

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/19/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARILLON ASSISTED LIVING OF CRAMER MC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 CRAMER MOUNTAIN ROAD CRAMERTON, NC 28032</b>
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller and Bob Getchell on November 19, 2014.</p> <p>Records indicates that this facility was submitted on June 30, 1997, for 96 beds. There was an addition of 32 beds early in 2002 bringing the total capacity to the current 128 beds with 24 of those in a Special Care Unit. Therefore we are requiring that this facility meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules 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).</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 153	<p>Exit Door Locks-Single Hand Motion</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the Building failed to provide single hand motion exit door hardware. This would affect all residents, staff and visitors, by not providing a single releasing motion to operate the door. Findings on November 19, 2014:</p>	C 153		

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

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C 153	Continued From page 1  a. The exit near the Beauty Shop was equipped with a dead bolt and a lockset, which requires multiple hand motions to exit the building when the dead bolt is locked.	C 153		
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 unpleasent 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 facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to odors, unsanitary conditions and equipment in disrepair. Findings: on November 19, 2014: a. The connection of the commode to the floor was loose, in Bedroom D-16,	C 164		
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)	C 189		

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C 189	<p>Continued From page 2</p> <p>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on observations, the Building was not maintain in a safe manner because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on November 19 2014:               <ol style="list-style-type: none"> <li>a. The smoke barrier wall in the attic had several data cables running through a hole near "B" Hall,</li> <li>b. The ceiling in the Wellness Room had a ½ inch hole/gap where the wall wiremode penetrated it,</li> <li>c. The ceiling in the "A" Hall Mechanical Room was penetrated with an open-ended 1 ½ inch PVC conduit with approximately ten cables,</li> <li>d. The ceiling in the Business Office had a ½ inch hole/gap where the wall wiremode penetrated it,</li> <li>e. In the attic near the Kitchen, the fire-resistant-rated construction enclosure around a light was broken,</li> <li>f. The "B" Hall Kitchen corridor door hardware did not cover the opening through the door.</li> <li>g. The "B" Hall porch had a light fixture was falling out of the ceiling,</li> <li>h. In the attic the draft stops had multiple cable penetrations not sealed,</li> <li>i. In the attic the draft stop over the Special Care Unit had gap around the HVAC ducts,</li> <li>j. In the attic the smoke barrier wall near Bedroom D-12 right side has 2 one foot by two foot gypsum boards sections missing and 2 six inch diameter holes.</li> <li>k. The piping for the hood suppression system in the kitchen had several ½ inch gap around them where they penetrated the</li> </ol> </li> </ol>	C 189		

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C 189	<p>Continued From page 3</p> <p>fire-resistant-rated ceiling.</p> <p>2. Based on observation, the Building was not maintained in a safe manner by having corridor doors that do not automatically latch into their frame when closed. This could affect all residents, staff and visitors if these doors did not latch and contain/resist the passage of smoke in the room of origin. Findings on November 19, 2014: a. Corridor door to the Country Craft Room latch was misaligned with the strike plate on frame.</p> <p>3. Based on observation, the Building failed to maintain in an operating manner the emergency illumination of the exit signs. This would affect all residents, staff and visitors, by causing difficulty in seeing how where the exits signs are during an emergency. Findings on November 19, 2014: a. The exit sign did not work on backup power when the test button was pushed in the following locations to include but not limited to: i. Front exit door, ii. Exit door near Bedroom B-14</p> <p>4. Based on observations, the fire sprinkler system was not maintain in a safe manner because of obstructed fire sprinkler heads This could affect all residents, staff and visitors if fire is not supressed by the fire sprinkler system. Findings on November 19 2014: a. In the "C" Hall Spa, the fire sprinkler head was covered with lint.</p> <p>5. Based on Observation, the Building was not maintained in a safe manner by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect staff and visitors if</p>	C 189		

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C 189	Continued From page 4  someone becomes trapped inside. Findings on November 19, 2014: a. The Kitchen party door was locked with a hasp device and padlock. Device was removed while we were on site.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 this Rule. This could affect all residents, staff and visitors if heater were the ignition source of a fire. Findings on November 19, 2014: a. A portable electric heater was found in the Executive Director Office.	C 191		
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	C 199		

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C 199	<p>Continued From page 5</p> <p>requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not ventilating area where odors are generated or maintaining equipment/systems.</li> </ol> <p>Findings on October 24, 2014:</p> <ol style="list-style-type: none"> <li>a. The spot exhaust fan did not work at the following locations: <ul style="list-style-type: none"> <li>i. The "C" Hall Housekeeping.</li> <li>b. The exhaust vent from the "A" Hall Housekeeping was venting directly into the attic.</li> </ul> </li> </ol>	C 199		