NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 18, 2019
Kelly King (via e-mail only)
500 Johnson Ridge Road
Elkin, NC 28621

RE: Elkin Assisted Living - HA Biennial Survey
500 Johnson Ridge Road
Elkin County
FID #920527 Hal086013

Dear Ms. King:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on September 13, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    1. Corrective action must begin immediately.
    2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by October 3, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by October 3, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by October 3, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Surry County DSS - with attachment-(via e-mail only)

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 _____	09/13/2019

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 000	Initial Comments Report of Construction Section Biennial Survey by Suzanna Fay conducted on September 13, 2019. Records indicate this facility was first licensed on August 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 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (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 at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet NCSBC requirements in effect at the	C 101		

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C 101	Continued From page 1 time of construction, addition or renovation. Detection is required in closets and storage rooms.	C 101		
	Findings on September 13, 2019: a. Spa by Room 119 - the spa contains a linen closet and there was no heat detection observed in the space.	A	Adding a heat detector in linen closet in spa	10/25/19
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. Review of records revealed that the facility did not maintain current fire and building safety inspections in the facility and available for review.	C 111		
	Findings on September 13, 2019: a. A current copy of the Fire Official's inspection report was not available for review. b. A current copy of the fire alarm system report was not available for review.	A B	Report Attached Report attached	10/3/19 10/3/19
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides,	C 143		

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C 143	Continued From page 2 and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Observations revealed that the facility did not lock janitor's room containing cleaning agents. Findings on September 13, 2019: a. West Hall Janitor's Room - the door was not locked at the time of survey and there were not staff members monitoring the room.	C 143 A	Door was locked and staff was instructed to keep door locked at all times	9/18/19
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. Observations revealed that the wall and furnishings were not maintained in good repair. Findings on September 13, 2019: a. Room 103 - the corner wall between the bath and built-ins is heavily gouged by an electric wheelchair. The veneer on the built-ins is also heavily marred. b. Room 132 - four of the eight drawers in the built-in cabinets are not on their tracks and do not close.	C 164 A B	room 103 corner wall and built-in will be repaired and repainted room 132 the drawers in the built-in cabinets was put back on the tracks	11/1/19 9/30/19

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C 164	Continued From page 3 c. Room 119 - a section of the cove base is coming off of the wall behind the door. 2. Obervations revealed that all furnishings were not maintained clean. a. Room 103 Bath - the exhaust fan has a heavy accumulation of dust. b. Room 132 Bath - the exhaust fan has a heavy accumulation of dust. c. Spa by Room 119 - the exhaust fan has a heavy accumulation of dust. d. Men's Employee Restroom - the fan has a heavy accumulation of dust. e. Beauty Salon - the exhaust fan has a heavy accumulation of dust and cobwebs.	C 164 C A-E	cove base was glued back on bath room exhaust fans will be cleaned and put on schedule to be done quarterly Next Page	9/30/19 10/11/19
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 facility was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on September 13, 2019: a. Oxygen Storage - there were two unsecured oxygen bottles laying on their sides on a shelf.	C 166		

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C 166	Continued From page 4 There was one unsecured oxygen bottle on the floor in front of the shelf. There were two plastic racks holding one oxygen bottle each which did not appear to be stable enough to keep the bottles from tipping over easily. b. Med Room - there was one unsecured oxygen bottle on the floor under the shelves.	C 166 A-B	Oxygen company was called and rack was ordered and all bottle will be stored in rack the 2 that was on the shelf and the one in Med Room was put in approved rack	11/25/19 9/13/19
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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on September 13, 2019: a. West Hall Janitor Rooms- there are two unsealed conduit penetration behind the door. b. West Hall Janitor Mop Room - the light fixture is not secure to the ceiling leaving a large opening in the rated ceiling assembly. c. East Hall Tub Spa - the fan is not secure to the ceiling leaving a gap in the rated ceiling assembly.	C 189 A B C	Unsealed conduit penetration was sealed with fire sealant Light was secured to ceiling Fan was secured to ceiling	9/13/19 9/30/19 9/16/19 9/30/19

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C 189	Continued From page 5 d. Room 119 - the conduit for the fire strobe is not sealed where it penetrates the ceiling and there is a small hole in the ceiling beside the conduit penetration. e. Room 119 Bath - the conduit for the fire strobe is not sealed where it penetrates the ceiling. f. Main Hall Mechanical Room - the conduit above the main electric switch is not sealed where it penetrates the ceiling. g. Med Room - there is a junction box with a cover plate over the left wall cabinets. The cover plate does not cover the opening leaving a gap in the rated ceiling assembly around the junction box. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on September 13, 2019: a. Room 105 - the door drags on the top left side of the frame making the door difficult to close. b. Dining - the corridor door on the East Hall drags on the top left hand side of the frame making it difficult to open and close. c. Med Room - the hinge on the bottom panel of the dutch door is loose making the door difficult to close. 3. Observations revealed that the mechanical equipment was not maintained in an operating condition. Findings on September 13, 2019: a. Room 119 - the control panel on the PTAC unit is broken and pieces are lying on the floor.	C 189 D E F G A B C A	Unsealed conduit penetration was sealed with fire sealant There is no conduit or fire strobe in the bathroom in room 119 Unsealed conduit penetration was sealed with fire sealant Replaced cover plate to cover all of the opening Door will be adjusted so it will not drag Door was adjusted and dose not drag door will be worked on so hinge will tighten PTAC will be replaced	9/30/19 9/16/19 9/16/19 10-1-19 9/16/19 11/1/19 10/25/19

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C 189	Continued From page 6 4. Based on observation the facility's fire safety systems are not maintained in a safe condition. Failure to maintain fire safety systems in a safe condition could effect occupants of the facility if the system did not provide the required protection.	C 189		
	Findings on September 13, 2019: a. Room 110 - the smoke detector is not secure to its base.	A	Smoke detector was reattached to base	9/16/19
	b. Kitchen - the hood suppression nozzles did not appear to be directed at the cooking surfaces.	B	hood suppression nozzles was redirected to point at cooking surfaces (see attached paper work from T&S)	10/1/19
	5. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition.			
	Findings on September 13, 2019: a. East Hall Shower Spa (front) - the toilet fixture is not secure to the floor.	A	Bolts was replaced to secure toilet to floor	9/16/19
	b. East Hall Water Heater Closet by Room 123 - the pressure relief piping appears to be of PVC pipe. The pipe should be CPVC or a higher rated material	B	will replace with CPVC Pipe	11/1/19
	c. Spa by Room 119 - the toilet is not secure to the floor.	C	Bolts was replaced to secure toilet to floor	9/16/19
	d. Women's Employee Restroom - the toilet tank is not secure.	D	Bolts was tighten to secure tank	9/16/19
	6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes in the door or gaps between the door and the door frame stops.			
	Findings on September 13, 2019: a. Laundry - the door hardware is smaller than the opening leaving a crescent shaped hole	A	put cover around door hardware to close holes	9/16/19

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C 189	Continued From page 7 through the door.	C 189		
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. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain exhaust ventilation in required areas. Findings on September 13, 2019: a. West Hall Janitor's Rooms - the fan is not working and there is a strong chemical smell in the room. b. Room 122 - the bathroom exhaust fan is not working. c. East Hall Tub Spa (front side) - the exhaust fan is not working. d. East Hall Tub Spa (back side) - the exhaust fan is not working. e. Men's Employee Restroom - the exhaust fan is not working. f. Women's Employee Restroom - the exhaust	C 199 A-F	all this fans was repaired or replaced and are now working.	9/30/19

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C 199	Continued From page 8 fan is not working.	C 199		