STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '			(X3) DATE SURVEY COMPLETED		
		is a first to the state of the		A. BUILDING:			
		HAL034026		B. WING		02/28/2024	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRIGHT	ON GARDENS OF WI	NSTON SALEM		NOLDA ROA I SALEM, NO			
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 000	Initial Comments			D 000			
	The Adult Care Lice annual survey on 0						
D 299	10A NCAC 13F .09 Service	04(d)(3) Nutrition A	and Food	D 299			
	10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall be based on the U.S. Department of Agriculture Dietary guidelines for Americans 2020-2025, which are hereby incorporated by reference including subsequent amendments and editions. These guidelines can be found at https://dietaryguidelines.gov/sites/default/files/202 1-03/Dietary_Guidelines_for_Americans-2020-20 25.pdf for no cost.						
	This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 8 ounces of milk was served three times daily to residents in the Special Care Unit (SCU).						
	The findings are:						
	Review of the facility's week-at-a-glace menu for regular diets revealed milk was listed on the menu for breakfast and dinner but not for lunch or snack times.						
	Observation of the lunch meal service in the SCU on 02/27/24 between 12:20pm and 12:45pm revealed: -There were 17 residents present in the dining						

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL034026	B. WING		02/	28/2024
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
PDICUT	ON GARDENS OF WIN	NSTON SALEM 2601 R	EYNOLDA ROA	D		
ВКІВПТ	ON GARDENS OF WII	WINST	ON SALEM, NC	27106		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 299	Continued From pa	ge 1	D 299			
	settingStaff went to each other beveragesFour residents wer Observation of the SCU on 02/28/24 b revealed: -There were 18 res roomResidents each ha setting in addition to -Staff went to each other beveragesTwelve residents were observation of the	resident offering milk and re poured a glass of milk. breakfast meal service in the etween 8:35am and 9:10am idents present in the dining at two glasses at their place of the option of coffee. resident offering milk and were poured a glass of milk. kitchenette in the SCU on a revealed there was one cavailable to serve.				
	10:12am revealed t	main kitchen on 02/28/24 at there were 6 unopened gallor o the opened gallon of milk in				
	O2/28/24 at 9:50am -She was a supervi -At mealtimes, the sthey offered milk ar residentIf a resident decline glass of milk for that-She did not know to supposed to be pout times dailyShe had not been	sor in the SCU. staff did tableside dining whe nd other beverages to each ed milk, they did not pour a				

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STATE FORM 6899 7V7O11 If continuation sheet 2 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL034026	B. WING		02/	28/2024
	PROVIDER OR SUPPLIER ON GARDENS OF WII	NSTON SALEM 2601 RE	DDRESS, CITY, S' YNOLDA ROA N SALEM, NC	D		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 299	each resident at 10:00ar -During meal service choice of juice, wat -It was optional for notShe did not pour a at each mealShe did not know to supposed to be pout times daily. Interview with the Standard with the staff were expresident at every means at each meal with every means at each meal with the staff were expresident at every means at each means at each meansThe staff were expresident at every means at every means at every means at each resident staff with every means at the staff were at the staff with each resident staff at each resident in the resident declined means at the staff was offered at said they did not we them a glass of mill -Milk was offered diresident declined means at the staff was offered directly was offered directl	ch meal. sonal care aide (PCA) on m revealed: ee, each resident had their er, milk, or something else. the residents to accept milk or glass of milk for each resident hat each resident was ured a glass of milk three pecial Care Unit Coordinator 4 at 10:05am revealed: ected to offer milk to each eal. I residents received a glass of al because the staff got used did not like to drink milk and ilk for those residents. Ints had an order to not received during the 3:00pm snack, but ack of how many glasses of received each day. cond LCM on 02/28/24 at the every meal but if a resident ant milk, the staff did not pour k. Suring snack times but if a hilk, they gave them a different track of how many glasses of track of how many glasses o				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	HAL034026			B. WING0		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
BRIGHT	ON GARDENS OF WIN	NSTON SALEM	YNOLDA ROA N SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 299	02/28/24 at 1:50pm -In the SCU, the tak glass of milk for eac -Each staff person or residents in the SCI milk at every mealShe did not know to poured a glass of m Interview with the A 2:00pm revealed: -He did not know th were being served in	revealed: ples were to be pre-set with a ch resident. was trained upon hire that U were to be poured a glass of that not all residents were hilk at every meal. dministrator on 02/28/24 at at at not all residents in the SCU milk three times daily. Is that staff would serve each				
D 306	Service 10A NCAC 13F .09 (d) Food Requirem (4) Water shall be seach meal, in addition	04(d)(4) Nutrition and Food 04 Nutrition and Food Service tents in Adult Care Homes: served to each resident at ion to other beverages.	D 306			
	failed to ensure wat other beverages to Care Unit (SCU). The findings are: Review of the facilit	ons and interviews, the facility ter was served in addition to each resident in the Special by's week-at-a-glace menu for ed water was not listed on the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		HAL034026	B. WING		02/	28/2024
	PROVIDER OR SUPPLIER ON GARDENS OF WII	NSTON SALEM 2601 REY	DRESS, CITY, S NOLDA ROA I SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 306	menu. Observation of the on 02/27/24 betwee revealed: -There were 17 res roomThe residents had place settingStaff went to each other beveragesSeven residents w Observation of the SCU on 02/28/24 b revealed: -There were 18 res roomThe residents had place setting in add -Staff went to each other beveragesTen residents were Observation of the 02/28/24 at 9:05am of water available to beverages. Observation of the 10:12am revealed to 46-ounce cartons of the 10:12am revealed to 10:12am reve	lunch meal service in the SCU en 12:20pm and 12:45pm idents present in the dining two glasses each at their resident offering water and ere poured a glass of water. breakfast meal service in the etween 8:35am and 9:10am idents present in the dining two glasses each at their lition to the option of coffee. resident offering water and expoured a glass of water. kitchenette in the SCU on a revealed there was a pitcher of serve along with other main kitchen on 02/28/24 at there was a box containing six of nectar-thickened water. and Care Manager (LCM) on a revealed:	D 306			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL034026		B. WING		02/	28/2024
BRIGHTON GARDENS OF WINSTON SALEM 2601 REY			ADDRESS, CITY, STATE, ZIP CODE SYNOLDA ROAD DN SALEM, NC 27106				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 306	glass of water for the She was not award to be poured a glasse. She had not been for each resident at to each resident at to each resident at linterview with a per 02/28/24 at 10:00are. During meal service choice of juice, water lit was optional for or not. She did not pour are resident at each measure. She did not know to be poured a glasse. Interview with the SCUC) on 02/28/2. The staff were expresident at every measure. She did not know to water was offered said they did not know to be poured a glass of warshe did not know to be poured a glass of water for eleach staff person.	nat resident. e each resident was es of water at every retold to pour a glass t each meal, only to each meal. rsonal care aide (PC m revealed: ce, each resident haver, milk, or something the residents to according to the resident was seed water at every me especial Care Unit Co each resident was seed water at every me especial Care Unit Co each resident was seed water at every me especial Care Unit Co each resident was seed water at every me each meal. cond LCM on 02/28/ each resident was seed water, the staff of each resident was seed water at every me each resident water at every me each resident was seed water at every me each resident water at every me each reside	meal. of water offer water CA) on d their ng else. ept water each upposed to eal. ordinator led: to each sidents 24 at f a resident lid not pour upposed to eal. dinator on set with a re that				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
HAL034026			B. WING		02/2	28/2024
	PROVIDER OR SUPPLIER ON GARDENS OF WIN	STON SALEM 2601 REY	DRESS, CITY, S NOLDA ROA I SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 306	-She did observe m noticed that not eve -She did not know t poured a glass of w Interview with the A 2:00pm revealed: -He did not know th were being served -His expectation wa	reals in the SCU but had not eryone received water. hat not all residents were	D 306			

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Division of Health Service Regulation STATE FORM