Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL060153 10/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5601 MARGARET WALLACE ROAD CARILLON ASSISTED LIVING OF MINT HILL** MATTHEWS, NC 28105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland on October 10, 2019. Records indicate this facility was first licensed on July 31, 2017. The facility is currently licensed for 84 Beds including a 24 Bed Special Care Unit. Therefore the facility was surveyed for conformance to applicable portions of the 2012 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 101 C 101 Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet the licensure and code requirements in

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL060153 10/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5601 MARGARET WALLACE ROAD CARILLON ASSISTED LIVING OF MINT HILL** MATTHEWS, NC 28105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 101 C 101 Continued From page 1 effect at the time of construction. A master override switch is required to release all of the magnetic locking doors within the zone. The magnetic locks shall reengage after the fire alarm panel has been reset. Findings on October 10, 2019: a. The master override switches in the Special Care Units (B and C Halls) could not be tested. A special key or tool is required to reset the switch and the key could not be located at the time of survey. b. All magnetic locks released upon activation of the fire alarm. When the fire alarm panel was reset, the magnetic locking devices in B Wing did not reengage. There are no residents currently living in B Wing. C 153 C 153 Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Observations revealed that all exit doors were not easily operable by a single hand motion. Findings on October 10, 2019: a. B Hall - the exterior door to the courtvard has a dead bolt latch which is not single hand motion. b. C Hall - the exterior door to the courtyard has

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL060153 10/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5601 MARGARET WALLACE ROAD CARILLON ASSISTED LIVING OF MINT HILL** MATTHEWS, NC 28105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 153 Continued From page 2 C 153 a dead bolt latch which is not single hand motion. c. D Hall Living Room - the exterior door to the courtyard has a dead bolt latch which is not single hand motion. 2. Observations revealed that all exit doors were not easily operable. Findings on October 10, 2019: a. B Hall - the courtyard exit gate was swollen and tight, requiring excessive force to open. C 189 C 189 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. This Rule is not met as evidenced by: 1. 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. Findings on October 10, 2019: a. A Hall Commercial Laundry - the door has a closer and does not automatically close and latch when released.

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b. Room B3 - the requires excess c. Room B6 - the door and cannot an animal condition could the equipment for other emergence.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 189 Continued From page 3 b. Room B3 - the door drags on the carpet and requires excessive force to close. c. Room B6 - the latch plate is missing on the door and cannot latch. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on October 10, 2019: a. One of the cross corridor doors near Room A13 did not latch when the fire alarm was activated. This was corrected at the time of survey. b. The sweep on the bottom of the cross corridor door at Room C6 was coming off. The sweep had slid out and the end was bent and curled preventing the door from closing completely. This was corrected at the time of survey. 3. Based on observation the facility's fire safety systems are not maintained in a safe condition. Failure to maintain fire safety systems in a safe condition could effect occupants of the facility if the equipment failed to operated during a fire or other emergency. Findings on October 10, 2019: a. The exit sign outside of B10 is not secure to					

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