

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 08/30/2023
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NAME OF PROVIDER OR SUPPLIER BLAKEY HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 501 NORTH MANNING AVENUE ELON, NC 27244
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(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 Construction Section Biennial Survey by Tod Hancock, conducted on August 30, 2023.</p> <p>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).</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 135	<p>Bathrooms-Not to Be Utilized for Storage</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall</p>	C 135		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 135	Continued From page 1 not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Observations revealed the bathrooms were used for storage. Findings August 30, 2023: a. First Floor Spa- The spa is filled with furniture, boxes and supplies. b. Second Floor Spa-The spa is filled with furniture, boxes and supplies.	C 135		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on interviews with Staff, Fire rehearsal records were not available at the time of the survey. Findings on August 30, 2023: a. The custodian of the Fire rehearsal records was not present and therefore could not produce the records.	C 185		

Division of Health Service Regulation

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C 189	Continued From page 2	C 189		
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 the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings August 30, 2023: a. Special Care Unit Lobby- The wall mounted self-contained emergency light did not illuminate when the test button was pushed.</p> <p>2. Based on observation, the facility is not maintaining its HVAC equipment in a safe manner. Findings on August 30, 2023: a. Second Floor/ Right hall- Condensation was dripping from the air supply vents onto the drywall ceiling and floor causing discoloration and an unsafe walking surface.</p> <p>3. Based on observation, the facility has failed to maintain the fire suppression system components in a safe and operating condition. This could allow a fire to spread at a faster rate.</p> <p>Findings on August 30, 2023:</p>	C 189		

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C 189	<p>Continued From page 3</p> <p>a. The accelerator gauges on both zones of the Special Care Unit's fire suppression riser were indicating (0) pressure.</p> <p>4. Observations revealed that the facility does not meet the code requirements in effect a the time of construction, change in service or bed count, addition, renovation or alteration. Stairs are not to be used for any purpose other than means of egress.</p> <p>Findings on August 30, 2023: a. Stairwells were being used as a storage area. There was furniture stored under the stairs.</p>	C 189		