STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		HAL001023	B. WING		04/2	26/2018
		TH MANNING	STATE, ZIP CODE S AVENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report of a Construction Section Biennial Survey by Ed Miller, conducted on April 26, 2018. Record indicate that this facility was first licensed on January 27, 1998. Plans were submitted for a 16 bed Special Care Unit on 01/09/2004. The facility is currently licensed for 72 beds with 16 of those in a Special Care Unit. Therefore, we are requiring the original (two story) facility to meet the 1996 Regulations for Homes for the Aged and Disabled; Minimum Standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I). and the Special Care Unit, The Cottage, to meet the 1996 Regulations for Homes for the Aged and Disabled; Minimum Standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 2002 edition of the North Carolina State Building Code Volume I - General Construction - Section 402 Institutional Occupancy (Group I2). Deficiencies were cited that require a Plan of Correction.					
C 111	SECTION .0300 - F 10A NCAC 13F .03 CONSTRUCTION(f) The facility shall fire and building saf shall be maintained review.	DESIGN AND have current sanitation and fety inspection reports which in the home and available for	C 111			
	This Rule is not me	et as evidenced by:				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPI	
			B. WING			
		HAL001023			04/2	6/2018
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BLAKEY	HALL	ELON, NO	H MANNING 27244	AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 111	Continued From pa	ge 1	C 111			
	Maintenance Techr maintain in the facil the last twelve mon report(s) required b Findings on April 26 a. A current Annua and Testing Report					
C 150	Corridors-Free of e	quipment and Obstructions	C 150			
	of obstructions. Thi staff, and visitors by during an emergene Findings on April 26 a. Blakey Hall 1st	rvation, corridors are not free s would affect all residents, y slowing or obstructing egress cy. 5, 2018: FL, Left Exit - a heap of ped across the stoop making				
C 166	Housekeeping-Main	ntained Free of Hazards	C 166			
		06 HOUSEKEEPING AND				

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hazards;

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TION (X3) DATE SURVE COMPLETED	
		HAL001023	B. WING		04/2	6/2018
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	, , , , , ,	0.2010
BLAKEY	ΗΔΙΙ		H MANNING	S AVENUE		
BEARCE		ELON, NO	27244			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 2	C 166			
	(e) This Rule shall facilities.	apply to new and existing				
C 185	This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on April 26, 2018: a. Blakey Hall 2nd FL, Med Room - a portable medical oxygen cylinder is stored standing up on the floor not secured. Deficiency corrected before Construction Surveyors departed site		C 185			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		• •	1` 'CO			ATE SURVEY OMPLETED	
			A. BUILDING: 01		OOM EETED		
		HAL001023	B. WING		04/2	6/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BLAKEY	HALL	501 NORT ELON, NO	TH MANNING 27244	SAVENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 185	Continued From pa	ige 3	C 185				
	rehearsal was perfo	ter for the last 12 months, no ormed during 3rd shift. ter for the last 12 months, no ormed during 1st shift.					
C 188	Electrical Outlets in	Wet Locations	C 188				
	All adult care home locations at sinks, to	PHYSICAL PLANT 10 ELECTRICAL OUTLETS e electrical outlets in wet cathrooms and outside of ground fault interrupters.					
	provide electrical or bathrooms and outs fault interrupters. The staff, and visitors by protection to these Findings on April 26 a. Blakey Hall 20 an electrical power the mop sink that is faults. b. Blakey Hall 1st Kitchen door the gray (GFCI) electrical powith a push of the twith a circuit tester. c. Blakey Hall 1st Right Dining Room circuit-interrupter (C	ervation, the facility failed to utlets in wet locations at sinks, side of building with ground his would affect residents, y not providing ground fault devices. 6, 2018: d FL, Housekeeping - there is receptacle within 18 inches of a not provide against ground FL, Dining Patio - near the round-fault circuit-interrupter ower receptacle did not trip est button and when tested FL, Dining Patio - near the door the ground-fault GFCI) electrical power nave electrical power and					
C 189		t Maintained Safe, Operating	C 189				

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Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
HAL001023		B. WING		04/26/2018		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BLAKEY HALL 501 NORTH ELON, NC		H MANNING 27244	S AVENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	emergency equipm safe and operating if they could not pro- during an emergency Findings on April 26 a. Blakey Hall 1st this exit sign on the removed, indicating	rvation, the building's ent was not maintained in a condition. This would affect all amptly find their way to an exit cy. 6, 2018: FL, Corridor outside Diningleft side has both chevron that you should turn and exit hrough the Dining Room. Only				
	emergency equipm safe and operating if they could not produring an emergent Findings on April 26 a. The Cottage Lisself-contained emeoutput and made a button is pushed. b. The Cottage Sr 101, Lobby side - the	o, 2018: ving Room - the wall-mounted rgency light had a dim light buzzing sound when the test moke Barrier near Bedroom ne wall-mounted self-contained I not illuminate on backup				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
HAL001023		B. WING		04/26/2018			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BLAKEY HALL 501 NORTH ELON, NC		H MANNING 27244	S AVENUE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 5	C 189				
	maintain the electric operating condition. Findings on April 26 a. Blakey Hall 2nd extension cord is be equipment. Extensi permanent wiring. b. Blakey Hall 2nd power strip with a 3 electrical power recadaptor does not haprotection. Multi-plu overloaded and lead possible fire. c. Blakey Hall 1st power strip with a 3 electrical power recadaptor does not haprotection. Multi-plu overloaded and lead possible fire.	is, 2018: IFL, Bedroom 310 - an being used to power television on cords cannot substitute for IFL, Bedroom 310 - there is a foot cord, plugged into an eptacle and the multi-plug ave integral over current ag adaptors can become do to a device failure and a IFL, Bedroom 106 - there is a foot cord, plugged into an eptacle and the multi-plug ave integral over current ag adaptors can become do to a device failure and a IFL, Bedroom 106 - there is a foot cord, plugged into an eptacle and the multi-plug ave integral over current ag adaptors can become do to a device failure and a					
	safety was not mair condition. This coul not contained in Ro Findings on April 26 a. Blakey Hall 1st	rvations, the Building fire stained in a safe and operating d expose all to fire/smoke if om or compartment of origin. 5, 2018: FL, Mech/Elec Room - there able and conduit not					
	firestopped as it per fire-resistance-rated b. The Cottage Ac Stairs - there is a ga firestopped as it per fire-resistance-rated c. The Cottage Ala around a conduit no	netrates the d ceiling assembly. stivity Room Closet under ap around a conduit not netrates the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
HAL001023		B. WING		04/26/2018		
NAME OF F	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 04/2	0/2010
			H MANNING			
BLAKEY	HALL	ELON, NO	27244			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	5. Based on obse corridor doors are roperating condition Findings on April 26 a. Blakey Hall 2nd corridor door did not closed. b. Blakey Hall 1st corridor doors is equipolated both in the 'inactive requirement for the latching. 6. Based on obse System was not man operating condition residents, staff, and contained in the Roperating on April 26 a. Blakey Hall 1st sprinkler escutched heater does not contained in the Roperating condition residents, staff, and contained in the Roperating on April 26 a. Blakey Hall 1st sprinkler escutched heater does not contained in the Roperation of the fire-resistance-respread of smoke arb. The Cottage Besprinkler is missing exposing an opening	rvation, the smoke tight not maintained in a safe and	C 189			
C 195	of smoke and heat. Hot Water System		C 195			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (d) The hot water s provide an adequat kitchen, bathrooms					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPI	SURVEY LETED
	HAL001023		B. WING		04/26/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BLAKEY HALL 501 NORT ELON, NO			H MANNING 27244	SAVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 195	be maintained at a (38 degrees C) and F (46.7 degrees C) (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Based on Obse maintain the hot was used by residents to degrees Fahrenheir degrees Fahrenheir Findings on April 26 a. Blakey Hall 200	xtures used by residents shall minimum of 100 degrees F shall not exceed 116 degrees apply to new and existing ception of Paragraph (e) ly to existing facilities. Let as evidenced by: ervation, the Facility failed to atter temperature at all fixtures to be a minimum of 100 and shall not exceed 116 to 3, 2018: If FL, Bedroom 401's Bathroom water temperature of 96	C 195			
C 199	provided with exhautwo cubic feet per requirement does no before April 1, 1984 these specified spar (1) soiled linen stor (2) soil utility rooms (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the extension of the state of t	PHYSICAL PLANT 11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This lot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;	C 199			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3		(X3) DATE SURVEY COMPLETED	
		HAL001023	B. WING		04/26/2018	
NAME OF PF	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BLAKEY H	HALL	501 NORT ELON, NO	H MANNING	S AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	plastic sheet, the faventilation system in could affect all reside preventing the exhall findings on April 26 a. Blakey Hall 1st required exhaust verand there is odor. b. Blakey Hall 1st the required exhaust work, and there is odor. The Cottage Alaexhaust ventilation at there is odor. d. The Cottage Berequired exhaust vertiage Berequire	et as evidenced by: ervation and testing with a thin cility failed to maintain the n proper working order. This dents, staff, and visitors by susting of odors. 6, 2018: FL, Housekeeping - the entilation system did not work, FL, Elevator Equipment Room cust ventilation system did not odor. farm Room - the required system did not work, and edroom 101 Bathroom - the entilation system was running, the required amount of air to	C 199			

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