

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER BROOKRIDGE RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1199 HAYES FOREST DRIVE WINSTON-SALEM, NC 27106		
(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) COMPLETION DATE	
E 000	Initial Comments	E 000			
F 000	An unannounced recertification survey was conducted on 05/06//24 through 05/09/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # R3TW11.	F 000			
F 812 SS=F	INITIAL COMMENTS A recertification survey was conducted from 05/06//24 through 05/09/24. Event ID# R3TW11. Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and dietary staff interviews, the facility failed to ensure facial hair was covered during food preparation. This practice had the potential for cross-contamination	F 812	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in	6/20/24	

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

TITLE

(X6) DATE

Electronically Signed

05/28/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 812	<p>Continued From page 1 of food served to residents.</p> <p>Findings included:</p> <p>During the initial tour of the kitchen on 5/6/24 at 10:00 a.m., the dietary staff were observed cleaning after the breakfast meal service and preparing food for the lunch meal. There were four dietary staff members preparing food in the preparation areas with exposed facial hair (ranging from approximately ½ inch to 3 inches in length).</p> <p>On 5/9/24 at 11:33 a.m. during the meal tray line service in the kitchen, seven dietary staff were observed with exposed/uncovered facial hair ranging from ½ inch to 3 inches in length. During this observation the staff were noted to perform various food service tasks including meal production and service without hair coverings over their facial hair. Three of these staff members were identified as the cook, Executive Chef, and the Kitchen Manager.</p> <p>During an interview on 5/9/24 at 11:40 a.m., the Executive Chef and the Kitchen Manager acknowledged the male dietary staff were required to cover all hair while in the food preparation areas of the kitchen. the Executive Chef and the Kitchen Manager supplied each of the male dietary staff with chin guards. The dietary staff were observed donning the chin guards.</p>	F 812	<p>compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F812- Food Procurement Store/Prepare/Serve-Sanitary</p> <p>Immediately, on 5/9/2024, when the beard guards were mentioned to the Executive Chef, they were applied throughout the kitchen for all workers with exposed facial hair.</p> <p>All Kitchen Members with facial hair were required to wear beard guards. Once Executive Chef notified Administrator of the Survey Concern, she confirmed 100% within the department with beard guard use.</p> <p>Dietary Staff were educated on 5/9/2024 by the Executive Chef of the requirement that facial hair must be covered by a beard guard. New Hires will receive this education during orientation. Agency staff is not used within Food Services.</p> <p>Moving Forward, the kitchen staff will be audited 3 times a week for 6 weeks to ensure compliance with beard guards. Audits will be completed by Executive Chef or designee.</p> <p>Results of the audit will be forwarded to the facility QAPI committee to determine further monitoring needs.</p> <p>Compliance Date: 5/9/2024 Completion Date: 6/20/2024 Responsible Party: Executive Chef</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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F 814 F 814 SS=F	Continued From page 2 Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observations and dietary staff interviews, the facility failed to ensure waste was contained in 1 of 1 trash compactor and had no opened areas with exposed trash, debris, and accessibility to animals. These practices had the potential to affect all residents. Findings included: On 5/6/24 at 10:54 a.m., during the observation of the facility's trash compactor accompanied by the Executive Chef and the Clinical Nutritionist, the opened chute area of the compactor consisted of multiple large white bags of trash and a live opossum. The Executive Chef immediately notified the Maintenance Director to remove the opossum. A follow-up observation of the trash compactor was conducted with the Executive Chef, Kitchen Manager, and the Clinical Nutritionist on 5/9/24 at 11:54 a.m. There were multiple large bags of trash observed in the opened chute area of the compactor. During an interview on 5/9/24 at 11:57 a.m., the Executive Chef stated the trash compactor's provider emptied the compactor two times each month. He also stated he routinely checked the trash compactor twice each day (upon his arrival in the morning and at 4:00 p.m.). He revealed the	F 814 F 814	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F814- Dispose Garbage and Refuse Properly Immediately, 5/6/2024, the opossum was removed from the outside trash compactor. The trash compactor was drained on 5/9/2024, due to large rainfall and compacted. All dumpsters were inspected by the Director of Facility Services to ensure compliance on 5/9/2024 with no negative findings. Staff within Environmental Services, Food Service, and Maintenance were educated on 5/13/2024 by the Administrator of the requirement that the trash compactor must be compacted and free of exposed material with each visit to the compactor. New Hires will be trained on the expectation during Orientation. There is no agency use in the included	6/27/24	

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F 814	Continued From page 3 dietary department only used black colored trash bags and the white/clear bags in the compactor were the type used by the facility's housekeeping department.	F 814	departments. Moving Forward, the compactor will be audited 5 times a week for 6 weeks to ensure compliance with garbage disposal. Audits will be completed by Director of Environmental Services or designee. Results of the audit will be forwarded to the facility QAPI committee to determine further monitoring needs. Compliance Date: 5/13/2024 Completion Date: 6/27/2024 Responsible Party: Director of Environmental Services		