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
	HAL068036	A. BUILDING: 01 B. WING _____	12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLISLE AT CARRBORO	624 JONES FERRY ROAD CARRBORO, NC 27510

(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 conducted by Suzanna Fay on December 6, 2023. Records indicates that this facility was first licensed October 17, 1990 as a Home for the Aged. The facility is currently licensed for 120 Beds. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (Revision 10) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1987 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies have been cited and a Plan of Correction is required.	C 000	The facility has contacted United Sprinkler Company, Inc to come in and complete our annual Fire Alarm Inspection and our annual Fire Sprinkler Inspection. Any issued found will be repaired and competed by United Sprinkler Company, Inc. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings.	1/10/24
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. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on December 6, 2023: a. The most recent Fire Alarm System inspection report available was dated October 6, 2022.	C 111		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Antonio Beatty TITLE FACILITY MANAGER (X6) DATE 1/26/24

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C 111	Continued From page 1 b. The most current Fire Sprinkler System inspection report available was dated November 18, 2022.	C 111		
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. Observations revealed that the outside grounds were not maintained in a clean and safe condition. Findings on December 6, 2023: a. Leaves covered the walkways at the back exits rendering the walks nearly invisible.	C 160	The facility maintenance team will clear the leaves from the walkways and the back exits. This will clear the area for residents or employees to walk with more visibility. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings.	12/20/23

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:	C 164		

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C 164	Continued From page 2 1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on December 6, 2023: a. Room 223 Bath - there is an excessive amount of dust on the exhaust fan grille. b. There are yellow stains on the corridor ceiling outside of Room 221 from a prior leak. c. Room 213 Bath - the sink and its base cabinet have been removed to install a wall mounted sink. The walls and floor have not been repaired where the vanity was removed. d. 200 Hall Laundry - there is an excessive amount of lint as well as trash and clothing items behind the dryers. e. 100 Hall Men's Side Men's Employee Toilet - there are stains on the ceiling. f. Activity Room - the door hardware is loose. g. Room 303 - there is a small section of the cove base that has fallen off by the bathroom. h. Room 303 Bath - the sink and its base cabinet have been removed to install a wall mounted sink. The walls and floor have not been repaired where the vanity was removed.	C 164	The facility maintenance and housekeeping team will clean the exhaust fans grille, they will paint over the stains, and they will repair the walls and floors for where the vanity was removed. The housekeepers will clean behind the washer and dryer making sure there is no trash or debris. The facility maintenance team will tighten up any loose hardware and replace any missing base boards. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings.	1/21/24
	2. Observations revealed that the furnishings were not kept in good repair. Findings on December 6, 2023: a. Room 121 Bath - the soap dispenser is broken and no longer attached to the wall.		The facility maintenance team will replace the soap dispenser on the wall. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings.	12/30/23
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the	C 185		

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C 185	Continued From page 3 requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the fire rehearsals did not include a short description of what the rehearsal involved. Findings on December 6, 2023: a. The fire rehearsal logs did not have a short description of what the rehearsal involved.	C 185	The facility will start documenting a short fire rehearsal description of what the fire drill consisted of on its fire log. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings.	1/21/24
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 there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if doors do	C 189		

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C 189	Continued From page 4 not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on December 6, 2023: a. The left hand door at the smoke barrier wall by the Beauty Salon did not release when the fire alarm was activated. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on December 6, 2023: a. Main Office - the fire caulk for the cable penetration in the back corner/corridor side has fallen out leaving a hole in the fire resistant rated ceiling. b. Main Hall - two of the sprinkler head escutcheon rings have dropped leaving gaps in the fire resistant rated ceiling. c. Facility Manager's Office - the sprinkler head is missing its escutcheon ring. d. Women's Hall Telephone Room - the fire caulk for the telephone line has fallen loose. e. Hot Water Heater/Panel Room - there are two unsealed penetrations. f. Room 218 - there is a hole in the ceiling at the base of the light. g. There is a small hole in the ceiling from a previous leak outside of Room 221. h. There is a general pattern of unsealed cable penetrations where new phone/data lines were installed. i. 200 Hall Laundry - there is an unsealed conduit penetration over the washers. j. Panel Room - there is one unsealed conduit not caulked where is penetrates the ceiling.	C 189	The facility will have the left-hand door repaired so it will release when the fire alarm is activated. The doors will close upon the activating of the fire alarm. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings. The facility will caulk all openings leading into the ceiling with red fire caulk. They will fire caulk the main office, women's hall telephone room, hot water heaters, any unsealed cables, conduits, and any new telephone lines. The facility will caulk all holes in the ceiling and walls and replace all escutcheon rings that are missing from the sprinkler systems. The facility maintenance team will attached a new latch to the attic access in the dining room. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings.	12/23/23 1/10/24

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C 189	Continued From page 5 There are several sleeves not sealed at the sleeve opening and there is a hole cut to run a conduit that has not been filled. k. Medication Room - the sprinkler head's escutcheon ring is missing. l. Medication Room - there are several 1/2" diameter holes in the ceiling where the old light fixtures were removed. m. Dining Room - the attic access panel is not fully closed leaving an opening in the fire resistant rated ceiling. n. Kitchen - there are multiple 3/4" diameter holes in the ceiling where the old light fixtures were removed. o. A number of the water heaters have been replaced. The conduits penetrating the ceiling at each of the units have not been sealed. 3. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on December 6, 2023: a. The fire extinguishers were last inspected in April of 2022. 4. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating due to sprinkler heads being obstructed could affect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on December 6, 2023: a. Main Hall Storage Room - the sprinkler head	C 189	The facility has hired United Sprinkler Company to inspect all fire extinguishers and properly label them. Documentation from United Sprinkler Company will be available for review. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings. The facility will have the ceiling fan removed and replaced with a regular light. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings. The facility will have the sprinkler heads cleaned of debris and or dust. The facility manager will review the work to make sure it is properly completed.	1/6/24 12/20/23 12/20/23

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C 189	Continued From page 6 is mounted directly underneath the fan blades. b. Room 223 - there is an excessive amount of dust accumulated on the sprinkler head. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire. Findings on December 6, 2023: a. Main Hall Storage Room - items are stored within 18" of the ceiling. b. Central Storage by Room 110 - boxes are stacked to within 18" of the ceiling. 6. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on December 6, 2023: a. The exit light outside of the Facilities Manager's Office did not illuminate on test. b. Dining Room - the exit sign over the left side exit door did not illuminate on test. c. The exit sign by Room 108 did not illuminate on test. d. The exit sign over the outside door near Room 108 did not illuminate on test. e. The exit sign at the smoke barrier doors on the side of Room 310 did not illuminate on test. f. The exit sign by Lounge 3B did not illuminate on test. 7. Based on observation the facility did not maintain electrical emergency/safety lighting	C 189	The facility will have all items lowered to a minimum of 18” depth from the ceiling. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings. The facility will have all electrical emergency and safety lights that did not illuminate on test to be replaced. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings.	12/20/23 1/5/24

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C 189	Continued From page 7 equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on December 6, 2023: a. The emergency light outside of Room 101 did not illuminate on test. b. The emergency light outside of Room 217 did not illuminate on test. c. The emergency light outside of Room 207 did not illuminate on test. d. The emergency light near Room 123 did not illuminate on test. e. The emergency light by Room 127 did not illuminate on test. 8. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Loose seats can cause injury from a slip or fall. Findings on December 6, 2023: a. 200 Hall A Bath - the toilet seat is not secure. b. Room 121 Bath - the toilet seat is loose. 9. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on December 6, 2023: a. There was a general pattern of the overhead lights missing their globes. b. 200 Hall Laundry - the electrical junction box behind the washers is detached from the wall. 10. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help	C 189	The facility will have all electrical emergency and safety lights that did not illuminate on test to be replaced. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings. The facility will have the maintenance team to tighten up all loose toilet seats. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings. The facility will replace the missing overhead globes and have the electrical junction box reattached to the wall in the laundry room. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings.	1/5/24 12/20/23 1/21/24

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C 189	Continued From page 8 limit the spread of smoke or fire to the area of origin. Findings on December 6, 2023: a. Room 211 - the door does not latch when closed. b. Room 202 - the door does not latch when closed. c. Room 208 - the door does not latch when closed. d. Room 301 - the door drags making it difficult to close and the latch plate is missing. e. Room 313 - the door does not latch when closed. f. Room 314 - the door does not latch when closed. g. Room 315 - the door does not latch when closed. h. Room 322 - the door does not latch when closed. i. Room 325 - the door does not latch when closed and the door hardware is loose. 11. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on December 6, 2023: a. 100 Hall Men's Side Men's Employee Toilet - the toilet is not secure to the floor. 12. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could affect all occupants of the facility if the domestic water supply became contaminated.	C 189	The facility will have all the door latched repaired to make sure they are closing properly. Any doors that are dragging or have loose hardware will be repaired and fixed. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings. The facility will have the maintenance team to tighten up all loose toilet seats. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings.	1/21/24 12/20/23

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C 189	Continued From page 9 Findings on December 6, 2023: a. Kitchen - a section of the drain pipe has fallen off and is laying on the floor. The second line's opening is directly is level with the floor. 13. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Findings on December 6, 2023: a. Beauty Salon - the attachment for the spray nozzle is not secure to the sink. b. Central Storage by Room 110 - neither of the two water heaters had the pressure relief valve properly piped with a full size pipe terminated less than 6 inches above the adjacent ground surface. 14. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to maintain or install plumbing safety devices or equipment could affect all occupants of the facility if the absence of the plumbing safety devices or equipment caused the domestic water supply to become contaminated. Findings on December 6, 2023: a. 100 Hall Men's Bath - there is a shower wand on the tub and the head reaches down into the tub which would allow contaminated water to filtrate the water supply. 15. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on December 6, 2023: a. Room 321 - there is a gap between the door	C 189	The facility will have the maintenance team to reattach the drainpipe and align the pipe to the drain. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings. The facility will have the maintenance team tighten up the loose nozzle in the Beauty Salon. The facility has gotten in contact with the company that installed the water heaters to come and install the pressure relief valve. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings. The facility will have the maintenance team to replace the shower wand. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings. The facility will have the maintenance team to repair the door. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings.	1/21/24 1/21/24 12/20/23 1/21/24

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C 189	Continued From page 10 and the door frame at the bottom right side of the door that ranges from approximately 1/2" at the bottom to 1/4" inch at the top of the gap.	C 189		
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 (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. Observations revealed that the hot water supply at all fixtures used by residents was not maintained between 100 degrees F and 116 degrees F. Findings on December 6, 2023: a. 100 Hall Men's Side - the water temperature did not reach 100 degrees F at several tested sinks.	C 195	The facility will have the hot water heaters repaired or replace to make sure they are maintaining the correct water temperature. The facility manager will review the work to make sure it is properly completed. All issues cited will be reviewed by all staff and monitored by the Administrator, RCC and the quality team assurance team in our QA meetings.	1/21/24