STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL001023	A. BUILDING: **01** B. WING _____	R **07/21/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLAKEY HALL	**501 NORTH MANNING 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 Follow Up survey by Billy S. Bryant conducted on 07/21/2016. Deficiencies noted during the Biennial Survey on 06/02/2016 have been corrected and no further action is required at this time, however; a new deficiency was noted during the follow up survey.	{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 observation and testing the fire safety equipment was not maintained in a safe and operating condition. An inoperable fire alarm system does not warn occupants of a fire. New Finding on 07/21/2016: a. Smoke detectors and pull stations did not trigger any audio or visual alarms or any type of notification when activated. b. The fire alarm panel was not inoperable due to internal malfunctions. A Plan of Protection was accepted and put in place at the time of survey.	{C 189}		