

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2019
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HUNTERSVIL		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Construction Section Biennial Survey report by Frank Strickland and Suzanna fay conducted on 09/20/2019: This facility was first licensed on 10/15/2015 as a Home for the Aged with 96 BEDS including a 27 BED Special Care Unit. Based on this information, this 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 I-2 Occupancies. Deficiencies have been cited and a Plan of Correction is required.	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; This Rule is not met as evidenced by: 1-Based on observations, this facility has not	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2019
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HUNTERSVIL		STREET ADDRESS, CITY, STATE, ZIP CODE 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 101	Continued From page 1 maintained the measures for the Special Locking (magnetic locks) on the exit doors as allowed by the NC State Building Code. The Code requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." Findings on 09/20/2019: The required emergency release switch for the magnetically locked exit door leading to the outside off the Living Room was of the locking type with a keyed switch that all staff in the SCU were not carrying. Staff that were interviewed, none carried release switch key.	C 101		
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 observation, this facility does not have current inspection reports on site for review. Findings on 09/20/2019: List below are required safety reports that were not on site for review: (a) Fire Inspection Report (b) Sprinkler Inspection Report per NFPA 25 (c) Fire Alarm Inspection Report per NFPA 72 (d) Current Building Sanitation Report (e) Current Kitchen Sanitation Report (f) Fire Drills	C 111		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2019
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HUNTERSVIL		STREET ADDRESS, CITY, STATE, ZIP CODE 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 160	Continued From page 2	C 160		
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, this facility has not been maintained the exterior. Findings on 09/20/2019: The gutter is filled with vegetation and debris that prevents water to travel to downspouts. This condition has allowed water to migrate into the Mechanical Room damaging the sheetrock on the wall and ceiling at the outside corner.	C 160		
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: 1-Based on observation, this facility has not kept the ceilings clean and in good repair.	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2019
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HUNTERSVIL		STREET ADDRESS, CITY, STATE, ZIP CODE 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 164	Continued From page 3 Findings on 09/20/2019: The bedroom ceiling and exterior wall along with the bathroom ceiling have mold accumulation in Room A2-"A" HALL.	C 164		
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, this facility has not been maintained in a safe manner by improperly storing oxygen cylinders that could rotationally expose staff and residents to a ruptured cylinder. Findings on 09/20/2019: There are oxygen bottles that are not secured in their current stored racks located at the following locations: (a) Room C14 (b) Storage Closet-"C" HALL" 2-Based on observation, this facility has not been maintained in a clean and orderly manner. Findings on 09/20/2019: Grease is present on the walls and floors along with broken dishes behind the cooking range and deep-fryer in the Kitchen.	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2019
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HUNTERSVIL		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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, this facility has not maintained the Building in a safe and operation condition. Findings on 09/20/2019: There is a electrical conduit that penetrates the smoke barrier wall above the lay-in ceiling across the Nurse's Station in the "A" HALL that is not fire protected. 2-Based on observation, this facility has not maintained the Building in a safe and operation condition. Findings on 09/20/2019: There are doors that are out of adjustment and do not latch located at the following locations: (a) Kitchen/Dining door (b) Room C8 (c) Smoke Barrier doors-"A" HALL (d) Smoke Barrier doors-"C" HALL 3-Based on observation, this facility has not maintained the plumbing fixtures in a safe and operation condition.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2019
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HUNTERSVIL		STREET ADDRESS, CITY, STATE, ZIP CODE 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 189	Continued From page 5 Findings on 09/20/2019: The sink facet is not installed in the Bathroom for Room C2-"C" HALL.	C 189		
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: 1-Based on observation, this facility has failed to maintain the mechanical exhaust system in good repair. Findings on 09/20/2019: The following locations have exhaust fans that are not operational: (a) Common Bath-"A" HALL (b) Men's Bathroom-"A" HALL " (c) Women's Bathroom-"A" HA"" (d) Building Systems Room-"A" HALL " (e) Janitor's Closet-Common Hall (f) Soiled Linen-Common Hall (g) Soiled Utility-Common Hall	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2019
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF HUNTERSVIL		STREET ADDRESS, CITY, STATE, ZIP CODE 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 199	Continued From page 6 2-Based on observation, this facility has failed to maintain the mechanical exhaust system in good repair. Findings on 09/20/2019: The exhaust fan grilles have excessive particulate build-up at the following locations: (a) Kitchen Pantry (b) Kitchen Storage	C 199		