                          |                                                                    |
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| {C 189}                                                                           | Continued From page 1<br><br>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>2. Based on observation, 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 on 3-7-2018;<br>c. The doors to the dining room were held open with mechanical "kick-downs" that had recently been installed. | {C 189}                                                                                              |                                                                                                                          |                                                                    |