Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					ATE SURVEY DMPLETED			
		A. BUILDING. VI						
		HAL092187		B. WING 08/29/20			29/2019	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
CARILLON ASSISTED LIVING OF NORTH RALI RALEIGH, NC 27609								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
C 000	Initial Comments			C 000				
	Biennial Construction Section Survey report by Frank Strickland and Suzanna Fay conducted on 08/29/2019:							
	This facility was licensed on 05/30/2013 and is currently licensed for 96 Beds including a (36 Bed Special Care Unit). Therefore, this 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.							
	Deficiencies have be Correction is require	peen cited and a Plan red.	of					
C 164	Housekeeping and	Furnishings-Clean, F	Repaired	C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPIN	or air;					
	This Rule is not me 1-Based on observ clean and in good r	ation, this facility shal	ll be kept					
	Findings on 08/29/2 The following room (a) ED Office-"A" H (b) Room B9 Bathro	s have mildew on the ALL	e ceilings:					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED			
HAL092187			B. WING	NG 08/2				
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
CARILLON ASSISTED LIVING OF NORTH RALI 5219 OLD WAKE FOREST RD RALEIGH, NC 27609								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
C 164	(c) Room D3 Bathro 2-Based on observe the ceilings clean a Findings on 08/29/2 The ceiling is dama located in the Sprin 3-Based on observe the HVAC grilles cle Findings on 08/29/2	poom-"D" HALL ation, this facility has no nd in good repair. 2019: ged due to a water leak kler Riser Room. ation, this facility has no ean and in good repair.	c ot kept	C 164				
C 189	The grilles are dirty located at the following locations: (a) Room A9 Bathroom-"A" HALL (b) Room A10 Bathroom-"A" HALL (c) ED Office-"A" HALL 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.		C 189					
	maintain the life-sat	ation, this facility has fa fety components of the nd operating condition.	iled to					

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6899 0ZIQ21 If continuation sheet 2 of 4

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND I EAR OF CONTROL				A. BUILDING:	01		
			B. WING				
HAL092187			B. WING		08/2	9/2019	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CABILLO	NI ACCICTED I IVING	OE NORTH BALL	5219 OLD	WAKE FOR	EST RD		
CARILLO	ON ASSISTED LIVING	OF NORTH RALI	RALEIGH	, NC 27609			
(X4) ID		TEMENT OF DEFICIENC		ID	(X5)		
PREFIX TAG		' MUST BE PRECEDED E SC IDENTIFYING INFORI		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG				IAG	DEFICIENCY)		
C 189	Continued From pa	go 2		C 189			
0 103	·			0 103			
	The emergency ligh		e when				
	tested at the followi						
	(a) Outside Room A						
	(b) Kitchen @ range (c) Outside Room E						
	(d) Electrical Equipr		1.1				
	(e) Soiled Linen-"B"		NL L				
	(e) @ Exit next to R						
	(f) Outside Room C						
C 199	Exhaust Ventilation			C 199			
	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; (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. This Rule is not met as evidenced by: 2-Based on observation, this facility has failed to maintain the mechanical exhaust system in good repair. Findings on 08/29/2019: The Exhaust fanS are not operational at the following locations: (a) Soiled Untility-"A" HALL						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) I		(X3) DATE COMF	3) DATE SURVEY COMPLETED				
	HAL092187		B. WING		08/2	08/29/2019			
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CARILLON ASSISTED LIVING OF NORTH RALI 5219 OLD WAKE FOREST RD RALEIGH, NC 27609									
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C 199	Continued From particle (b) Laundry-"A" HA (c) Utility Closet-"C	LL	C 199						

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