STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036016	A. BUILDING: **01** B. WING _____	**02/27/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF CRAMER MC	**500 CRAMER MOUNTAIN ROAD CRAMERTON, NC 28032**

(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 Biennial Survey by Dennis Harrell and Ed Miller on 2-27-2019. Records indicate this facility was first submitted for licensure on 6-30-1997, for 96 beds. There was an addition of 32 beds early in 2002 bringing the total capacity to the current 128 beds with 24 of those in a Special Care Unit. Therefore we are requiring that this facility meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules 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 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 observation, a wall was not kept in good repair. Finding on 2-27-2019; A portion of the cove base was falling off the wall in the kitchen.	C 164		

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C 166	Continued From page 1	C 166		
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. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding on 2-27-2019; Several (6) portable medical oxygen cylinders were stored in an unapproved plastic crate. 2. Based on observation, a waste drain had been left open. Waste drains that are not properly capped allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Finding on 2-27-2019: A sink had been removed in the C Hall laundry and the drain was not capped.	C 166		
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	C 189		

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C 189	Continued From page 2 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 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. Findings on 2-27-2019: a. Holes in the walls and ceiling of the linen closet on A Hall, b. A fire collar was not properly supported and had slipped down from the ceiling in the "Mechanical Room", c. Unsealed conduit penetration in the ceiling of the laundry, d. Unsealed penetrations in the ceiling of the kitchen, e. Hole above the exit light in the corridor near room D12, f. Wall damaged in C Hall laundry where a hopper had been removed. 2. Based on observation, several 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. Findings on 2-27-2019: a. One of the smoke barrier doors near room D12 would not latch when closed by the fire alarm	C 189		

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C 189	Continued From page 3 system. b. The door to the nurse storage closet does not fit the opening properly to be resistant to the passage of smoke. c. There was a 1/4 inch gap between the dining room double doors making them unable to resist to the passage of smoke. d. The door to the resident laundry would not latch properly. e. The door to room C11 would not latch when closed. f. The door to room C1 would not latch properly when closed. g. The door to room C9 was dragging and hard to close. h. The door to the sitting room was dragging and hard to close. i. The latching hardware was damaged on one of the smoke barrier doors near room D12. Note; This deficiency was corrected during the survey. 3. Based on observation the required one-hour fire rated ceilings were compromised in locations by improperly fitting sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Improperly fitted sprinkler escutcheons on 2-27-2019: a. Corridor near room B5, b. Room B15. 4. Based on observation, a GFCI outlet in the C Hall kitchen was not provided with power. With no power, the GFCI could not be tested for proper operation. 5. Based on observation, a soffit vent was hanging down in the Special Care Courtyard.	C 189		

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C 189	Continued From page 4 The improperly mounted vent could allow pests to enter the attic. 6. Based on observation, an electrical outlet expander was in use in the Special Care nurse station. Electrical outlet expanders are not approved for use in Institutional Occupancies.	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: Based on observation, cooking equipment in resident areas was not kept in a safe manner. Findings on 2-27-2019; a. The range in the Country Kitchen was unattended by staff and the locking feature was left on making it capable of use without staff supervision.	C 193		

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C 193	Continued From page 5 b. The oven in the kitchen in C Hall Special Care was unattended by staff and the locking feature was left on making it capable of use without staff supervision. Note; These deficiencies were corrected during the survey.	C 193		