

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL090031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - MAIN</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/22/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARILLON ASSISTED LIVING AT INDIAN TRAIL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5306 SECREST SHORT CUT ROAD MONROE, NC 28110</b>		
(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 a Biennial Construction Survey by Ed Miller on June 22 2016.  Record indicate that the facility was licensure on December 3, 2009 for Ninety-Six (96) Beds, of which Thirty-Six (36) are Special Care Beds. Based on the above information, the facility is required to meet the 2005 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the 2006 North Carolina State Building Code, Section 407, Institutional Occupancy, Group I-2.  Deficiencies were noted which require a Plan of Correction.	C 000		
C 133	Bathrooms-Hand Grips  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that all resident commodes, tubs and showers are equipped with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on June 22, 2016: a. "B" Hall Spa - there was no hand grip (grab bar) for the tub.	C 133	<i>C133 1.a) Hand Grip has been ADDED per Surveyor</i>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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C 188	Continued From page 1	C 188		
C 188	<p>Electrical Outlets in Wet Locations</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on June 22, 2016: a. Bedroom Suite A1/A2 - there was an electrical power receptacle within six feet of the common sink, not protected from ground faults. b. Bedroom Suite A5/A6 - there was an electrical power receptacle within six feet of the common sink, not protected from ground faults. c. Bedroom Suite D1/D2 - there was an electrical power receptacle within six feet of the common sink, not protected from ground faults. d. Bedroom Suite D5/D6 - there was an electrical power receptacle within six feet of the common sink, not protected from ground faults.</p>	C 188	<p>C188</p> <p>1a) GFCI Receptacle has been installed at sink in A1/2</p> <p>b) GFCI Receptacle has been installed at sink in A5/6</p> <p>c) GFCI Receptacle has been installed at sink in D1/2</p> <p>d) GFCI Receptacle has been installed at sink in D5/6</p>	
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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</p>	C 189		

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C 189	<p>Continued From page 2</p> <p>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> <p>1. Based on observation, the Building was not maintained in a safe and operating condition, because the exit signs did not work properly, relay directional information properly or were missing. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on June 22, 2016: a. Intersection of "B" Corridor and Short Corridor near Nurse Station - the exit sign's chevrons graphics misrepresent the way to egress from the building during an emergency.</p> <p>2. 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. Findings on June 22, 2016: a. Kitchen - Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in January 2016, there has been no record keeping of the monthly inspections.</p> <p>3. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps around penetration through the fire-resistance-rated construction. These breaches invalidate the fire-resistance-rated construction's integrity. This</p>	C 189	<p>C189</p> <p>1a) EXIT Sign has been adjusted to show correct egress from building</p> <p>2a) Maint has been inserviced to check monthly tag at hood system and initial for Recordkeeping</p>	

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C 189	Continued From page 3  could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on June 22, 2016: a. Building System Room - there was an open-ended sleeve with cable bundle penetrating the fire-resistance-rated ceiling assembly. Deficiency corrected before Construction Surveyors departed Site.  4. Based on observation, the facility fire resistance rated components have not been maintained in a safe and operating condition. The corridor doors are not smoke resisting. This could affect all residents, staff and visitors if the doors did not contain fire /smoke in the room of origin. Findings on June 22, 2016: a. "D" Hall Activity Room - the corridor door did not latch into its frame when closed.  5. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on June 22, 2016: a. "D" Hall Smoke Barrier - the back leaf, of the double-egress cross-corridor doors near did not latch when the fire alarm system released the doors. Deficiency corrected before Construction Surveyors departed Site.  6. 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 fire-resistance-rated construction. This could affect all residents, staff and visitors if smoke/fire	C 189	<b>C189</b>  <b>3.a) Deficiency was corrected while Surveyor on-site</b>  <b>4.a) D.hall Activity Door has been adjusted to close properly</b>  <b>5.a) D hall Smoke Barrier Door has been adjusted to latch correctly during Fire Alarm activation</b>	

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C 189	Continued From page 4 is not contained in the Room or compartment of origin. Findings on June 22, 2016: a. Corridor near Bedroom 105 - the fire sprinkler escutcheon plate was missing. Deficiency corrected before Construction Surveyors departed Site.	C 189	C189  6.a) Deficiency <del>was</del> corrected while surveyor was on-site  All Deficiencies have been corrected and verified by CDom for completion. 7/20/2016 James R. Smith <i>J. R. Smith</i>	