919-733-6572

FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL086013 | A. BUILDING: 01 B. WING | 10/01/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ELKIN ASSISTED LIVING | 500 JOHNSON RIDGE ROAD ELKIN, NC 28621 |

| (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 | Initial Comments<br><br>This is a Report of a Biennial Construction Survey conducted by Greg Cates on October 1, 2015.<br><br>Based on information gathered from our files, the Facility was first licensed on August 1, 1985 for Sixty (60) residents. Based on this information, we are requiring the original facility to meet the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1978 North Carolina State Building Code, Section 409-Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. | C 000 | | |
| C 101 | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;<br><br>This Rule is not met as evidenced by:<br>1- Based on observations, the facility has failed to maintain the accessibility of the electrical panels. | C 101 | | |



SIGNATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jayne Bratley TITLE: Executive Director (X6) DATE:

FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL086013 | A. BUILDING: 01 B. WING | 10/01/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ELKIN ASSISTED LIVING | 500 JOHNSON RIDGE ROAD ELKIN, NC 28621 |

| (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 101 | Continued From page 1<br>This could affect all persons in the facility by causing a delay in accessing the panels in the event of an emergency.<br><br>Findings include:<br><br>a- The electrical panel in the kitchen for all the kitchen equipment has been painted shut and cannot be opened. | C 101 | A- Electrical panel is now accessable 10/6/15 Dietary Manager will monitor and report to Director and maintenance if not accessible. | |
| C 153 | Exit Door Locks-Single Hand Motion<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(h) The requirements for outside entrances and exits are:<br>(3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and<br><br>This Rule is not met as evidenced by:<br>1- Based on observations, the facility has failed to maintain all exit doors are equipped with single-hand motion hardware. This could result in persons with dexterity issues being delayed or prevented from exiting the building in an emergency.<br><br>Findings include:<br><br>a- The front door is equipped with a deadbolt lock that must be unlatched separately from the door handle prior to exiting. | C 153 | a- Deadbolt removed 10/4/15 | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired | C 164 | | |

FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL0116013 | A. BUILDING: 01 B. WING _____ | 10/01/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ELKIN ASSISTED LIVING | 500 JOHNSON RIDGE ROAD ELKIN, NC 28621 |

| (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 | Continued From page 2<br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1- Based on observations, the facility has failed to maintain the buildings walls, ceilings, and floors in good repair and clean.<br><br>a- In several of the bathrooms in the facility, there is significant mildew growth on the shower tile. Locations include but are not limited to:<br>1- Spa/ Shower Room Left Hall.<br>2- Spa/ Shower Room Right Hall | C 164 | A - Spa/Shower rooms - Walls Cleaned nightly on 3rd Shift bathrooms in resident rooms will be cleaned daily and monitored for mildew. 10/6/15 | |
| C 166 | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1- Based on observations, the facility has failed to maintain the building free of hazards.<br><br>Findings include: | C 166 | | |

FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL086013 | A. BUILDING: 01 B. WING | 10/01/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ELKIN ASSISTED LIVING | 500 JOHNSON RIDGE ROAD ELKIN, NC 28621 |

| (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 188 | Continued From page 3<br><br>a- There are three oxygen bottles in the Oxygen Storage Room that are unsupported and could fall over, damaging the cylinder or nozzle.<br>b- The grab bar in the Men ' s Guest Bathroom is loose.<br>c- In the Spa / Tub Room, the grab bar beside the toilet is loose. | C 188 | a- Oxygen bottles placed in secure rack 10/6/15<br>b - grab bar secured 10/6/15<br>c - grab bar secured 10/13/15 | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin.<br><br>Findings on include:<br><br>a- The one-hour rated ceiling in the outside Mechanical Room has unsealed penetrations around the pipes and conduits as well as broken drywall seam.<br>b- There are unsealed penetrations in the ceiling above the water heater and light switch in the | C 189 | a.) caulking applied 10/13/15<br><br>b.) Penetrations in ceiling above water heater & light switch in Water- | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL086013 | A. BUILDING: 01 B. WING | 10/01/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ELKIN ASSISTED LIVING | 500 JOHNSON RIDGE ROAD ELKIN, NC 28621 |

| (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 | Continued From page 4<br><br>Water Heater Room in the RCC/ Activities office.<br>c- In the water heater room, the radiation damper has activated and closed.<br><br>2- Based on observations, the facility has failed to maintain the Building electrical system safe and operating.<br><br>Findings include:<br>a- The exterior lights at the three main corridor EXITs are not working.<br><br>3- Based on observations, the facility has not maintained the plumbing system safe and operating.<br><br>Findings include:<br><br>a- The sink in the Beauty Shop is equipped with a hose attachment that is not equipped with an anti-siphon device.<br>b- The raised tub is equipped with a hose attachment that is not equipped with an anti-siphon device.<br>c- In the Spa across from the Shower Room, the toilet is loose at the base and water is present around the base.<br><br>4- Based on observations, the facility has failed to ensure that the doors operate correctly to prevent the passage of fire or smoke.<br><br>Findings include:<br><br>a- The doors leading from the Kitchen to the Dining Room are equipped only with deadbolts and are not equipped with positive latching.<br><br>5- Based on observations, the facility has failed to maintain the fire and smoke doors to prevent the | C 189 | heater room added 10/13/15<br><br>c.) Will be repaired by 11/24/15<br><br>a.) replaced lights 10/6/15 staff will monitor daily and inform maintenance of burnt out bulbs -<br><br>a.) anti-siphon device added 11/3/15<br><br>b) anti siphon device added 11/3/15<br><br>c) repaired loose toilet 11/3/15 | |

FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL086013 | A. BUILDING: 01 B. WING | 10/01/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ELKIN ASSISTED LIVING | 500 JOHNSON RIDGE ROAD ELKIN, NC 28621 |

| (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 | Continued From page 5<br>passage of fire or smoke. This affects all occupants of the building in the event of a fire emergency.<br><br>Findings include:<br><br>a- The fire doors on both front halls do not completely close and latch due to the carpet installation covering the floor receiving device. | C 189 | a-) Positive latching added to doors leading from kitchen to DR - Dietary Manager will monitor and report to Director and maintenance if not working.<br><br>a) Fire doors on both front halls will completely close and latch by 11-24-15<br>Director will monitor and notify maintenance immediately if not working. | 10/6/15 |
| C 199 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>.10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1- Based on observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition. This may affect all persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness.<br><br>Findings include: | C 199 | 1- mechanical exhaust system will be repaired by 11-24-15. Director and maintenance will monitor and repair if not in working order immediately. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL086013 | A. BUILDING: 01<br>B. WING | 10/01/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ELKIN ASSISTED LIVING | 500 JOHNSON RIDGE ROAD<br>ELKIN, NC 28621 |

| (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 | Continued From page 6<br><br>a- The radiation damper has activated and is closed in the exhaust fans of the following rooms preventing the exhaust fan from pulling air to the outside. Locations to include but not limited to:<br>1- Mechanical Room (across from the Guest bathrooms)<br>2- Biohazard/ Soiled Utility | C 199 | 1-Radiation damper will be opened and exhaust fan working by 11-24-15 - Director and maintenance will monitor and will be repaired immediately if closed<br><br>2- Same as above | |