| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: C | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|--|--|--|--|--------------------------------|-------------------------|
| | HAL055011 | | B. WING | B. WING | | 11/2019 |
| | PROVIDER OR SUPPLIER | | DRESS, CITY, ST EM CHURCH F ITON, NC 280 | ROAD | · | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC' | ON SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| C 000 | Initial Comments | | C 000 | | | |
| | | uction Section Biennial Survey d Frank Strickland on October | | | | |
| | March 31, 2008. Th for 96 Beds includir Therefore the facilit conformance to app Edition of the North Institutional Occupa Licensing of Adult O | is facility was first licensed on he facility is currently licensed ing a 36 Bed Special Care Unit. by was surveyed for clicable portions of the 2006 Carolina Building Code(s), ancy, and the 2005 Rules for Care Homes of Seven or More the time of initial licensure. | | | | |
| C 164 | SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of | 06 HOUSEKEEPING AND | C 164 | | | |
| | equipment were no Findings on Octobe a. A Hall Laundry - accumulation of lint b. Kitchen - the R// a heavy accumulation | vealed that the ceilings and t kept clean. er 11, 2019: the exhaust fan has a heavy A grille over the desk area has on of grease and dust. the HVAC grille has a heavy | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | E SURVEY PLETED |
|--------------------------|--|--|---------------------------------|--|-----------------------------------|-------------------------|
| | | HAL055011 | B. WING | | 10/ | 11/2019 |
| | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST EM CHURCH F | ROAD | | |
| (X4) ID PREFIX TAG | SUMMARY STA (EACH DEFICIENCY | TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | 92 PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| C 164 | d. C Hall - the HVA heavy accumulation 2. Observations re kept clean and in ge carpet could cause trip and fall resulting Findings on Octobe a. Nurses' Office - desk chair has worn circular pattern from b. Dining Room - th | C grille outside of C1 has a n of dust. vealed that the floors were not bod repair. Frayed or buckled a resident or staff person to g in injury. er 11, 2019: the carpet under the front n down and is buckling in a n the wheels. ne carpet is fraying at the ted a small rise to the right of | | | | |
| C 166 | SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards; (e) This Rule shall facilities. | HOUSEKEEPING AND es shall: n an uncluttered, clean and e of all obstructions and apply to new and existing | C 166 | | | |
| | maintained free of I hand rails can caus creating an injury. Findings on Octobe | vealed that the facility was not nazards. Loose or damaged e a resident to slip and fall er 11, 2019: across from B3 - the hand | | | | |

| Division | of Health Service Re | egulation | - | | | - |
|--------------------------|--|---|---------------------------------|--|---------------------------------|--------------------------|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: (| E CONSTRUCTION | | E SURVEY PLETED |
| | | | | | | |
| | | HAL055011 | B. WING | | 10/ | 11/2019 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| CARILLO | ON ASSISTED LIVING | | EM CHURCH | - | | |
| | | LINCOL | NTON, NC 280 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC' | ION SHOULD BE HE APPROPRIATE | (X5) COMPLETI DATE |
| C 166 | Continued From pa | ige 2 | C 166 | | | |
| | maintained free fro without any means from falling or being danger to the occup Findings on Octobe | er 11, 2019: | | | | |
| | | e oxygen bottle was sitting loor of the bedroom. This was le of survey. | 3 | | | |
| C 189 | Building Equipment | t Maintained Safe, Operating | C 189 | | | |
| | mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex | 11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and | | | | |
| | | vealed that the life safety maintained in a safe and | | | | |
| | Findings on Octobe a. A Hall - the smo A12 is not secure to | ke detector outside of Room | | | | |
| | maintain the buildir safe condition. Hole through fire resista | vation there is a failure to ng's fire safety systems in a es or gaps at penetrations nt rated ceilings or walls could se to spread beyond the area | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: (| CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|--|---|--|--|----------------------------------|-------------------------|
| | HAL055011 | | B. WING | | 10/ | 11/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| | ON ASSISTED LIVING | | EM CHURCH F | | | |
| | | LINCOLI | NTON, NC 280 | | | |
| (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 T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| C 189 | Continued From pa | age 3 | C 189 | | | |
| | of origin. | | | | | |
| | sprinkler head in the leaving a hole in the b. A Hall Laundry F sprinkler head. c. Attic above Bread cable penetrating the sealed. d. B Hall Storage - fan is damaged area is be a 2" diameter hole damaged areas. e. B Hall Porch - the around the sprinkler he dropped down leav assembly. g. C Hall Half Bath dropped down leav assembly. h. C Hall Storage F escutcheon ring is leaving a gap in the i. Front Porch - the the Riser Room ha porch ceiling. 3. Based on obsermaintain electrical features of exits were not illum | escutcheon plate on the le sleeping area has dropped e rated ceiling assembly. Room - there is a 2" hole at the ak Room - there is a 2" hole at the ak Room - there is a 2" hole at the ak Room - there is a 2" hole at the ak Room - there is a 2" hole at the ak Room - there is a Cat 5 he 1 hour wall that is not fully the ceiling around the exhaus m water migration. The lack with mildew and there is in the sheetrock at one of the here is a hole in the ceiling er head. ad outside of Room B12 has ing a hole in the rated ceiling h - the sprinkler head has ing a gap in the rated ceiling by Nurse Station - the missing on the sprinkler head e ceiling. e sprinkler head outside of the s dropped leaving a gap in the vation the facility did not emergency/safety lighting operating condition. This could ithe facility if egress paths and inated during a power outage. | t | | | |
| | | nergency light over the food t illuminate on battery test. | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: 0 | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|--|---|--|--|-----------------------------------|-------------------------|
| | | HAL055011 | B. WING | | 10/ | 11/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, ST | ATE, ZIP CODE | | |
| CARILLO | ON ASSISTED LIVING | | EM CHURCH F | - | | |
| (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 AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| C 189 | Continued From pa | age 4 | C 189 | | | |
| | maintain the facility safe operating con- compartment could doors do not comp | vation there is a failure to 's fire safety equipment in a dition. Occupants in the smoke I be exposed to smoke or fire letely close and latch to help smoke or fire to the area of | | | | |
| | door and it no long | er 11, 2019: - the strike is missing on the er latches when closed. the door does not latch when | | | | |
| | install and maintair devices or equipme install plumbing sat could effect all occu absence of the plue | vation there is a failure to a required plumbing safety ent. Failure to maintain or fety devices or equipment upants of the facility if the mbing safety devices or the domestic water supply to ited. | | | | |
| | Findings on Octobe a. B Hall Janitor C the utility sink is da | loset - the vacuum breaker on | 1 | | | |
| | | vealed that the electrical maintained in a safe and . | | | | |
| | | er 11, 2019: across from B3 - the GFCI cross the face of the outlet. | | | | |
| | | vealed that the plumbing maintained in a safe and . | | | | |

| | of Health Service Re IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE | SURVEY |
|--------------------------|---|--|---------------------|--|-----------------------------------|-------------------------|
| ND PLAN | OF CORRECTION | DENTIFICATION NUMBER: | A. BUILDING: | 01 | COMPLETED | |
| | | HAL055011 | B. WING | | 10/ | 11/2019 |
| IAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | · | |
| | ON ASSISTED LIVING | | EM CHURCH I | ROAD | | |
| | | LINCOL | NTON, NC 280 |)92 | | 1 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT 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 pa | ige 5 | C 189 | | | |
| | heater unit #4 did n piping. b. Water Heater R the pipes for the co | er 11, 2019: oom off front porch - water oot have pressure relief valve oom off front porch - one of mbustion air was not glued at become disconnected. | | | | |
| C 193 | Ovens, Ranges in A | Activity or Res. Rooms | C 193 | | | |
| | resident activity or used except under degree of staff supe facility's assessment resident. The oper have a locking feat controlled by staff. (5) Ovens, ranges resident rooms sha provided, controlled equipment by resid by the facility to be equipment in a safe (k) This Rule shall facilities with the ex- which shall not app | 11 OTHER and cook tops located in recreational areas shall not be facility staff supervision. The ervision shall be based on the nt of the capabilities of each ation of the equipment shall ure provided, that shall be and cook tops located in and cook tops located in and have a locking feature d by staff, to limit the use of the ents who have been assessed incapable of operating the e manner. apply to new and existing coeption of Paragraph (e) ly to existing facilities. | e | | | |
| | Observations remonitor ovens, rangareas. Findings on October | | | | | |
| | a. B Hall - the over | n was left in an operable aff were within visual range of | | | | |

| STATEMEN | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: (| CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|---|---|--|---|---------------|-------------------------|
| | | HAL055011 | B. WING | | 10/ | 11/2019 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| CARILLO | ON ASSISTED LIVING | | EM CHURCH F | | | |
| (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 | ION SHOULD BE | (X5) COMPLET DATE |
| 1/10 | | | | DEFICIENC | | |
| C 193 | Continued From pa | ige 6 | C 193 | | | |
| | the oven. This was survey. | s corrected at the time of | | | | |
| C 199 | Exhaust Ventilation | | C 199 | | | |
| | 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 (5) laundry area. (k) This Rule shall facilities with the ex- which shall not app This Rule is not me 1. Observations re | 11 OTHER red in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed k, with natural ventilation in nces: rage; ; toilet rooms; | | | | |
| | working to pull odo b. C Hall Half Bath working to ventilate c. C Hall Janitor C working to pull odo d. Women's Guest working. | set - the exhaust fan is not rs out of the room. - the exhaust fan is not the space. loset - the exhaust fan is not rs out of the room. Toilet - the exhaust fan is not tial Laundry - the exhaust fan | | | | |

| Division of Health Service Regulation | | | | | | | | |
|--|---|------------------------------|--|-------------------------------|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION 01 | (X3) DATE SURVEY COMPLETED | | | | |
| | HAL055011 | B. WING | | 10/11/2019 | | | | |
| NAME OF PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | | | | | |
| CARILLON ASSISTED LIVING OF LINCOLNTON 440 SALEM CHURCH ROAD LINCOLNTON, NC 28092 | | | | | | | | |
| PRÉFIX (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY) | LD BE COMPLETE | | | | |
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| Division of Health Service Regulation | | | | | | | | |