

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/26/2016
NAME OF PROVIDER OR SUPPLIER ELKIN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Report of a Follow-Up Construction Survey by Ed Miller on January 26, 2016. The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	(C 000)		
(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- Based on observations, the facility has failed to maintain the buildings walls, ceilings, and floors in good repair and clean. Findings on January 26, 2016: 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: 2- Spa/ Shower Room Right Hall	(C 164)	A Spa/shower rooms Have Been Cleaned	1/27/16
(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,	(C 189)		

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

TITLE

(X6) DATE

STATE FORM

5899

70QN22

If continuation sheet 1 of 4

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

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{C 189} Continued From page 1	{C 189}
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 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.	
Findings on January 26, 2016:	
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.	A All penetrations have been sealed with Fire Sealant 2/2/16
c- In the water heater room, the radiation damper has activated and closed.	C radiation damper Has Been repaired 2/23/16
3- Based on observations, the facility has not maintained the plumbing system safe and operating.	
Findings on January 26, 2016:	
a- The sink in the Beauty Shop is equipped with a hose attachment that is not equipped with an anti-siphon device.	A Put anti-siphon device on sink 2/2/16
c- In the Spa across from the Shower Room, the toilet is loose at the base and water is present around the base.	C toilet has been tightened 2/2/16
4- Based on observations, the facility has failed to ensure that the doors operate correctly to prevent	

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{C 189}	Continued From page 2 the passage of fire or smoke. Findings on January 26, 2016: a- The doors leading from the Kitchen to the Dining Room are equipped only with deadbolts and are not equipped with positive latching. 5- Based on observations, the facility has failed to maintain the fire and smoke doors to prevent the passage of fire or smoke. This affects all occupants of the building in the event of a fire emergency. Findings on January 26, 2016: 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	Dead bolt have been Replaced with Positive Latching knob	2/2/16
{C 199}	Exhaust Ventilation 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.	{C 199} A	new floor receiving device WAS Install	2/23/16

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{C 199}	Continued From page 3 This Rule is not met as evidenced by: 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. Findings on January 26, 2016: 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: 1- Mechanical Room (across from the Guest bathrooms) 2- Biohazard/ Soiled Utility		{C 199}	<i>A New radiation damper 2/23/16 fan was installed</i>	