Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060142	A. BUILDING: 01 B. WING _____	09/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF HUNTERSVIL	250 COMMERCE CENTER DRIVE HUNTERSVILLE, NC 28078

(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 Construction Section Complaint Survey by Dennis Harrell on 9-7-2018. The Complaint alleged mold was growing in areas of the facility. Records indicate this facility was first licensed on 10-15-2015 as a Home for the Aged with 96 beds, 27 of which are in a Special Care Unit. Based on this information, the facility was surveyed for compliance with the 2005 Rules for Adult Care Homes of Seven Beds or More and the 2012 NC State Building Code for I2 Occupancies. The complaint was substantiated.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired 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: Based on interview with the maintenance staff, mold had been present in several rooms. Findings on 9-7-2018; The mold had been cleaned away in several rooms and repairs were in progress.	C 164	Room to room community walk through was completed and all areas were addressed by maintenance and resolved. Team was educated regarding temperature management and walk-throughs will be conducted weekly by Maintenance, Executive Director and/or designee.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Director of Construction 10/22/18