

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL086015</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/18/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>YADKIN VALLEY SENIOR LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>500 JOHNSON RIDGE ROAD<br/>ELKIN, NC 28621</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                                | Initial Comments<br><br>Report of Construction Section Biennial Follow<br>Up Survey by Tod Hancock conducted on June<br>18, 2025.<br>Deficiencies remain uncorrected and a new Plan<br>of Corrections is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {C 000}                                                                                    |                                                                                                                          |                                                                    |
| {C 111}                                                                | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND<br>CONSTRUCTION(<br>f) The facility shall have current sanitation and<br>fire and building safety inspection reports which<br>shall be maintained in the home and available for<br>review.<br><br>This Rule is not met as evidenced by:<br>1. Based on an interview with the Executive<br>Director, the facility failed to maintain in the<br>facility, current (completed within the last twelve<br>months) sanitation and fire and building safety<br>inspection reports available for review.<br>Findings on June 18, 2025:<br><br>a. There was no National Fire Alarm and Signaling<br>Code (NFPA 72) report available for review. | {C 111}                                                                                    |                                                                                                                          |                                                                    |
| {C 189}                                                                | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and<br>operating condition.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)                                                                                                                                                                                                                                                                                                                                           | {C 189}                                                                                    |                                                                                                                          |                                                                    |

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

TITLE

(X6) DATE

Division of Health Service Regulation  
STATE FORM