Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING HAL055011 05/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 440 SALEM CHURCH ROAD CARILLON ASSISTED LIVING OF LINCOLNTON LINCOLNTON, NC 28092 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Licensure Section and the Lincoln County Department of Social Services conducted an annual survey on May 10 - 11, 2016. D 079 10A NCAC 13F .0306(a)(5) Housekeeping and D 079 **Furnishings** 10A NCAC 13F .0306 Housekeeping and **Furnishings** (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to prevent the use of non-surge protected 5/15/2016 electric outlet adapters in 3 of 39 occupied All resident rooms have been resident rooms (Rooms A-1, A-9 and B-9). inspected by management and all non surge protected electric The findings are: outlet adapters have been removed. Additionally, all Observation on 5/10/16 at 10:12AM of Room A-9 portable heaters have been revealed: -A six plug electric outlet adapter, located in the removed from the premises. outlet next to the bed, with 4 devices plugged into 5/15/2016 II. Facility maintenance and housekeeping will ensure by And -One of the plugs was white and came from a inspection that no non-surge ongoing surge protector, into which was plugged in a cell protected electric outlet phone charger and an oil-filled space heater (the adapters nor portable electric space heater was off). -One of the plugs was from a bedside table lamp heaters are present in resident (off). rooms Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SURPLIER REPRESENTATIVE'S SIGNATURE

Plan of Correction received, reviewed and approved 6/22/16.

| STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | | | | | | |
|--|--|--|---------------------|---|---|--------------------------|--|--|--|--|--|--|
| AND PLAN OF CORRECTION | | IDENTIFICATION NOMBER: | A. BUILDING: _ | | COMPL | FIED | | | | | | |
| | | HAL055011 | B. WING | | 05/1 | 1/2016 | | | | | | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADI | ORESS, CITY, STA | TE, ZIP CODE | | | | | | | | |
| CARILLON ASSISTED LIVING OF LINCOLNTON 440 SALEM CHURCH ROAD | | | | | | | | | | | | |
| LINCOLNTON, NC 28092 | | | | | | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | 8E | (X5) COMPLETE DATE | | | | | | |
| D 079 | not determined. Observation on 5/10/revealed: -A three outlet electric stand with a table lamon. Observation on 5/10/revealed: -A three outlet adapte the resident's bedInto the adapter was humidifier and a hear -The night light and honInto the free wall outlicharger. Confidential interview a family member had adapter she was usin Telephone interview v Director on 5/10/16 at He had been in his p He was shared between facility, 2 days at one other each week, alte He did not provide and during orientation other alarm resets, use of the transport vehicle and setting for the special He would expect the | om a small fan on the urth plug (black in color) was 16 at 10:45AM of Room A-1 c adapter behind a bedside in plugged into it and turned 16 at 11:15AM of Room B-9 er plugged into an outlet near plugged a night light, a ing aid device. umidifier were both turned let was plugged a cell phone res with one resident revealed brought in the electric outlet g. with the Maintenance t 2:20PM revealed: osition for three weeks. een this facility and a "sister" facility and 3 days at the rnating each week. ny safety training to staff er than addressing fire drills, he wheelchair lift in the maintaining a secured | D 079 | III. The Executive Director monitor the building to no non-surge protecte adapters and portable heaters are allowed in building by regular insport the building. Region Director of Operations also monitor, at least of that no non surge protocolor wall adapters and portocolor heaters are present in building. | o ensure d space the pection al shall quarterly, ected able | ongoing. | | | | | | |

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in the facility.

of extension cords."

included:

5/10/16.

A Plan of Protection was provided on 5/10/16 and

-All hazardous outlet adapters would be removed by facility management by the end of the day on

-Facility management would perform frequent inspections of all rooms to ensure no hazardous

-Facility staff would receive training on company policy regarding outlet adapters not to be allowed

outlet adapters were present.

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This Rule is not met as evidenced by: TYPE B VIOLATION

Based on observation and interviews, the facility failed to prevent the use of space heaters in 14 of 39 occupied resident rooms (Rooms A-1, A-2, A-9, A-12, A-15, B-2, B-7, B-10, C-14, D-2, D-3, D-4, D-7 and D-15).

The findings are:

Observation on 5/10/16 at 10:20AM of Room A-12 (unoccupied) revealed an oil-filled radiator space heater, unplugged, sitting by the door.

Observation on 5/10/16 at 10:40AM of Room A-2 revealed:

- -A small radiant space heater with a fan (off), sitting on top of the heater/air conditioning unit under the window.
- -This space heater was plugged into a green

| STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY | | | | | | |
|---|--|---|---------------------|--|------|--------------------------|--|--|--|--|--|--|
| AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | A. BUILDING: | | СОМР | COMPLETED | | | | | | |
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| | | HAL055011 | B. WING | | 05/ | 11/2016 | | | | | | |
| NAME OF P | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | | | | | |
| 440 SALEM CHURCH ROAD | | | | | | | | | | | | |
| CARILLON ASSISTED LIVING OF LINCOLNTON LINCOLNTON, NC 28092 | | | | | | | | | | | | |
| (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 108 | Continued From page 4 | | D 108 | | | | | | | | | |
| | surge protector that v wall outlet. -A small desk lamp (a surge protector. | vas plugged directly into a also off) was plugged into the | | | | | | | | | | |
| | revealed: -A small radiant space | e heater with a fan (off), | | | | | | | | | | |
| | a six outlet adapter w | ic drawers and plugged into with no surge protection. we heater with a fan (off), the door. | | | | | | | | | | |
| | Observation on 5/10/16 at 11:00AM of Room B-7 revealed an oil-filled radiator space heater in the room. | | | | | | | | | | | |
| | 14 on the special car -An oil-filled radiator near the bedroom do | space heater on the floor | | | | | | | | | | |
| | Room C-14 on 5/10/ -He was oriented to p -He had been waiting | resident who occupied 16 at 11:30AM revealed: person, place, and time. g for staff to assist him with a ater was on to warm the | | | | | | | | | | |
| | office from the hallwa -The office was not o -An oil-filled radiator inside the office by th | ealed: ee permitted viewing of the ey. ccupied. space heater was visible ee door and unplugged. | | | | | | | | | | |
| | Observation on 5/10/ revealed: | /16 at 2:00 PM of Room A-9 | | | | | | | | | | |

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plugged in (off).

plugged in (off).

Observation on 5/10/16 at 2:59PM of Room D-2 revealed an oil-filled radiator space heater

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING HAL055011 05/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 440 SALEM CHURCH ROAD CARILLON ASSISTED LIVING OF LINCOLNTON LINCOLNTON, NC 28092 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE. (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) D 108 D 108 Continued From page 6 Confidential interviews with 13 residents revealed: -Staff had provided one resident with a space heater but it had not been used recently. -In the winter, one resident used a space heater because the "thermostat" was broken in the wall heater/air conditioning unit, which he had spoken to the "Maintenance Man" concerning. -One family member was supposed to take back a space heater no longer being used. -One resident used her space heater when it was cold in the morning. -One resident stated the wall heater/air conditioning unit "doesn't work for heat," he used the space heater at night on a low setting, he shut it off every time he left his room and "I'm afraid the space heater might be a fire hazard." -One resident did not have a space heater currently in their room but used one during the winter. -One resident stated it "got pretty cold in the winter time" and "I don't think the window heater works anymore." -One resident "used recently" a space heater on cold days "just to knock the chill off." One resident had a space heater before she got a new roommate, which was used in the winter, but staff took it away as the roommate thought the room was too warm. One resident stated they did not use the space heater in their room but a roommate did use it. -One resident stated they used a space heater in the winter. -One resident stated they used a space heater to warm their room up, the room got chilly without it

but they never left it on while they slept. -One resident used a space heater when it got cold, the window heating/air conditioning unit did not work and she wore a sweater "all the time."

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING; B. WING HAL055011 05/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 440 SALEM CHURCH ROAD CARILLON ASSISTED LIVING OF LINCOLNTON LINCOLNTON, NC 28092 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 108 D 108 Continued From page 7 Confidential interview with a Personal Care Aide on the Special Care Unit revealed: -Hazards in rooms included oxygen tubing, walkers and wheelchairs and blow dryers in bathrooms. -Concerning space heaters, "they [residents] have them, I think" and the one in Resident #3's room was probably "not safe." Confidential interview with a second Personal Care Aide on the Assisted Living side of the facility revealed she always made sure there was nothing near the residents heaters. Telephone interview with the Maintenance Director on 5/10/16 at 2:20PM revealed: -He had been in his position for three weeks. -He was shared between this facility and a "sister" facility, 2 days at one facility and 3 days at the other each week, alternating each week. -He did not provide any safety training to staff during orientation other than addressing fire drills, alarm resets, use of the wheelchair lift in the transport vehicle and maintaining a secured setting for the special care unit. -He would expect the Resident Care Director or Executive Assistant to report any safety concerns to him. -Space heaters could be used on the assisted living side of the facility but not in the special care unit. -Use of space heaters was determined based on the county the facility was located in. -The window heating/air conditioning units provided heat through hot water piped through them, which was shut off and turned on by a valve under each unit and done so seasonally. -The facility started in May to "turn over" the

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conditioning.

heating/air conditioning units from heat to air

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: HAL055011 05/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 440 SALEM CHURCH ROAD CARILLON ASSISTED LIVING OF LINCOLNTON LINCOLNTON, NC 28092 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE. (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 108 D 108 Continued From page 8 -When the heating/air conditioning units were "turned over" was based on resident preference. -Residents used space heaters at night because it was cooler then, but he was not sure if the heating/air conditioning units in these rooms had been turned over yet. Interview with the Executive Director and the Director of Clinical Services on 5/10/16 at 4:00PM revealed: -The facility had been open since 2008 and there was not a written policy regarding the use of space heaters. -The heating/air conditioning units in the rooms did not put out sufficient heat during cold periods and the facility obtained the safest space heaters. -Only oil-filled space heaters were used. Review of the most current fire inspection report for the facility dated 8/5/15 revealed no check mark next to the category of "portable unvented heaters." Attempted telephone interview with the Fire Marshall on 5/11/16 at 12:20PM was unsuccessful. A Plan of Protection was provided on 5/10/16 and included: -All space heaters would be removed by facility management by the end of the day on 5/10/16. -Facility management would perform frequent inspections of all rooms to ensure no space heaters were present. -Facility staff would receive training on company policy regarding space heaters not to be allowed in the facility.

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THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JUNE 25,

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING HAL055011 05/11/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 440 SALEM CHURCH ROAD CARILLON ASSISTED LIVING OF LINCOLNTON LINCOLNTON, NC 28092 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 108 D 108 Continued From page 9 2016. D912 D912 G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure residents received care and services that are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to housekeeping and furnishings (use of hazardous non-surge protected electric outlet adapters) and other requirements (use of space heaters which was not permitted). The findings are: 1. Based on observations and interviews, the facility failed to prevent the use of non-surge protected electric outlet adapters in 3 of 39 occupied resident rooms (Rooms A-1, A-9 and B-9)[Refer to Tag 079, 10A NCAC 13F .0306(a) (5), Housekeeping and Furnishings (Type B Violation)]. 2. Based on observation and interviews, the facility failed to prevent the use of space heaters in 14 of 39 occupied resident rooms (Rooms A-1, A-2, A-9, A-12, A-15, B-2, B-7, B-10, C-14, D-2, D-3, D-4, D-7 and D-15)[Refer to Tag 108, 10A

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ B. WING_ 05/11/2016 HAL055011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 440 SALEM CHURCH ROAD CARILLON ASSISTED LIVING OF LINCOLNTON LINCOLNTON, NC 28092 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D912 D912 Continued From page 10 NCAC 13F .0311(b)(2), Other Requirements (Type B Violation)].