

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2015
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NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF MOORESVIL	STREET ADDRESS, CITY, STATE, ZIP CODE 198 E WATERLYNN RD MOORESVILLE, NC 28117
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on May 21, 2015.</p> <p>This facility was first licensed or submitted as a Home for the Aged serving 96 residents, 36 of which reside in the special care unit, on April 29 2013. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and, the 2009 N.C. State Building Code for Institutional - I2, Section 308.3.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows:</p> <p>(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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to meet the Code requirements in effect at the time</p>	C 101		

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

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C 101	Continued From page 1 of construction by not having all of the required components for doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Findings on May 21, 2015: a. The exit doors in the SCU have magnetic locks installed and the emergency release switch requires a key to operate. Interview with staff in the area revealed that 2 out of 3 did not have keys to operate the emergency release. This is not in accordance with the NC State Building Code requirement that if emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times.	C 101		
C 153	Exit Door Locks-Single Hand Motion 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 This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not proving single hand motion door hardware at exits. This would affect all residents, staff and visitors by requiring more time to exit the building during an emergency. Findings on May 21, 2015: a. The patio exit door in the SCU had a dead	C 153		

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C 153	Continued From page 2 bolt with inside thumb turn release in addition to a lockset door handle requiring multiple hand motions to operate the door.	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 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, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on May 21, 2015: a. The ice machine drain in the Kitchen was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice. b. In the corridor, the sconce outside the SCU Laundry was missing its globe.	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	C 189		

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C 189	<p>Continued From page 3</p> <p>operating condition.</p> <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"> 1. Based on observations, the Building was not maintained in a safe and operating condition, 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 May 21, 2015: <ol style="list-style-type: none"> a. The freezer had a 2-inch hole in the ceiling near the fire sprinkler head. b. The Electrical Switch Room had one 3-inch open-ended metal sleeve with unsealed cable bundle penetrating the fire-resistance-rated ceiling assembly, c. The Building System Room in A Hall had 5 open ended metal sleeves penetrating the fire-resistance-rated ceiling assembly sealed with orange foam. This orange foam may not be approved to seal these penetrations. d. In C hall storage room and escutcheon around a pipe has dropped down from the ceiling exposing openings through the Fire-resistance-rated ceiling. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin. 	C 189		

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C 189	<p>Continued From page 4</p> <p>Findings on May 21, 2015:</p> <p>a. The fire sprinkler escutcheon plate had dropped down from the ceiling in B Hall Storage Closet.</p> <p>b. The fire sprinkler head in the kitchen walk-in cooler had orange foam sealang in the parts around the internal escutcheon plate.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed.</p> <p>Findings on May 21, 2015:</p> <p>a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in January 2015, there has been no record keeping of the monthly inspections.</p>	C 189		
C 191	<p>Unvented & Portable Elec. Heaters Prohibited</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.</p> <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>	C 191		

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C 191	Continued From page 5 This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of unvented & portable electrical heater in the facility. This could affect all residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on May 21, 2015: a. A portable electric heater was found in the Marking 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 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, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors.	C 199		

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C 199	Continued From page 6 Findings on May 21, 2015: a. The exhaust ventilation was not working. Locations of specific examples include but are not limited to: i. A Hall Solid Utility, ii. SCU Clean Laundry, iii. Both Public Toilet Room.	C 199		