(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL092187 06/28/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5219 OLD WAKE FOREST RD CARILLON ASSISTED LIVING OF NORTH RALI** RALEIGH, NC 27609 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Billy S. Bryant and Suzanna Fay conducted on 06/28/2017. Records indicate this facility was first licensed on 05/30/2013. The facility is currently licensed for 96 Beds including a 36 Bed Special Care Unit. Therefore the facility was surveyed for conformance with applicable portions of the 2006 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 160 C 160 Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. The outside grounds of the facility was not matained in a clean and safe condition. Finding on 06/28/2017: a. "B" Hall - The fence outside "B" Hall has been damaged by a tree falling on a section of the fence. The damaged section has broken pieces with protruding ends that have jagged and sharp ends. b. At various locations around the perimeter of the building the roof rain gutters are full of debris and in some instances have plant life growing out

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>			(X3) DATE SURVEY COMPLETED		
		HAL092187		B. WING		06/	28/2017
	PROVIDER OR SUPPLIER  DN ASSISTED LIVING	OF NORTH RALL	5219 OLD	DRESS, CITY, S WAKE FOR , NC 27609	STATE, ZIP CODE EST RD		
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C 160	Continued From page 1			C 160			
	of them.						
C 189	Building Equipment Maintained Safe, Operating			C 189			
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER  and all fire safety, electr  umbing equipment in a  maintained in a safe	an adult and sting (e)				
	equipment is not m condition. Failure to equipment in opera occupants of the fa	ration the facility's fire aintained in operating maintain fire safety ting condition could excility if the equipment provide the required	ffect				
	gauge indicated the accelerator for the on one of the three	017: rinkler Room - The propere was no pressure of dry pipe fire sprinkler strick fire sprinkler risers. The accelerator was also i	n the system he				
	maintain the facility safe operating cond required to close conducted to close conducted to close conducted to close conducted to close to conducte the facility of the facili	ration there is a failure 's fire safety equipmendition. Cross corridor of the completely and latch in occupants in the smoot be effected if doors of	nt in a doors are the ke				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL092187	B. WING		06/2	8/2017
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
CARILLO	ON ASSISTED LIVING	OF NORTH RALL	) WAKE FOR , NC 27609	REST RD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 189	completely close ar of smoke or fire to to smoke or fire to to the smoke or fire to to the smoke or fire to to the smoke of smoke or fire to to the smoke to spread be smoke to spread to spre	and latch to help limit the spread the area of origin.  2017: If of the pair of cross corridor in the closed position when agnetic hold open device. He the surveyor was on site.  If ation there is a failure to the safety systems in a safe etrations or gaps in the fire angs. Penetrations, gaps or an arted ceilings could effect the facility by allowing fire and the area of origin.  2017: If a gap/hole in the fire and where the fire sprinkler escutcheon.  If Room - There are gaps in the deciling where it is	C 189			
C 199	Exhaust Ventilation		C 199			
	provided with exhau					

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		HAL092187	B. WING		06/	28/2017		
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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C 199	requirement does no before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the exwhich shall not apport appears to be a second of the required equipment in space exhausted by rule.  Findings on 06/28/2 a. "D" Hall - Men are exhaust fans are not the story of the required exhaust fans are not	not apply to facilities licensed with natural ventilation in aces: rage; toilet rooms; closets; and apply to new and existing apply to existing facilities. Let as evidenced by: ration the facility failed to dexhaust ventilation as required to be mechanicall 2017: howomen's Restrooms - The	C 199					

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