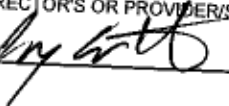


Service Regulation

DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL080013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/11/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WILSON ASSISTED LIVING OF SALISBURY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 MOOREVILLE ROAD SALISBURY, NC 28147</b>
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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
000	Initial Comments  Report of Biennial Construction Survey by Dennis Harrell and Frank Strickland on 12-11-2015.  Records indicate this facility was first licensed on 9-3-1996, for 128 beds with 36 of those in a Special Care Unit. Therefore, we are requiring that this facility meet the 1996 Rules for Homes for the Aged and Disabled; Minimum Standards and Regulations, 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).  Existing Licensed Fac- No less than '71 Rules	C 000		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (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 at no cost;  This Rule is not met as evidenced by: Based on observation, there was no systems	C 101		

DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Corporate Director of Maintenance</b>	(X6) DATE <b>11/13/2012</b>
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6899 7V6L21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL080013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/11/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARILLON ASSISTED LIVING OF SALISBURY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 MOORESVILLE ROAD SALISBURY, NC 28147</b>
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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 101	Continued From page 1  components location map provided under glass adjacent to the fire alarm system for the Special locking in Special Care as required by Building Code.	C 101	<b>C101</b>  Map has been installed at Fire Panel for Special locking Devices	
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, some battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings include malfunctioning lights at the following locations: a. Porch in Special Care, b. Dining in Special Care, c. One lamp not working in corridor at room B5.  2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:	C 189	<b>C189</b>  1) Emergency light on Porch to Special Care has been Replaced b) Emergency light in Dining at Special Care has been replaced c) lamp has been Replaced at Room B5 Corridor	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL080013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARILLON ASSISTED LIVING OF SALISBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 MOORESVILLE ROAD SALISBURY, NC 28147</b>		
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C 189	Continued From page 2  a. Unsealed sleeves (2) through the ceiling of the telephone room. b. A 3 inch PVC pipe penetrating the ceiling of the water heater room was not properly fire protected. c. The sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the Marketing office.  3. Based on observation the sprinkler head in the riser room was obstructed on one side by fire caulk that had sagged down from the ceiling and dried. Sprinkler heads that are obstructed cannot spray properly in a fire.  4. Based on observation, the warning sounding device covering a magnetic locking emergency release switch failed to sound when lifted. Warning devices that fail to sound could allow resident elopement.  5. Based on observation, the cast iron lavatory is loosly mounted to the wall in the visitors men's bathroom. Loosely mounted lavatories could fall and cause injury.  6. Based on observation, there were 2 holes through the corridor door to the soiled linen room off the Service Hall. Holes in corridor doors present the possibility that smoke and fire that begins in one space can quickly spread to the corridor and the remainder of the facility.  7. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include:	C 189	<b>C189</b>  <b>2.</b> <b>a) Sleeves have been Firecaulked</b> <b>in ceiling of Telephone Room</b> <b>b) 3 in PVC pipe in Water Heater Room has been Fire Caulked</b> <b>c) Sprinkler Escutcheon has been installed Flush to ceiling in Marketing office</b>  <b>3. Fire caulking has been removed from Sprinkler head in Riser Room</b>  <b>4. Battery has been replaced in Sounder cover magnetic locking Device</b>  <b>5. Sink has been removed and reinstalled securely to wall in Men's R. Room</b>  <b>6. the 2 Holes in Soiled linen Door have been sealed</b>  <b>7. All Oxygen cylinders have been secured in a metal rack in Nurse's Office</b>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL080013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/11/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARILLON ASSISTED LIVING OF SALISBURY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 MOORESVILLE ROAD SALISBURY, NC 28147</b>
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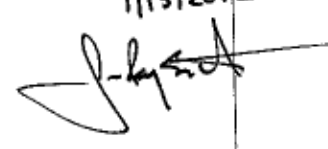
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C 189	<p>Continued From page 3</p> <p>A portable medical oxygen cylinder was stored in no container in the Nurse office.</p> <p>8. Based on observation, several waste drains were not properly sealed. Improperly sealed waste drains allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Findings include:</p> <p>a. A sink had been removed in the utility closet and the wall drain left open.</p> <p>b. A sink had been removed in the resident laundry in Special Care and the wall drain left open.</p> <p>c. The hopper trap was dry in the utility room in Special Care.</p> <p>9. Based on observation, the ice machine drain line was only 1 inch above the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.</p>	C 189	<p>C189</p> <p>8.</p> <p>a) Sink (utility) has been reinstalled in utility closet</p> <p>b) Wall Drain has been capped off and sealed</p> <p>c) Hopper has been flushed AND therefore proper seal is utilized</p> <p>9. Ice machine Drain has been cut to measure at least 2" above Floor Drain</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>	C 199		

Division of Health Service Regulation

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C 199	<p>Continued From page 4</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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; a. Exhaust not working in the Spa, b. Exhaust not working in the resident laundry in Special Care.</p>	C 199	<p>C199</p> <p>(k)</p> <p>a) Exhaust Fan has been repaired and now working properly in Spa</p> <p>b) Exhaust Fan in Resident Laundry has been repaired and working properly</p> <p>All work has been verified as completed by CDOM on 1/13/2012</p> 	
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