STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL010005	A. BUILDING: 01 B. WING _____	04/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF SOUTHPORT	1125 E LEONARD STREET SOUTHPORT, NC 28461

(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 Suzanna Fay, conducted on April 3, 2019. Records indicate this facility was first licensed on 10/14/2005. The facility is currently licensed for 96 Beds including a 24 Bed Special Care Unit. Therefore, the facility was surveyed for conformance with applicable portions of the 2002 Edition of the North Carolina Building Code(s), Institutional Occupancy, and for conformance with the 2005 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 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 April 3, 2019: a. D-Hall Short Corridor to the Front neat Beauty Shop- there are an unattended wheelchair, walker, and bench, obstructing the required six feet width corridor to 24 inches. This equipment was relocated from the beauty shop during shop operations. Deficiency corrected	C 150		

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

Vice President Development 4/24/2019

Robert J. Steenson Digitally signed by Robert J. Steenson DN: cn=Robert J. Steenson, o, ou, email=bob.steenson@carillonassistedliving.com, c=US Date: 2019.04.24 14:33:31 -04'00'

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL010005	A. BUILDING: 01 B. WING _____	04/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF SOUTHPORT	1125 E LEONARD STREET SOUTHPORT, NC 28461

(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 150	Continued From page 1 before Construction Surveyors departed site. b. C-Hall Corridor between Dining and Nurse Station - there are unattended chairs, obstructing the required six feet width corridor to 45 inches. These chairs were relocated from Dining Room during meal times. Deficiency corrected before Construction Surveyors departed site.	C 150		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds are not maintained in a clean and safe condition. Findings on April 3, 2019: a. Multiple sidewalks have non-sloped, vertical changes in the walking path, creating tripping hazards. b. Sidewalk near Retaining Wall - due to weather events the soil has washed away leaving a large hole between the sidewalk and the retaining wall.	C 160	a. trip hazards will be resolved by 5/10/19 b. erosion will be filled-in and repaired by 5/10/19.	
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;	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL010005	A. BUILDING: 01 B. WING _____	04/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF SOUTHPORT	1125 E LEONARD STREET SOUTHPORT, NC 28461

(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 164	Continued From page 2 (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 floors are not kept clean and in good repair. Findings on April 3, 2019: a. Corridor near Resident Care- Directors Office - the carpet is detached and fraying.	C 164	a. Carpet replaced 4/18/19.	
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 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 April 3, 2019: a. D Hall Poach - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.	C 188	a. outlet will be repaired by 5/10/19	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL010005	A. BUILDING: **01** B. WING _____	**04/03/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF SOUTHPORT	**1125 E LEONARD STREET SOUTHPORT, NC 28461**

(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 189	Continued From page 3 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: 189 1. 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 April 3, 2019: a. Kitchen - the range and fryer had been recently moved for cleaning, therefore the hood's suppression system nozzles were not correctly aimed at these units to extinguish a fire. Deficiency corrected before Construction Surveyors departed site. 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 April 3, 2019: a. B-Hall Smoke Barrier - the left leaf, of the double-egress cross-corridor doors, did not latch into its frame when the fire alarm system	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL010005	A. BUILDING: 01 B. WING _____	04/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF SOUTHPORT	1125 E LEONARD STREET SOUTHPORT, NC 28461

(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 189	Continued From page 4 released the doors. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 3, 2019: a. Exterior Main Electric Room - electrical panel M1 has open slots were breakers had been removed or blanks fell out. This allows access to energized components that are not guarded against accidental contact. b. Courtyard Gate - a conduit on the electromagnetic locked gate is broken, allowing water access to electrical components. 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 not contained in room of origin. Findings on April 3, 2019: a. Front Left Mech Room - there are three holes around equipment hangers not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. A Hall Janitor Closet - there are gaps around sprinkler drain not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. A Hall near Janitor Closet - there is a gap at the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Kitchen - there are gaps around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Corridor near Executive Directors Office - there are gaps around four cover plates not firestopped as they penetrate the fire-resistance-rated ceiling assembly. f. C Hall Courtyard Doors - there are gaps around cables not firestopped as they penetrate	C 189	a. door latching will be adjusted by 5/10/19. a. blanks will be replaced by 5/10/19. b. conduit will be replaced by 5/10/19 a. thru f: all fire stopping will be corrected by 5/10/19.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL010005	A. BUILDING: 01 B. WING _____	04/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF SOUTHPORT	1125 E LEONARD STREET SOUTHPORT, NC 28461

(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 189	Continued From page 5 the fire-resistance-rated ceiling assembly. 5. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on April 3, 2019: a. Kitchen Pantry - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. b. B-Hall Storage near Mens - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 6. 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 of origin. Findings on April 3, 2019: a. Bedroom A-5 - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. Bedroom A-1 Front Closet - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. c. Exterior Main Electric Room - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. d. Bedroom B-12 - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.	C 189	a. & b: items within 18" clearance removed. storage limits reviewed with staff. clearance limit will be marked on walls by 5/10/19. a. thru k.: escutcheon plates will be adjusted or replaced as needed by 5/3/19.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL010005	A. BUILDING: **01** B. WING _____	**04/03/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF SOUTHPORT	**1125 E LEONARD STREET SOUTHPORT, NC 28461**

(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 189	Continued From page 6 e. B-Hall Porch - there are two escutcheon plates on fire sprinklers that have dropped down from the fire-resistance-rated ceiling exposing openings that allows the spread of smoke and heat. f. Bedroom B-10 - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. g. Men Public Toilet Rooms - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. h. Women Public Toilet Rooms - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. i. Bedroom D-12 - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. j. Bedroom D-8 - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. k. Bedroom D-10 - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 7. Based on observation, the Building was not maintain in a safe manner. This could expose residents, staff, and visitors to fire if there was enough fuel for fire to grow beyond the ability of the Building to contain it. Findings on April 3, 2019: a. Bedrooms B-9 and B-10 - these rooms are being used as storage rooms, significantly	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL010005	A. BUILDING: 01 B. WING _____	04/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF SOUTHPORT	1125 E LEONARD STREET SOUTHPORT, NC 28461

(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 189	Continued From page 7 increasing the fire load without the required additional protection mandated by the building code. B-9 is holding 19 mattresses/box springs, 12 large soft chairs, and multiple head & footboards, wheel chairs, lamps. B-1 is holding 14 mattresses/box springs and multiple head & footboards, wheel chairs, lamps. 8. 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 April 3, 2019: a. Dining - the pair of corridor door has a wedge holding the doors open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. 9. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on April 3, 2019: a. Dining - the left leaf, of the pair of corridor doors, hits the other door and does not latch into its frame when closed. b. Kitchen - the doors to the Dining Room are equipped with latching hardware and dead bolts. Staff have positioned the dead bolt's bolts out to keep the doors from latching into its frame when closed. c. Bedroom D-13 - the corridor door does not latch into its frame when closed.	C 189	a. rooms B-9 and B-10 will be cleared of excess items by 5/10/19. a. wedge removed. a. doors will be adjusted by 5/10/19. b. door latching requirements reviewed with staff. c. door will be adjusted by 5/10/19.	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL010005	A. BUILDING: **01** B. WING _____	**04/03/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF SOUTHPORT	**1125 E LEONARD STREET SOUTHPORT, NC 28461**

(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 199	Continued From page 8 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 April 3, 2019: a. A Hall Janitor Closet - the required exhaust ventilation system did not work, and there is odor. b. C Hall Toilet Room across from Bedroom C-9 - the required exhaust ventilation system did not work, and there is odor. c. C Hall Laundry - the required exhaust ventilation system did not work. d. C Hall Janitor Closet near laundry - the required exhaust ventilation system did not work, and there is odor.	C 199	a. thru d.: exhaust fans will be repaired or replaced by 5/10/19.	