AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		HAL055011	B. WING		09/	09/06/2017	
	PROVIDER OR SUPPLIER		DDRESS, CITY, S .EM CHURCH I NTON, NC 280	ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
		uction Section Biennial Survey nd Ed Miller on 09/06/2017.	,				
	03/31/2008. The fac 96 Beds including a Therefore the facilit conformance to app Edition of the North Institutional Occupa Licensing of Adult O	is facility was first licensed on cility is currently licensed for a 36 Bed Special Care Unit. y was surveyed for blicable portions of the 2006 Carolina Building Code(s), ancy, and the 2005 Rules for Care Homes of Seven or More e time of initial licensure.					
C 160	Outside Premises-0	Clean, Safe	C 160				
	(1) The outside gro						
	This Rule is not me 1. The outside grou kept in a safe condi	nds of the facility were not					
	hazard present due $3\frac{1}{4}$ " wide and 4" in	017: Patio Area - There is a tripping to a gap approximately of depth completely surrounding et into the patio concrete.					
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166				
	SECTION .0300 - F 10A NCAC 13F .03	PHYSICAL PLANT 06 HOUSEKEEPING AND					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL055011	B. WING		09/	06/2017
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST EM CHURCH F NTON, NC 280	ROAD	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
C 166	orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on observe maintain the facility Emergency means be obstructed or ble from the facility by the delayed if means of encroached upon. Finding on 09/06/20 a. S.C.U The exit the entrance of the wheel chairs stored Note: Corrected wh b. S.C.U - The path end hall to the exit entrance of the the med cart.	es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: vation there is a failure to free from hazards. of egress/pathways must not ocked. Emergency evacuation the occupants could be f egress was obstructed or 017: corridor to the exit doors at S.C.U. was obstructed by a long the corridor wall. bile the surveyor was on site. n of egress from a short dead corridor to the exit doors at the S.C.U. was obstructed by a				
C 189		ile the surveyor was on site. t Maintained Safe, Operating	C 189			
	mechanical, and pl care home shall be operating condition	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and				

STATE FORM

STATEMENT OF DEFICIENCIES(X1) PROVIDER/SUPPLIER/CLIAAND PLAN OF CORRECTIONIDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
				A. BUILDING: 01			
		HAL055011	B. WING		09/	06/2017	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
CARILLO	ON ASSISTED LIVING		EM CHURCH F NTON, NC 280				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 189	Continued From page 2		C 189				
	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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.						
		11 - A fire sprinkler head aced and has created a gap ir	1				
	Dryers - The dryer escutcheon has dro	, Access Area to Rear of exhaust duct metal opped down and created a gap the fire resistant rated ceiling					
	Station - A fire spri	Room Adjacent to Nurses' nkler head escutcheon is created a gap in the fire ng.					
	removed, damaging	I Patio- A trim piece has been g the corner bead which has e fire resistant rated ceiling e patio wall.					
	fire sprinkler head e	Room at Nurses' Station - The escutcheon is missing leaving re resistant rated ceiling is prinkler pipe.					
	equipment is not m	vation the facility's fire safety aintained in a safe condition. ccupants of the facility if the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		HAL055011	B. WING		09/	06/2017	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST EM CHURCH F NTON, NC 280	ROAD	• • •		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE	
C 189	 properly in order to Finding on 09/06/2 a. S.C.U. Linen Clo 18" between stored is not being maintais stored and covered they were within aghead. 3. Based on obsermaintain the facility safe operating concompartment could completely close a of smoke or fire to Findings on 09/06/a. Staff Lounge - T contacts the door f close and latch. b. Vending Area - T contacts the door f close and latch. 4. Based on obsermaintain the facility evacuation from th could be delayed if Finding on 09/06/2 a. S.C.U. Courtyar used for exiting frodrags on the concr 	ment could not operate o extinguish a fire. 017: Deset - The minimum distance of d items and fire sprinkler head ained. Bedspreads where d the closet top shelf so that oproximately 4" fire sprinkler vation there is a failure to y's fire safety equipment in a dition. Occupants in the smoke d be effected if doors do not nd latch to help limit the spread the area of origin. 2017: The door leading to the corridor frame and cannot completely The door leading to the corridor frame and cannot completely vation there is a failure to y in a safe manner. Emergency e facility by the occupants f means of egress was blocked		DEFICIENC			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			E SURVEY PLETED		
			A. BUILDING. VI				
		HAL055011	B. WING		09/	06/2017	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ARILLO	ON ASSISTED LIVING		EM CHURCH F NTON, NC 280				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 199	Continued From pa	ige 4	C 199				
C 199			C 199				
ision of H	provided with exhan two cubic feet per r requirement does r before April 1, 1984 these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex- which shall not app This Rule is not mo 1. Based on observi- maintain the exhau Finding on 09/06/20 a. "A" Hall - There is being maintained ir	11 OTHER red in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in neces: rage; toilet rooms; closets; and apply to new and existing apply to existing facilities. et as evidenced by: vation the facility failed to st ventilation equipment.	t				