Division of Health Service Regulation

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 _____	08/03/2017

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 Report of Construction Section Biennial Survey byDennis Harrell on 8-3-2017. Records indicate this facility was first licensed on 8-1-1985 for 60 residents. Based on this information, we are requiring the facility to meet the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled, 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 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on a review of documents, the most recent Fire Marshal building safety inspection report was dated 12-16-2014. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency. 2. Based on a review of documents, the most recent Sanitation inspection for the building was dated 1-25-2016. Buildings must be inspected and approved annually as required.	C 111 1 2	Fire marshal said he will be out week of 10/23/17 to do fire inspection we send paper work when he is done Sanitation inspection report add to this report	10/27/17 8/11/17
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mitchell Moran	Maintenance Director	10/18/17

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C 164	Continued From page 1 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: Based on observation, there were several broken floor tiles in the dining room.	C 164 A	Tiles has been replaced	8/10/17
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding includes: a. A portable medical oxygen cylinder was stored in no container or rack in the Business office. b. A portable medical oxygen cylinder was stored in no container or rack in the med room.	C 166 A-B	Was corrected during the survey and staff has been explained the importance of putting in the racks	8/3/17

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C 166	Continued From page 2 Note; These deficiencies were corrected during the survey. 2. Based on observation, there was no documentation of monthly inspections since May provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere, such as on a tag provided at the system pull.	C 166 2	we have put inspection on schedule to be checked monthly and to be documented on tag provided	9/1/17
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 1st quarter of this year, there was no rehearsal done during any shift.	C 185 A-C	Fire Drill Rehearsals will be done regulary and documented one per shift each quart	

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C 185	Continued From page 3 b. In the 2nd quarter of this year, there was no rehearsal done during any shift. c. No rehearsal has been done since 12-16-16. 2. Based on a review of documents, the records available onsite included no description of what the rehearsal involved.	C 185 2	Director will put description of rehearsal on fire drill per shift	9/1/17
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 the magnetic hold open devices on the cross-corridor fire and smoke partition doors released the doors on fire alarm activation but then re-energized when the fire alarm system was silenced. Magnetic hold open devices that re-energize before the fire alarm system is fully reset could allow smoke and fire to travel freely through the facility. 2. Based on observation, the battery powered emergency light in the corridor near room 125 would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.	C 189 1 2	Alarm company is going to rewire system to only re-energize mags for fire door when system is reset Battery has been replaced	10/19/17 8/24/17

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C 189	Continued From page 4 3. Based on observation, the facility failed to be maintained in a safe condition because an exit sign was not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Finding includes: The lighted exit sign in the med room would not work on normal or test power.	C 189 3	battery was replaced in exit light	9/24/17
	4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Both sides of the wall between the Administrator's office and the med room were constructed of wood paneling. b. Unsealed penetration at a 1.25 inch PVC conduit through the ceiling of the laundry, c. Hole at a water pipe in the ceiling of the mechanical room, d. Unsealed penetration in the ceiling of the oxygen room, e. Unsealed penetration in the ceiling above the exit door near room 102, f. Unsealed penetration in the wall of the bedroom in room 134, g. Unsealed penetration in the wall and ceiling of the closet in room 134.	A B-G	will put 5/8 sheetrock over paneling all penetration in the ceilling and walls was sealed with Fire Barrier sealant	11/10/17 10/11/17
	5. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.			

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C 189	Continued From page 5 Findings include; a. The door to bedroom 107 is severely sagged and will not close. b. One of the double doors from the corridor to the Parlor is hingebound and can not close. c. The same double door from the corridor to the Parlor does not have automatic latching hardware. d. The other double door from the corridor to the Parlor was blocked from closing and latching by a chair and a walker. e. There was a gap of about 5/16 inch between the double doors to the med room. f. The door to the "Biohazard Soiled Utility" does not fit the opening properly to be resistant to the passage of smoke..	C 189 A B C D E F	door was adjusted to where it will close and latch Hinge will be replaced latching hardware has been ordered and will be installed Chair and walker was removed Stripping was add to door to seal doors door will be adjusted or replaced	10/11/17 11/3/17 11/10/17 8/3/17 10/11/17 10/18/17