

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 12/12/2017
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 Biennial Follow Up Construction Survey by Ed Miller, conducted on December 12, 2017. Deficiencies were cited that will require a new Plan of Correction.	{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 Fire Marshal inspection was not current. Findings on December 12, 2017: a. The most recent Fire Marshal building safety inspection report was dated 12-16-2014. Per interview with Executive director the Fire Marshal is scheduled to come out to perform a building safety inspection.	{C 111}		

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

TITLE

(X6) DATE