Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING: 01 AND PLAN OF CORRECTION 06/28/2017 B. WING HAL092187 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5219 OLD WAKE FOREST RD CARILLON ASSISTED LIVING OF NORTH RALI RALEIGH, NC 27609 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG C 000 C 000 Initial Comments 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: The outside grounds of the facility was not matained in a clean and safe condition. BIG0 J. Bhall FENCE has been replaced and an Jacobis Edge 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 Temoved fence. The damaged section has broken pieces with protruding ends that have jagged and sharp ends. b) All gutter were removed of kind Department bostone 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 (X6) DATE

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING: 01 AND PLAN OF CORRECTION 06/28/2017 B. WING HAL092187 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5219 OLD WAKE FOREST RD CARILLON ASSISTED LIVING OF NORTH RALI RALEIGH, NC 27609 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG C 160 Continued From page 1 C 160 i of them. C 189 Building Equipment Maintained Safe, Operating C 189 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. C189 This Rule is not met as evidenced by: Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect a) CDOM has his Sprinkler company out to make recessary repairs and accelerator is back occupants of the facility if the equipment did not operate properly to provide the required protection function. IN theo DAL POSITION Finding on 06/28/2017: a. Main Exterior Sprinkler Room - The pressure gauge indicated there was no pressure on the accelerator for the dry pipe fire sprinkler system on one of the three fire sprinkler risers. The supply valve to the accelerator was also in the off position. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Cross corridor doors are required to close completely and latch in the event of a fire. The occupants in the smoke compartment could be effected if doors do not

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES DENTIFICATION NUMBER: A. BUILDING: 01 AND PLAN OF CORRECTION 06/28/2017 B. WING HAL092187 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5219 OLD WAKE FOREST RD CARILLON ASSISTED LIVING OF NORTH RALI RALEIGH, NC 27609 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG C 189 િાક૧ C 189 Continued From page 2 completely close and latch to help limit the spread of smoke or fire to the area of origin. 22) latch has been repaired and latching mes required while onsite Finding on 06/28/2017: a. B" Hall - One leaf of the pair of cross corridor doors did not latch in the closed position when released from its magnetic hold open device. Note: Repaired while the surveyor was on site. 33) Escutheran has been replaced Based on observation there is a failure to in Rm AZ maintain the facility's fire safety systems in a safe manner due to penetrations or gaps in the fire resistant rated ceilings. Penetrations, gaps or b) Bhall ) All Electrica conduits have been sealed with approved Fire Chulking holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. C) Bhall Electrical was had Free Sprinkle had Adjusted to seal gap Findings on 06/28/2017: a. Room A-2 - There is gap/hole in the fire resistant rated ceiling where the fire sprinkler head is missing its escutcheon. b. "B" Hall Electrical Room - There are gaps in the fire resistant rated ceiling where it is penetrated by electrical conduits. c. "B" Hall Electrical Room - There is gap in the fire resistant rated ceiling where the fire sprinkler head has shifted to where is is below its escutcheon. C 199 C 199 Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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

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