

PRINTED: 06/02/2017
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/16/2017
NAME OF PROVIDER OR SUPPLIER ELON VILLAGE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST HAGGARD AVENUE ELON, NC 27244		
(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 by Ed Miller on May 16, 2017. Records indicate his facility has been licensed since 1963. The facility is currently licensed for 12 residents. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the North Carolina State Building Code Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	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. Based on observation, the facility failed to meet the 1971 Minimum Rules for bedroom	C 101		

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

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C 101	Continued From page 1 doors to be 1 3/4 solid core wood doors or equivalent. This could affect all residents, staff, and visitors if smoke/fire is not contained in Room of origin. Findings on May 16, 2017: a. The Bedroom doors except for Bedroom 6 were of hollow construction.	C 101	a Replace Remaining 5 doors with acceptable doors. could I please have toll 8-1-17 to complete this	8-1-17
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide commodes, tubs, and showers accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on May 16, 2017: a. Bathroom next to Bedroom 5 - the tub did not have a hand grip (grab bar).	C 133	a Install Install Hand Grips in all areas needed by 6-30-17	6-30-17
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C	C 183		

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C 183	Continued From page 2 or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on May 16, 2017: a. Entire Building - since the annual maintenance, performed in May 2016, there has been no documentation of the portable fire extinguisher's monthly inspections.	C 183	a implement fire extinguisher inspection every month with signoff when done	immediately
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 Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff, and visitors by not providing early detection and activating the fire alarm system. Findings on May 16, 2017: a. Entire building - the corridor smoke detectors	C 189		

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C 189	Continued From page 3 failed to activate when tested with canned smoke. Fire alarm company called and repaired system and verified by Surveyor. 2. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff, and visitors if they could not promptly find their way to an exit during an emergency. Findings on May 16, 2017: a. Corridor across from Office- the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on May 16, 2017: a. Office - there is a gap around a conduit above FACP not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Right Exit - there is a gap around a CCTV cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Furnace Closet near bedroom 7 - there were gaps around the duct not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 4. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on May 16, 2017: a. Bedroom 1 - the corridor door did not latch into its frame when closed. b. Bedroom 2 - the corridor door did not latch into its frame when closed.	C 189	a Replace light a fix gap with proper material for fire protection b fix gap et CCTV cable with proper material for fire protection c fix gaps with proper material for fire protection A replace door latch B replace door latch	6-30-17 6-30-17 6-30-17 6-30-17 6-30-17	

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C 189	Continued From page 4 c. Laundry - the corridor door hits a vacuum cleaner preventing it from closing and latching. Deficiency corrected before Construction Surveyor departed the site.	C 189	c move extra vacuum to storage area	immediately

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Joe Mear 6/19/2017