

980084

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/21/2016	
NAME OF PROVIDER OR SUPPLIER BLAKEY HALL		STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Initial Comments</p> <p>Report of a Follow Up survey by Billy S. Bryant conducted on 07/21/2016.</p> <p>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.</p>	{C 000}	<p>CONSTRUCTION SECTION SEP 15 2016 RECEIVED</p> <p><i>New system</i></p> <p><i>Cur</i></p>	
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>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.</p> <p>New Finding on 07/21/2016:</p> <p>a. Smoke detectors and pull stations did not trigger any audio or visual alarms or any type of notification when activated.</p> <p>b. The fire alarm panel was not inoperable due to internal malfunctions.</p> <p>A Plan of Protection was accepted and put in place at the time of survey.</p>	{C 189}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Wilma Williams

Executive Director



**North Carolina Department of Health and Human Services
Division of Health Service Regulation**

Pat McCrory
Governor

Richard O. Brajer
Secretary

Mark Payne, Director
Health Service Regulation

IMPORTANT NOTICE - PLEASE READ CAREFULLY

CONSTRUCTION SECTION

August 26, 2016

SEP 15 2016

RECEIVED

Wilma Williamson
501 Blakey Hall Lane
Elon, NC 27244

RE: HA - Biennial Survey
Blakey Hall
501 North Manning Avenue
Elon Alamance County
FID #980084 Hal001023

Dear Ms. Williamson :

You have provided DHSR-Construction Section with an acceptable Plan of Correction.

After the latest date specified in your Plan of Correction, a follow-up inspection will be scheduled to verify that you are in compliance with program requirements.

If we can be of further assistance, please do not hesitate to contact us.

Sincerely,

Ed Miller

Ed Miller
Architect
DHSR - Construction Section



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Division of Health Service Regulation**

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Governor

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Secretary

Mark Payne, Director
Health Service Regulation

August 26, 2016

Wilma Williamson
501 Blakey Hall Lane
Elon, NC 27244

RE: HA Follow-Up Biennial Construction Survey
FID #980084 Hal001023
Blakey Hall
501 North Manning Avenue
Elon Alamance County

Dear Ms. Williamson :

On **July 21, 2016**, a Biennial Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a plan of correction must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted September 10, 2016

Your PoC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;

Construction Section

www.ncdhhs.gov • www.ncdhhs.gov/dhsr

Tel 919-855-3893 • Fax 919-733-6592

Location: Williams Building, 1800 Umstead Drive • Raleigh, NC 27603

Mailing Address: 2705 Mail Service Center • Raleigh, NC 27699-2705

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- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o 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.
- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than 15 days from date of survey requires a written waiver from DHSR-Construction Section.
 - Corrective action must begin immediately

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

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Billy Bryant

Billy Bryant
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment
Alamance County DSS - with attachment