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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING AT INDIAN TRAII	**5306 SECREST SHORT CUT ROAD MONROE, NC 28110**

(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 Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on May 9, 2018. Record indicate that the facility was licensure on December 3, 2009 for Ninety-Six (96) Beds, of which Thirty-Six (36) are Special Care Beds. Based on the above information, the facility is required to meet the 2005 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirmed and the 2006 North Carolina State Building Code, Section 407, Institutional Occupancy, Group I-2. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required components to properly operated doors equipped with Special Locking Arrangements. Findings on May 9, 2018: a. Fire Alarm Control Panel - the "Special Locking System" does not have a system components location map, posted at the FACP.	C 101		
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 record review, and interview with Maintenance Technician and Business Office Manager the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on May 9, 2018: a. A current Annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25, was not available for review by the Surveyors.	C 111		
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 132		

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C 132	Continued From page 2 (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that residents are provided privacy while bathing, dressing, or using toilet facilities. Findings on May 9, 2018: a. Bedroom D5 - the Bathroom opens onto adjacent bedrooms on either side, and neither door can latch to its frame because their strike plates are covered over with metal plates.	C 132		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on May 9, 2018: a. C Hall Nurse Station - in front of the Nurse Station there is an unattended medication cart, which is decreasing the required six feet width corridor to three feet seven inches.	C 150		

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C 154	Continued From page 3	C 154		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on May 9, 2018: a. SCU Courtyard - this "Special Locking System" exit had an unalarmed protective cover over the emergency release toggle switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 164		

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C 164	Continued From page 4 (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 provide lighting in good repair. Findings on May 9, 2018: a. Corridor near Bedroom A10 - the sconce is missing its globe. b. Corridor near Bedroom A9 - the sconce is missing its globe. c. Corridor near Bedroom A12 - the sconce is missing its globe. 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 May 9, 2018: a. Bedroom A10 Bathroom - the plumbing fixtures' (sink, shower and commode) traps have dried-up, allowing sewer gases to enter the Building.	C 164		
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.	C 166		

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C 166	Continued From page 5 This Rule is not met as evidenced by: 1. Based on Observation, the Building is not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on May 9, 2018: a. Service Area - a portable medical oxygen cylinder is stored standing up on the floor, not secured. Deficiency corrected before Construction Surveyors departed site. 2. Based on observation, the Building plumbing equipment was not maintained in a clean and orderly manner free if hazards. Findings on May 9, 2018: a. Kitchen - the ice machine drain is only ½ inch above the floor drain resulting in the potential for the drain line to clog and contaminate the ice due to backflow. Deficiency corrected before Construction Surveyors departed site.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (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. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.	C 185		

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C 185	Continued From page 6 This Rule is not met as evidenced by: 1. Based on Record review and interview with Maintenance Technician & Business Office Manager, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on May 9, 2018: a. In the 1st quarter for the last 12 months, no rehearsal was performed during 1st and 2nd and 3rd shift. b. In the 2nd quarter for the last 12 months, no rehearsal was performed during 1st and 2nd and 3rd shift. c. In the 3rd quarter for the last 12 months, no rehearsal was performed during 3rd shift. d. In the 4th quarter for the last 12 months, no rehearsal was performed during 1st and 2nd and 3rd shift. 2. Based on Record review and interview with Maintenance Technician & Business Office Manager, the Facility failed to document the time of the rehearsals, staff members present, and a short description of what the rehearsal involved. Findings on May 9, 2018: a. The rehearsal records did not included the time, staff members present, and no description of what the rehearsal involved.	C 185		
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.	C 189		

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C 189	Continued From page 7 (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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on May 9, 2018: a. Corridor near Bedroom A14 -the wall-mounted self-contained emergency light's output is faint and makes a buzzing sound when the test button is pushed. b. Dining Exterior Exit - the exit sign did not illuminate on backup power when tested. Exit signs must work on backup power to provide directions during power outages. c. Corridor near Bedroom C6 -the wall-mounted self-contained emergency light's output is faint and makes a buzzing sound when the test button is pushed. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on May 9, 2018: a. D Hall Smoke Barrier - the front leaf, of the double-egress cross-corridor doors, did not close completely when the fire alarm system released the doors. Deficiency corrected before Construction Surveyors departed site. 3. Based on observations, the Building fire	C 189		

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C 189	Continued From page 8 safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on May 9, 2018: a. Conference Room- the joints of a one-hour fire-resistance-rated gypsum ceiling assembly are deteriorating and cannot stop a fire. b. Water Heater Room - three PVC pipes, larger than 2-inch, penetrate the one-hour fire-resistance-rated ceiling assembly but their fire collars have dropped from the ceiling, removing the required firestop protection. c. Water Heater Room - there is a gap around a copper pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. D Hall End Porch- the joints of a one-hour fire-resistance-rated gypsum ceiling assembly are deteriorating and cannot stop a fire. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on May 9, 2018: a. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, performed in January 2018, there has been one documentation of the monthly in-house/owner inspections. 5. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on May 9, 2018:	C 189		

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C 189	Continued From page 9 a. Service Area - the corridor door has an oxygen caddy holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. Deficiency corrected before Construction Surveyors departed site. b. Resident Care Director Office - the corridor door has a box holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. Deficiency corrected before Construction Surveyors departed site. c. Bedroom B11 - the corridor door has a wreath hanger blocking the door open. This prevents the rapid closing of the door with a light push or pull of the door, to close and latch. Deficiency corrected before Construction Surveyors departed site. 6. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors do not resist the passage of smoke. Corridor door must positively/automatically latch into their frame under normal closing force. This could affect all residents, staff, and visitors if the doors did not latch to contain smoke/fire in the room of origin. Findings on May 9, 2018: a. Bedroom A11 - the corridor door is missing its latch bolt, and cannot latch to its frame to provide positive latching. b. Bedroom A17 - the corridor door hits the top of the doorframe, preventing it from closing and latching. c. Bedroom B7 - the corridor door is missing its latch bolt, and cannot latch to its frame to provide positive latching. d. Bedroom C5 - the corridor door does not latch into its frame. e. Bedroom C8 - the corridor door hit the carpet	C 189		

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C 189	Continued From page 10 and is difficult to closed and latched. Once the door is closed, it is equally difficult to open. f. Bedroom C14 - the corridor door's strike plate is filled with a paper and tape preventing the door from latching. g. Bedroom C15 - the corridor door's strike plate is covered over with a metal plate preventing the door from latching. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on May 9, 2018: a. SCU Courtyard - the emergency release switch, at the gate, is not enclosed in a weatherproof enclosure. b. A Hall Front Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle is missing its weather resistant cover. c. D Hall Front Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle is missing its weather resistant cover. 8. Based on observation, the Building was not maintained in a safe and operating condition exposing openings through the fire-resistance-rated finishes that allows the spread of smoke and heat.. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on May 9, 2018: a. A Hall End Porch - the fire sprinkler is missing its escutcheon plate, b. B Hall Spa - the fire sprinkler escutcheon plate has dropped down from the fire-resistance-rated ceiling c. B Hall Corridor near Electrical - the fire sprinkler escutcheon plate has dropped down d. B Hall End Porch - one of the fire sprinkler	C 189		

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C 189	Continued From page 11 escutcheon plate has dropped down from the ceiling e. B Hall End Porch - one of the fire sprinkler is missing its escutcheon plate, f. B Hall near Bedroom B8 - the fire sprinkler is covered with painter tape. g. Bedroom B10 - the fire sprinkler is missing its escutcheon plate, h. C Hall Electrical - the fire sprinkler is missing its escutcheon plate,	C 189		
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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 interview with Staff the facility failed to provide an environment in accordance with Rule by not providing proper control over the range. This could affect all s	C 193		

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C 193	Continued From page 12 Findings on May 9, 2018: a. D Hall Activity Room - the range is energized and no staff were found in the room. Deficiency corrected before Construction Surveyors departed site. b. C Hall Activity Room - the range is energized and no staff were found in the room. Deficiency corrected before Construction Surveyors departed site.	C 193		
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 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 May 9, 2018: a. C Hall Utility - the required exhaust ventilation system did not work, and there is odor.	C 199		

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