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	HAL023027	A. BUILDING: 01 B. WING _____	04/25/2019

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CARILLON ASSISTED LIVING OF SHELBY	1550 CHARLES ROAD SHELBY, NC 28152

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Suzanna Fay, conducted on April 25, 2019. Records indicate this facility was first submitted to DHSR on 6-30-1997. The facility is licensed for 96 beds including 60 Special Care Unit beds. Therefore, we are requiring that this facility meet the 1996 Regulations for Homes for the Aged and Disabled ; Minimum Standards and Regulations, the applicable portions of the 2005 Regulations 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). 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 or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on April 25, 2019: a. C Hall Nurse Station - the central on/off emergency release switch for the "Special Locking System" is not labeled.	C 101	a) Switch will be labelled by 6/9/19	
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 Executive Director and Regional Maintenance, 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 April 25, 2019: a. The current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, is not available for review by the Surveyor. b. The current Annual Sprinkler System Inspection and Testing Report in accordance with	C 111	a & b)Annual fire alarm system inspection and annualss fire sprinkler system inspection reports on 5/6/19.	

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C 111	Continued From page 2 NFPA 25, is not available for review by the Surveyor.	C 111		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide all commodes, accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on April 25, 2019: a. Bedroom C-6 Bathroom - the commode side hand grip (grab bar) is loose.	C 133	a)grab bar will be tightened by 6/9/19.	
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	C 150		

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C 150	Continued From page 3 during an emergency. Findings on April 25, 2019: a. Dining - the exterior exit doors were obstructed for being open A floor mat that is to thick block the opening of the doors. Deficiency corrected before Construction Surveyors departed site b. D Hall Short Corridor near Beauty Shop - there is a walker and chair, obstructing the required six feet width corridor to 23 inches	C 150	b) walker and chair have been removed from the corridor.	
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 April 25, 2019: a. C Hall Back Activity Room Door - this "Special Locking System" exit has a non-working	C 154	a) alarm cover over release switch has been replaced.	

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C 154	Continued From page 4 alarmed protective cover over the emergency release 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 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 25, 2019: a. Front Left Porch - a picket on the guardrail is rotting. b. B Hall Porch near Bedroom B-9 - the porch ceiling paint is blistering and fall off. c. C Hall Courtyard - the column base trim, has nails backing out. Deficiency corrected before Construction Surveyors departed site.	C 160	a) picket will be replaced by 6/9/19 b) paint on B Porch will be cleaned and repainted by 6/9/19	
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; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing	C 164		

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C 164	Continued From page 5 facilities. This Rule is not met as evidenced by: 1. Based on observation, the building walls are not kept clean and in good repair. Findings on April 25, 2019: a. Mech Room on Left Front Porch - due to a water leak there is a hole in the wall and the base is missing. b. B Hall Service Corridor - near the exterior wall there is a hole in the wall. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on April 25, 2019: a. B Hall Soiled Utility - the ventilation system with its radiation damper have an excessive accumulation of dust/lint. b. Kitchen Utility /room - the ventilation system with its radiation damper have an excessive accumulation of dust/lint and falling out of the ceiling. 3. Based on Observation, the facility failed to have furniture kept clean and in good repair. Findings on April 25, 2019: a. Dining - at the beverage counter the second drawer on the right was broken.	C 164	a)the hole in the wall will be repaired and base installed by 6/9/19. b) hole in the wall will be repaired by 6/9/19. a & b) radiation dampers and grilles will be cleaned of dust/lint by 6/9/19. a) drawer will be repaired by 6/9/19	
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	C 166		

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C 166	Continued From page 6 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 free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on April 25, 2019: a. Bedroom B-6 Bathroom - the mounting bracket for a removed towel bar remain attached to the wall. This bracket has rough and sharp edges, which could cause injury. b. Bedroom B-3 Bathroom - the mounting bracket for a removed towel bar remain attached to the wall. This bracket has rough and sharp edges, which could cause injury. c. Bedroom C-1 Bathroom - the mounting bracket for a removed towel bar remain attached to the wall. This bracket has rough and sharp edges, which could cause injury. 2. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on April 25, 2019: a. Nurse Station - two portable medical oxygen cylinders are standing up on the floor not physically secured in racks, stands or chained to the structure.	C 166	a-c) towel bar brackets will be repaired by 6/9/19. a) oxygen cylinders have been properly secured and in-service training will be conducted by 6/9/19.	
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT	C 188		

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C 188	Continued From page 7 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, with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on April 25, 2019: a. Dining - at the beverage counter 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. b. Dining - at the beverage counter a electrical power receptacle that are within six feet of a sink did not provide ground fault protection. c. D Hall Activity - a electrical power receptacle is within six feet of a sink does not provide ground fault protection.	C 188	a-c) electrical outlet issues will be corrected by 6/9/19.	
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:	C 189		

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C 189	Continued From page 8 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 April 25, 2019: a. A Hall near Housekeeping - the exit sign did not illuminate on backup power when tested. b. B Hall near spa - the exit sign did not illuminate on backup power when tested. c. B Hall Service Corridor - the exit sign did not illuminate on backup power when tested. d. Exterior Electrical Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. e. B Hall Courtyard Door - the exit sign did not illuminate on backup power when tested. f. B Hall near Bedroom 11 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 2. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 25, 2019: a. Exterior Electrical Room - there was an electrical panel with is cover off. This allows access to energized components that are not guarded against accidental contact. b. B Hall Service Porch - a electrical junction box has unshielded wire exposed as the conduit did not connect with the junction box. c. D Hall Electrical Room - a cart is stored in front of the electrical panes, limiting the required 36-inches by 30-inches minimum clear working space. 3. 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	a-f) exit and emergency lights will be repaired or replaced by 6/9/19. a) electric panel cover has been reinstalled. b) electric jbox will be repaired by 6/9/19. c) cart has been removed from D Hall electric room.	

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C 189	Continued From page 9 not contained in room of origin. Findings on April 25, 2019: a. Bedroom A11 - there is a nail backing out, not covered with joint compound as it penetrates the fire-resistance-rated ceiling assembly. b. Electrical Room near Bedroom A-12- a copper line with its firestopped sealant was pulled out of the penetration of the fire-resistance-rated ceiling, leaving an unprotected opening. c. A Hall Water Heater Room - there is a hole in the wall not sealed. d. B Hall near Bedroom B-9 - there is a gap around the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Riser Room - there are several holes (8x10 and 4x5) in the wall that is part of a corridor wall sealed as it penetrates the smoke-resistance-wall. f. Riser Room - there is an 8 x12 hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. g. C Hall Front Activity Room Door - there is a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical lighting system was not being operated or maintained safely, providing reliable illumination. This could affect all if walking areas are not illuminated, alerting all of tripping hazards and/or obstructions Findings on April 25, 2019: a. Bedroom A 10 Bathroom - the light fixture is missing its globe. 5. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition.	C 189	a-g)repairs will be completed by 6/9/19. a) a new globe will be installed by 6/9/19.	

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C 189	Continued From page 10 Findings on April 25, 2019: a. Bedroom A-8 - the corridor door is missing its door handle and cannot latch into its frame when closed. b. Smoke Barrier on A Hall - the back leaf, of the double-egress cross-corridor doors, has two holes through the door. c. Bedroom A-1/2 - the corridor door is missing its door handle and cannot latch into its frame when closed. d. Break Room - the corridor door's latch bolt is retracted, not allowing the door to latch. e. Bedroom B-5 - 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 f. Corridor to Front Lobby - the corridor door does not latch into its frame when closed. 6. 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 25, 2019: a. B Hall Service Corridor - the corridor door has a heavy dispensing device 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. 7. 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 April 25, 2019: a. Bedroom A-3 - the fire sprinkler head is	C 189	a-f)repairs will be complete by 6/9/19	

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C 189	Continued From page 11 missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. Left Porch - 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. A Hall Utility Closet - 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. d. B Hall Activity - 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. e. B Hall Dining - 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. f. D Hall Front Porch - 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. g. D Hall Activity - 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. Bedroom D-7 - 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. i. C Hall Dining - 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 189	a-i) repairs will be complete by 6/9/19.	
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT	C 193		

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C 193	Continued From page 12 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, the facility failed to provide an environment in accordance with Rule by not providing proper control over the range. Findings on April 25, 2019: a. B Hall Activity Room - the range in the room was energized and no staff were in the room.	C 193	a) this issue has been resolved. In-service training for staff will be conducted by 6/9/19.	
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F	C 195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023027	A. BUILDING: **01** B. WING _____	**04/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTED LIVING OF SHELBY	**1550 CHARLES ROAD SHELBY, NC 28152**

(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 195	Continued From page 13 (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 Facility failed to maintain the hot water temperature at all fixtures used by residents to be a minimum of 100 degrees Fahrenheit and shall not exceed 116 degrees Fahrenheit. Findings on April 25, 2019: a. Bedroom A11 Bathroom - the sink has a hot water temperature of 66 degrees Fahrenheit after running more than 8 minutes.	C 195	a) mixing valve repairs will be completed by 6/9/19.	
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:	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023027	A. BUILDING: **01** B. WING _____	**04/25/2019**

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C 199	Continued From page 14 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 25, 2019: a. A Hall Utility Closet - the required exhaust ventilation system did not work. b. Restroom near Bedroom B-9 - the required exhaust ventilation system did not work.	C 199	a-b) repairs will be completed by 6/9/19.	