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	HAL068023	A. BUILDING: **01** B. WING _____	**06/27/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF HILLSBORO	**1911 ORANGE GROVE ROAD HILLSBOROUGH, NC 27278**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on June 27, 2018. 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 1996 (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. Deficiencies were cited that require a Plan of Correction.	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 record review, and interview with Regional Maintenance Technician 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 June 27, 2018: a. The last annual Fire Marshal Inspection Report, available for review, was performed on October 24, 2016.	C 111		

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C 111	Continued From page 1 b. A current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review by the Surveyor. c. A current Annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25, was not available for review by the Surveyor.	C 111		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who my accidently use or come in contact with one of these hazardous substances. Findings on June 27, 2018: a. A Hall Janitor Closet - the corridor door to this room is not locked and there is cleaning agents, and other hazardous substances in this room.	C 143		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 164		

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C 164	Continued From page 2 (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 Building plumbing equipment was not maintained in a clean and orderly manner free if hazards. Findings on June 27, 2018: 1. Public Restroom on B Hall - the filling tube, on the flush valve, came loose and sprayed water onto the floor at the commode. Deficiency corrected before Construction Surveyors departed site. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on June 27, 2018: a. Beauty Shop - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. b. C Hall Soiled Utility - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. 3. Based on observation, the building ceiling are not kept clean and in good repair. Findings on June 27, 2018: a. C Hall Quiet Room - the ceiling is stained around a HVAC supply.	C 164		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT	C 175		

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C 175	Continued From page 3 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. Based on observation, the facility failed to provide residents areas, with the required individual towel bars for each resident. Findings on June 27, 2018: a. Bedroom B14 Bathroom - this double occupant room is missing both rings from its towel rings.	C 175		
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. This Rule is not met as evidenced by: 1. Based on Record review and interview with	C 185		

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C 185	Continued From page 4 Executive Director and Regional Maintenance Technician, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on June 27, 2018: a. In the 1st quarter for the last 12 months, no rehearsal was performed during 3rd shift. b. In the 2nd quarter for the last 12 months, no rehearsals were performed during 1st and 2nd shifts. c. In the 3rd quarter for the last 12 months, no rehearsal was performed during 3rd shift. 2. Based on Record review and interview with Executive Director, and Regional Maintenance Technician the Facility failed to document the a short description of what the rehearsal involved.1 Findings on June 27, 2018: a. The rehearsal records included the date, time, shift, and staff members present, but little to no description of what the rehearsal involved.	C 185		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on June 27, 2018:	C 188		

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C 188	Continued From page 5 a. A & B Hall Service Patio - both ground-fault circuit-interrupter (GFCI) electrical power receptacles did not trip with a push of the test button and when tested with a circuit tester. b. D Hall Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester.	C 188		
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 observation, the Building was not maintained in a safe and operating condition, because of required periodic testing requirements, some fire sprinkler head have been removed and submitted to a testing laboratory for evaluation. This has left some areas without fire sprinkler protection. This would affect all, by not providing the required protection that fire sprinklers provide. Findings on June 27, 2018: a. A Wing Front Porch - two dry pendent fire sprinkler heads were removed, for the required 10-year testing, and no replacements heads were installed. Without replacement heads, the fire sprinkler protection for that area was eliminated.	C 189		

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C 189	Continued From page 6 b. D Wing Front Porch - two dry pendent fire sprinkler heads were removed, for the required 10-year testing, and no replacements heads were installed. Without replacement heads, the fire sprinkler protection for that area was eliminated. 2. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler heads' spray cannot reach are area of a room. Findings on June 27, 2018: a. C Hall Storage - items are being stored within 18 inches below the fire sprinkler head. 3. 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 June 27, 2018: a. Corridor near Bedroom A18 - the wall-mounted self-contained emergency light is making a buzzing sound and has low light output when the test button is pushed. b. Exterior Electrical Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. c. Corridor near A Hall Laundry - the wall-mounted self-contained emergency light did not have a test button to confirm backup power and the facility does not have an onsite generator. d. C Hall Dining - the wall-mounted self-contained emergency light is making a buzzing sound and has low light output when the test button is pushed. 4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if	C 189		

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C 189	Continued From page 7 not contained in Room of origin. Findings on June 27, 2018: a. Bedroom B17 - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Kitchen near Ice Making Machine - there is a ¾ inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Sprinkler Riser Room - the firestop sealant, around a sprinkler pipe penetration, had fallen out of the fire-resistance-rated ceiling assembly, leaving an unprotected opening through the assembly. d. C Hall Soiled Utility - the firestop sealant, around a dryer duct penetration, had fallen out of the fire-resistance-rated ceiling assembly, leaving an unprotected opening through the assembly. e. C Hall Electrical Room - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 27, 2018: a. Bedroom A1 - an oxygen concentrator is plugged into a power tap. Power taps are not designed for medical equipment high power loads such as space heaters, refrigerators, and microwave ovens. b. Exterior Electrical Room - electrical panel M1 has an open breaker slot. This allows access to energized components that are not guarded against accidental contact. c. Bedroom B18 - there is a multi-plug adaptor with attachment electrical power cords, plugged into an electrical power receptacle and the multi-plug adaptor does not have any over current protection. Multi-plug adaptors can become overloaded and lead to device failure and	C 189		

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C 189	Continued From page 8 possible fire. 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 June 27, 2018: a. Storage near Bedroom B15 - the corridor door's latch bolt is retracted, not allowing the door to latch. 7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on June 27, 2018: a. C Hall Dining - the corridor door did not latch into its frame when closed. b. Bedroom C5 - the corridor door did not latch into its frame when closed. c. Bedroom C6 - the corridor door did not latch into its frame when closed. 8. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on June 27, 2018: a. Bedroom C7 - the corridor door is locked from the outside with a loop latch device, which potentially could trap someone in the space. 9. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire	C 189		

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C 189	Continued From page 9 in the room of origin. Findings on June 27, 2018: a. Bedroom A-11- the corridor door has a wedge 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. b. A Hall Janitor- the corridor door has a wedge 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. 10. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the openings in the smoke barriers 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 June 27, 2018: a. Smoke Barrier D Hall - the left leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the door. Deficiency corrected before Construction Surveyors departed site. 11. 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 June 27, 2018: a. Country Kitchen B Hall - the fire sprinkler escutcheon plate has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. Deficiency corrected before Construction Surveyors departed site. b. Rcc Office - the fire sprinkler is missing its escutcheon plate, exposing an opening through	C 189		

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C 189	Continued From page 10 the fire-resistance-rated ceiling that allows the spread of smoke and heat. 12. 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 June 27, 2018: a. Kitchen - the commercial kitchen hood's fire suppression system was red tagged on 01/30/18. The report listed the following deficiencies i. The hydrostatic testing is due. ii. loose piping - could cause system to activate unnecessarily iii. A fry-guard is needed to properly separate the deep fryer from the cook top flame.	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	C 193		

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C 193	Continued From page 11 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. Findings on June 27, 2018: a. C Hall Dining - the range in this room is energized and being used and there was no staff found in the room.	C 193		