PRINTED: 01/04/2018
FORM APPROVED

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	R 12/12/2017

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 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) A	Fire Marshal Report attached	2/8/18

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mitchell Moran

TITLE: Maintenance Director

(X6) DATE: 2/8/18

STATE FORM 6899 66GK22 If continuation sheet 1 of 1

Elkin Fire Department

Occupancy: **Elkin Assisted Living**
Occupancy ID: **510**
Address: **500 Johnson Ridge RD**
Elkin NC 28621

Inspection Type: **Reinspection**
Inspection Date: **2/7/2018** By: Carter, Kevin Key (4302)
Time In: **14:00** Time Out: **14:00**
Authorized Date: **Not Author** By:

Form: General Inspection
Form v1.03

Inspection Description:

This electronic form serves as a fire inspection report and, as required, a notice of violation and correction order.

Inspection fees will be assessed in accordance with the Town's fee schedule. Fines will be assessed in the following instances:

(1) Imminent hazards found in the initial inspection and not corrected within 72 hours;
(2) Other violations found in the initial inspection and not corrected within 30 days; and
(3) Any hazards or violations found during follow-up inspections.

Inspection Topics:

IMMINENT HAZARDS

Means of egress illumination [NCFPC 1006]

Emergency lighting installed in required locations and functional at all times

Status: PASS
Notes:

Exit signs [NCFPC 1011]

Signed as required in 1011.1 Illuminated signage [1011.2, 1011.4-5] Emergency power for exit sign lighting [1011.5.3]

Status: PASS
Notes:

Reliability of means of egress [NCFPC 1030]

Signed as required in 1011.1 Illuminated signage [1011.2, 1011.4-5] Emergency power for exit sign lighting [1011.5.3]

Status: PASS
Notes:

Obstructions to egress [NCFPC 1030.3]

No obstructions allowed to means of egress

Status: PASS
Notes:

GENERAL

Premises identification [NCFPC 505]

Address identification must be visible from street or road fronting property [505.1] Address numbers at least 4 inches high with 0.5 inch stroke [505.1] Signage required if building not viewable from public way [505.1]

Status: FAIL
Notes: install 911 address on sign by road.

EMERGENCY PREPAREDNESS AND FIRE SERVICE FEATURES

Fire safety and evacuation plans [NCFPC 404]

Plans required as listed in 404.2 Fire evacuation plan components [404.3.1] Fire safety plan components [404.3.2] Lockdown plan requirements [404.3.3] Plans maintained [404.4] Plans available to employees and fire code official [404.5]

Status: FAIL

Notes: develop a fire EVAC plan as per code.

ELECTRICAL

Multiplug adapters [NCFPC 605.4, NFPA 70]

No cube adapters or unfused plug strips Relocatable power taps must be polarized or grounded, must have overcurrent protection [605.4.1] Relocatable power taps must be directly connected to permanent receptacle [605.4.2] No extension through walls, ceilings, floors [605.4.3] No extension under doors or floor coverings [605.4.3] No exposure to environmental or physical damage [605.4.3]

Status: PASS

Notes:

CONCERNS SPECIFIC TO OCCUPANCY OR OPERATION

Provisions specific to the occupancy or building

Code or standards applicable to the specific occupancy or building in question

Status: PASS

Notes: fire doors adjusted and closed properly.

Additional Time Spent on Inspection:

Category	Start Date / Time	End Date / Time

Notes: No Additional time recorded

Total Additional Time: 0 minutes

Inspection Time: 0 minutes

Total Time: 0 minutes

Summary:

Overall Result: Passed

The fire code official has found that conditions appear to be in compliance with applicable portions of the fire code. Please review the comments provided in this report, as they may provide further assistance in ensuring the safety and well being of the community.

Thank you for your compliance.

Inspector Notes: no other violations found at inspection.

Closing Notes:

Questions regarding this report should be directed to the inspector listed above via email or at 336-794-6481.

Please take corrective action for any violations or concerns listed.

Billing is conducted by the Town of Elkin (336-794-6464).

Inspector:

Name: Carter, Kevin Key
Rank: Lieutenant (FF/EMT)
Email(s): kcarter@elkinnc.org

Signature *Date*