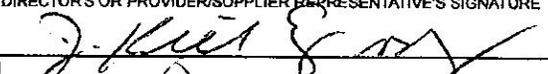
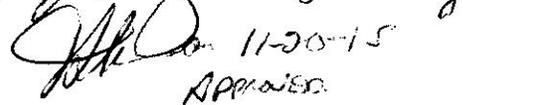


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/07/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF CRAMER MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 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
D 000	Initial Comments	D 000		
D 188	<p>10A NCAC 13F .0604(e) Personal Care And Other Staffing</p> <p>10A NCAC 13F .0604 Personal Care And Other Staffing</p> <p>(e) Homes with capacity or census of 21 or more shall comply with the following staffing. When the home is staffing to census and the census falls below 21 residents, the staffing requirements for a home with a census of 13-20 shall apply.</p> <p>(1) The home shall have staff on duty to meet the needs of the residents. The daily total of aide duty hours on each 8-hour shift shall at all times be at least:</p> <p>(A) First shift (morning) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.)</p> <p>(B) Second shift (afternoon) - 16 hours of aide duty for facilities with a census or capacity of 21 to 40 residents; and 16 hours of aide duty plus four additional hours of aide duty for every additional 10 or fewer residents for facilities with a census or capacity of 40 or more residents. (For staffing chart, see Rule .0606 of this Subchapter.)</p> <p>(C) Third shift (evening) - 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census). (For staffing chart, see Rule .0606 of this Subchapter.)</p> <p>(D) The facility shall have additional aide duty to meet the needs of the facility's heavy care</p>	D 188	<p>Plan of Correction:</p> <p>Carillon Assisted living reviewed the shower assignment schedule and adjusted to ensure proper staffing is in place to carry out all personal care according to each resident's care plan within reasonable timeframes.</p> <p>Monitoring System</p> <p>The Executive Director shall ensure the facility is properly staffed to ensure all residents receive showers according their plan of care. The Executive Director will review the personal care logs and question residents on a regular basis to ensure showers are being given according to the residents plans of care.</p>	11/1/15 and Ongoing

Division of Health Service Regulation	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
STATE FORM		Regional Director, OPS	11-17-15
	 APPROVED	H12R11	If continuation sheet 1 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/07/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF CRAMER MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 600 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
D 188	<p>Continued From page 1</p> <p>residents equal to the amount of time reimbursed by Medicaid. As used in this Rule, the term, "heavy care resident", means an individual residing in an adult care home who is defined as "heavy care" by Medicaid and for which the facility is receiving enhanced Medicaid payments.</p> <p>(E) The Department shall require additional staff if it determines the needs of residents cannot be met by the staffing requirements of this Rule.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to provide a sufficient number of direct care hours to meet the personal care needs of resident's showers on second shift.</p> <p>The findings are:</p> <p>Interview with the Executive Director on 10/06/15 revealed the current census was 31 on Assisted Living (AL) Unit and 19 on the Special Care Unit (SCU).</p> <p>A minimum of 16 hours of aide duty was required for the Assisted Living (AL) unit census, and 19 hours of aide duty was required for the SCU census.</p> <p>Review of the staff schedule provided by the facility for 10/06/15 and 10/07/15 revealed: -Three Personal Care Aides (PCA) and 2 Medication Aides (MA) scheduled for second shift (a total of 5 staff) for entire building. -These numbers included staffing for the Special Care Unit (SCU).</p> <p>Confidential interviews with 4 AL unit residents</p>	D 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/07/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
CARILLON ASSISTED LIVING OF CRAMER MOUNTAIN

STREET ADDRESS, CITY, STATE, ZIP CODE
**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
D 188	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -There were not enough staff to assist residents with showers. -Showers were supposed to be given twice a week. -Showers were done on second shift. -There were only two staff working on all three halls of the AL unit on second shift. -Many times it is 10:00pm before the PCA offers showers and residents were already in bed. -If residents did not want to get up at 10:00pm to take a shower, the PCA would tell residents they could get a shower "tomorrow" but "tomorrow never came." -Residents took a "sponge bath" themselves when showers were missed. <p>Confidential interviews with multiple staff revealed:</p> <ul style="list-style-type: none"> -There were not always enough staff on second shift to give residents showers. -Sometimes residents needed more care than others and "take a little longer". -Showers were sometimes missed. -Residents had a call pendant and all calls had to be answered within 10 minutes....management keeps track.... hard to do with one PCA on the hall....feel pressured to get the pendant calls answered quickly because staff can't leave anyone in the shower or on the toilet. -While short staffed, "we make it work". -Occasionally showers were missed or bumped to next shift. -An average of 7 showers were scheduled on second shift. -If residents were already in bed and did not want to get up "we couldn't make them." -On second shift, one PCA and one MA were scheduled on the AL halls. -On second shift, three or four PCAs or MAs were 	D 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/07/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF CRAMER MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 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
D 188	<p>Continued From page 3</p> <p>schedule on the SCU. -There were more staff scheduled on the SCU but no staff from the SCU ever came out to help with the AL residents. -MAs are designated as supervisors.</p> <p>Interview with Executive Director (ED) on 10/07/15 at 12:00pm revealed: -Staffing was scheduled for the entire building census. -Five or six staff were scheduled for the whole building on second shift. -Staff on the SCU "can come out to help [AL] if it does not interfere with the numbers in the back [SCU]." -Second shift staffing for AL was usually one MA and one PCA. -The ED was not aware showers were being missed on the AL side.</p> <p>Random observations during both days of the survey revealed residents were neat, clean and no odors were noted.</p>	D 188		