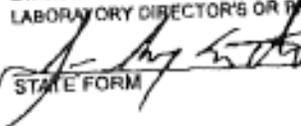


PRINTED: 07/23/2015
FORM APPROVED

Division of Health Service Regulation		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2015
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF NORTH RALI	STREET ADDRESS, CITY, STATE, ZIP CODE 5219 OLD WAKE FOREST RD RALEIGH, NC 27609
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(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 This report is of a biennial construction survey done by Bob Getchell on July 17, 2015. This facility was first licensed as a Home for the Aged serving 96 residents, 36 of which are in the Special Care Unit, on May 30, 2013. Therefore the facility was surveyed for conformance with the 2005 Rules for the Licensing of Adult Care Homes, and, the 2005 North Carolina State Building Code(s), Section 408.1 Institutional Occupancy, Group I-2. Deficiencies were noted which will require a new plan of correction.	C 000		
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, building components were not maintained in a safe manner. Findings include the following: a) C14 has storage within 18 inches of sprinkler heads, (repaired on-site). b) Corridor Emergency light at D14 is not working. c) Cover removed on PTAC in B4	C 189	<p>CONSTRUCTION SECTION</p> <p>AUG 04 2015</p> <p>RECEIVED</p> <p>C189</p> <p>a) This was corrected onsite</p> <p>b) Emergency Light at D14 was replaced on 7/23 and verified by c.Dom</p> <p>c) This was room that was being turned for new residents it was discussed and feel should not be an issue, it was in cleaning process, but has been put back on 7/24</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Corporate Director of Maintenance	(X5) DATE 8/4/2015
STATE FORM	BRP321	If continuation sheet 1 of 3

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2015
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NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF NORTH RAIL	STREET ADDRESS, CITY, STATE, ZIP CODE 5219 OLD WAKE FOREST RD RALEIGH, NC 27609
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C 189	<p>Continued From page 1</p> <p>2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include:</p> <p>a. The attic smoke barrier wall over room C17 has an unprotected penetration by a HVAC control wire</p> <p>b. The linen closet wall and ceiling has an unprotected penetration by HVAC control wire</p> <p>c. The Electrical Closet at B4 has an unprotected conduit penetration in the wall</p>	C 189	<p><u>C189</u></p> <p>a) Penetration at Smoke wall above C17 has been Firecaulked</p> <p>b) Penetration in linen closet has been caulked 7/23</p> <p>c) Penetration at B4 Electrical Closet has been Firecaulked on 7/23</p>	
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <p>(1) soiled linen storage;</p> <p>(2) soil utility room;</p> <p>(3) bathrooms and toilet rooms;</p> <p>(4) housekeeping closets; and</p> <p>(5) laundry area.</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 199		

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2015
NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF NORTH RALI		STREET ADDRESS, CITY, STATE, ZIP CODE 5219 OLD WAKE FOREST RD RALEIGH, NC 27609		
(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 2 This Rule is not met as evidenced by: 1. Based on observation, the mechanical ventilation in the kitchen was not maintained operable. Findings include: The exhaust fan in the kitchen mop room is not working.	C 199	Exhaust Fan in mop room has been repaired and is now operational on 7/24 All work has been completed and verified by Corporate Director of Maintenance to be in compliance at this time J. R. Smith 8/4/2015	