

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF KNIGHTDALI	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
---	--

(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 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey conducted by Suzanna Fay and Frank Strickland on August 30, 2018.</p> <p>Records indicate this facility was first licensed on March 15, 2011. The facility is currently licensed for 96 Beds with a 36 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2009 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.</p> <p>Deficiencies were noted which require a Plan of Correction.</p>	C 000		
C 133	<p>Bathrooms-Hand Grips</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that hand grips were not provided at all tubs and showers used by or accessible to residents.</p> <p>Findings on August 30, 2018: a. B Hall Spa - the tub did not have a hand grip useful for getting in and out of the tub. The grip provided was attached by suction cups and is not</p>	C 133		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF KNIGHTDALI	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
---	--

(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 133	Continued From page 1 a reliable grip.	C 133		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings were not maintained in good repair. Findings on August 30, 2018: a. A Hall Janitor's Closet - the ceiling finish over the door is peeling and falling down. b. D Hall - there are black mildew stains around several of the smoke detectors and sprinkler heads including the Activity Room and corridors. c. D Hall Activity Room - a section of the sheetrock tape has pulled away from the ceiling. 2. Observations revealed that the floors were not maintained clean and in good repair. Findings on August 30, 2018: a. Four out of five resident toilet rooms observed had heavy staining around the toilets. The stains appear to be moisture under the vinyl floor finish. b. B Hall Spa - the sheet vinyl floor seam is separating leaving a gap for dirt and moisture to penetrate.	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF KNIGHTDALI	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
---	--

(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 164	<p>Continued From page 2</p> <p>c. Kitchen - the walls and floor around and under the dishwash area have a heavy black build up.</p> <p>3. Observations revealed that the furnishings were not maintained in good repair.</p> <p>Findings on August 30, 2018:</p> <p>a. Room B4 - the door knob on the left closet door has broken off.</p> <p>b. Room C3 - the toilet paper dispenser in the bathroom was damaged.</p> <p>c. SCU Janitor's Closet - the door hardware is damaged.</p> <p>d. SCU Laundry - the door hardware is loose.</p> <p>e. SCU Dining - the laminate edge trim on either side of the sink drop down has broken off leaving rough exposed plywood.</p> <p>4. Observations revealed that the facility was not maintained free of chronic unpleasant odors.</p> <p>Findings on August 30, 2018:</p> <p>a. Room C3 - there was a strong smell of urine emanating from the bathroom. Further observation revealed dirty briefs in the bathroom garbage.</p> <p>5. Observations revealed that the walls were not maintained clean and in good repair.</p> <p>Findings on August 30, 2018:</p> <p>a. C18 - the wall base below the sink in the bathroom is falling off the wall.</p> <p>b. C18 - the resident had moved out and the room was in a state of disrepair. There was trash on the floor. There was a sheet of sheetrock laying across some furniture.</p>	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF KNIGHTDALI	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
---	--

(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 166	Continued From page 3	C 166		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the facility was not maintained free of all hazards.</p> <p>Findings on August 30, 2018: a. A-1 - there were four unsecured oxygen bottles on the floor in front of the concentrator.</p>	C 166		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF KNIGHTDALI	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
---	--

(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 189	<p>Continued From page 4</p> <p>operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire.</p> <p>Findings on August 30, 2018:</p> <p>a. At the time of survey, the fire alarm panel indicated trouble with a ground fault. Interview with staff revealed that the vendor had been contacted and repairs were scheduled for Tuesday, September 4, 2018.</p> <p>2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on August 30, 2018:</p> <p>a. The emergency light in the lobby did not illuminate on test.</p> <p>b. Emergency light A07 outside of Room A13 did not illuminate on test.</p> <p>c. Emergency light B04 by the Country Kitchen did not illuminate on test.</p> <p>d. Emergency light B07 outside of Room B5 did not illuminate on test.</p> <p>3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation.</p> <p>Findings on August 30, 2018:</p> <p>a. A Hall - the exit sign at the fire doors (housekeeping side) did not illuminate on battery test.</p> <p>b. B Hall - the exit sign at the fire doors did not</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF KNIGHTDALI	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
---	--

(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 189	<p>Continued From page 5</p> <p>illuminate on test.</p> <p>c. B Hall - the exit sign outside of Room B10 did not illuminate on battery test.</p> <p>d. SCU - the exit sign outside of the storage room near the fire wall did not illuminate on battery test.</p> <p>e. SCU Dining - the exit sign did not illuminate on battery test.</p> <p>4. 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.</p> <p>Findings on August 30, 2018:</p> <p>a. Lobby - one of the escutcheon plates has dropped leaving a gap at the ceiling.</p> <p>b. Exterior Boiler Room - one of the ceiling junction boxes is unsealed and there is a gap around the perimeter of the box.</p> <p>c. Exterior Electrical Room - there is one unsealed wire penetration at the ceiling.</p> <p>d. Soiled Utility Room - one of the sprinkler heads has shifted leaving a gap at the ceiling.</p> <p>e. The sprinkler head escutcheon plate has dropped outside of A11.</p> <p>f. Storage by Country Kitchen - the sprinkler head escutcheon plate has dropped leaving a gap at the ceiling.</p> <p>g. Janitor across from Room B3 - the sprinkler head escutcheon plate has dropped leaving a gap at the ceiling.</p> <p>h. B Hall - the sprinkler head escutcheon plate outside of Room B9 has dropped leaving a gap at the ceiling.</p> <p>i. SCU Common Bath - a sprinkler head escutcheon plate has dropped leaving a gap at the ceiling.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF KNIGHTDALI	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
---	--

(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 189	<p>Continued From page 6</p> <p>j. SCU second TV Room - the sprinkler head escutcheon plate has dropped leaving a gap at the ceiling.</p> <p>k. SCU Laundry - there is a gap in the ceiling around the exhaust fan box.</p> <p>l. Large Storage by Room C13 - the sprinkler head escutcheon plate has dropped leaving a gap at the ceiling.</p> <p>m. D Hall Exit across from Laundry - the sprinkler head escutcheon plate has shifted leaving a gap at the ceiling.</p> <p>n. D Hall Porch - there is a hole at the sprinkler escutcheon plate on the right side</p> <p>5. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot quickly closed so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on August 30, 2018:</p> <p>a. The door between Laundry and Soiled Linen was propped open with a chair. This was corrected at the time of survey.</p> <p>6. Observations revealed that the electrical equipment is not maintained in a safe and operating condition.</p> <p>Findings on August 30, 2018:</p> <p>a. Kitchen - four of the light covers were missing from the fixtures and two of the covers were partially attached.</p> <p>b. Exit by C13 - the cover plate is missing on the exterior GFCI outlet.</p> <p>7. Based on observation the facility's fire safety</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF KNIGHTDALI	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
---	--

(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 189	<p>Continued From page 7</p> <p>equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating due to sprinkler heads being obstructed could effect occupants in the fire compartment if the sprinkler head could not suppress a fire.</p> <p>Findings on August 30, 2018: a. Kitchen Pantry - a couple of cardboard boxes containing paper products were stored within 12" of the ceiling.</p> <p>8. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on August 30, 2018: a. Room C18 - the latch is missing in the corridor door. b. Room D7 - the latch is missing and the door drags on the frame making it difficult to open.</p>	C 189		
C 199	<p>Exhaust Ventilation</p> <p>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 requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room;</p>	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CARILLON ASSISTED LIVING OF KNIGHTDALI	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 HODGE ROAD KNIGHTDALE, NC 27545
---	--

(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 199	<p>Continued From page 8</p> <p>(3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: 1. Observations revealed that the facility did not maintain the exhaust ventilation in required areas.</p> <p>Findings on August 30, 2018: a. B Hall Spa - the exhaust fan had an accumulation of dust. b. Kitchen Housekeeping - the exhaust fan had a heavy accumulation of dust. c. SCU Room C18 - the bathroom exhaust fan has an accumulation of dust.</p>	C 199		