

918-733-6592

Suzanna Fay

PRINTED: 08/30/2017

FORM APPROVED

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 R 08/18/2017
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 a Biennial Follow Up Construction Survey by Suzanna Fay conducted on August 18, 2017. There is one deficiency from the Biennial Construction Survey that remains to be corrected.	{C 000}		
{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 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 August 18, 2017: a. Office - there is a gap around a conduit above FACP not firestopped as it penetrates the fire-resistance-rated ceiling assembly. The penetration was caulked with an FB foam product. This product does not provide the fire-resistance required for this assembly. b. Right Exit - there is a gap around a CCTV cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. The penetration was caulked with an FB foam	{C 189}	will purchase proper foam and clean out areas and Reseal w/ proper foam	9/20/17

Division of Health Service Regulation

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

TITLE

(X5) DATE

STATE FORM

6899

ZEH422

If continuation sheet 1 of 2

PRINTED: 08/30/2017
FORM APPROVED

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 R 08/18/2017
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 189}	Continued From page 1 product. This product does not provide the fire-resistance required for this assembly. c. Furnace Closet near bedroom 7 - there were gaps around the duct not firestopped as it penetrates the fire-resistance-rated ceiling assembly. The penetration was caulked with an FB foam product. This product does not provide the fire-resistance required for this assembly.	{C 189}			