STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034026	A. BUILDING: _____ B. WING _____	02/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF WINSTON SALEM	2601 REYNOLDA ROAD 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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 02/27/24 and 02/28/24.	D 000		
D 299	10A NCAC 13F .0904(d)(3) Nutrition And Food Service 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/2021-03/Dietary_Guidelines_for_Americans-2020-2025.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	D 299		

Reviewed and Acknowledged K.M. 03/15/24

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D 299	Continued From page 1 room. -Residents each had two glasses at their place setting. -Staff went to each resident offering milk and other beverages. -Four residents were poured a glass of milk. Observation of the breakfast meal service in the SCU on 02/28/24 between 8:35am and 9:10am revealed: -There were 18 residents present in the dining room. -Residents each had two glasses at their place setting in addition to the option of coffee. -Staff went to each resident offering milk and other beverages. -Twelve residents were poured a glass of milk. Observation of the kitchenette in the SCU on 02/28/24 at 9:05am revealed there was one gallon of whole milk available to serve. Observation of the main kitchen on 02/28/24 at 10:12am revealed there were 6 unopened gallons of milk in addition to the opened gallon of milk in the SCU. Interview with a Lead Care Manager (LCM) on 02/28/24 at 9:50am revealed: -She was a supervisor in the SCU. -At mealtimes, the staff did tableside dining where they offered milk and other beverages to each resident. -If a resident declined milk, they did not pour a glass of milk for that resident. -She did not know that each resident was supposed to be poured a glass of milk three times daily. -She had not been told to pour a glass of milk for each resident at each meal, only to offer milk to	D 299		

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D 299	Continued From page 2 each resident at each meal. Interview with a personal care aide (PCA) on 02/28/24 at 10:00am revealed: -During meal service, each resident had their choice of juice, water, milk, or something else. -It was optional for the residents to accept milk or not. -She did not pour a glass of milk for each resident at each meal. -She did not know that each resident was supposed to be poured a glass of milk three times daily. Interview with the Special Care Unit Coordinator (SCUC) on 02/28/24 at 10:05am revealed: -The staff were expected to offer milk to each resident at every meal. -She thought not all residents received a glass of milk with every meal because the staff got used to which residents did not like to drink milk and they did not pour milk for those residents. -None of the residents had an order to not receive milk at meal times. -They offered milk during the 3:00pm snack, but they did not keep track of how many glasses of milk each resident received each day. Interview with a second LCM on 02/28/24 at 1:28pm revealed: -Milk was offered at every meal but if a resident said they did not want milk, the staff did not pour them a glass of milk. -Milk was offered during snack times but if a resident declined milk, they gave them a different beverage. -They did not keep track of how many glasses of milk each resident received daily. Interview with the Dietary Service Coordinator on	D 299		

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D 299	Continued From page 3 02/28/24 at 1:50pm revealed: -In the SCU, the tables were to be pre-set with a glass of milk for each resident. -Each staff person was trained upon hire that residents in the SCU were to be poured a glass of milk at every meal. -She did not know that not all residents were poured a glass of milk at every meal. Interview with the Administrator on 02/28/24 at 2:00pm revealed: -He did not know that not all residents in the SCU were being served milk three times daily. -His expectation was that staff would serve each resident a glass of milk at every meal.	D 299		
D 306	10A NCAC 13F .0904(d)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (d) Food Requirements in Adult Care Homes: (4) Water shall be served to each resident at each meal, in addition to other beverages. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure water was served in addition to other beverages to each resident in the Special Care Unit (SCU). The findings are: Review of the facility's week-at-a-glace menu for regular diets revealed water was not listed on the	D 306		

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D 306	Continued From page 4 menu. 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 room. -The residents had two glasses each at their place setting. -Staff went to each resident offering water and other beverages. -Seven residents were poured a glass of water. Observation of the breakfast meal service in the SCU on 02/28/24 between 8:35am and 9:10am revealed: -There were 18 residents present in the dining room. -The residents had two glasses each at their place setting in addition to the option of coffee. -Staff went to each resident offering water and other beverages. -Ten residents were poured a glass of water. Observation of the kitchenette in the SCU on 02/28/24 at 9:05am revealed there was a pitcher of water available to serve along with other beverages. Observation of the main kitchen on 02/28/24 at 10:12am revealed there was a box containing six 46-ounce cartons of nectar-thickened water. Interview with a Lead Care Manager (LCM) on 02/28/24 at 9:50am revealed: -She was a supervisor in the SCU. -At mealtimes, the staff did tableside dining where they offered water and other beverages to each resident. -If a resident declined water, they did not pour a	D 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 306	Continued From page 5 glass of water for that resident. -She was not aware each resident was supposed to be poured a glass of water at every meal. -She had not been told to pour a glass of water for each resident at each meal, only to offer water to each resident at each meal. Interview with a personal care aide (PCA) on 02/28/24 at 10:00am revealed: -During meal service, each resident had their choice of juice, water, milk, or something else. -It was optional for the residents to accept water or not. -She did not pour a glass of water for each resident at each meal. -She did not know each resident was supposed to be poured a glass of water at every meal. Interview with the Special Care Unit Coordinator (SCUC) on 02/28/24 at 10:05am revealed: -The staff were expected to offer water to each resident at every meal. -She did not know that not all of the residents were served water at each meal. Interview with a second LCM on 02/28/24 at 1:28pm revealed: -Water was offered at every meal but if a resident said they did not want water, the staff did not pour them a glass of water. -She did not know each resident was supposed to be poured a glass of water at every meal. Interview with the Dietary Service Coordinator on 02/28/24 at 1:50pm revealed: -In the SCU, the tables were to be pre-set with a glass of water for each resident. -Each staff person was trained upon hire that residents in the SCU were to be poured a glass of water at every meal.	D 306		

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D 306	Continued From page 6 -She did observe meals in the SCU but had not noticed that not everyone received water. -She did not know that not all residents were poured a glass of water at every meal. Interview with the Administrator on 02/28/24 at 2:00pm revealed: -He did not know that not all residents in the SCU were being served water at each meal. -His expectation was that staff would serve each resident a glass of water at every meal.	D 306		

[redacted]

Plan of Correction Template

Name of Community: Brighton Gardens of Winston Salem
Address: 2601 Reynold Rd. Winston Salem, NC 27104
License number: HAL-034-026
Inspection date(s): February 27-28,2024
Name and Title of [redacted] Representative Signing the Plan of Correction:
Ian Harwell, Executive Director
Signature of [redacted] Representative:
Date of Submission:

Regulation	Target Date by Which Correction will be completed	Plan of Correction
10A NCAC 13F .0904(d)(3) Nutrition And Food Service 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/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf for no cost. This Rule is not met as evidenced by: D 299 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)	02/28/24 02/28/24	**A. With respect to the specific resident/situation cited:** Residents observed in the dining room did not experience a negative outcome as a result of not receiving milk during the meals. Once this issue was identified and brought to the attention of the management of Brighton Gardens, the Reminiscence Coordinator (RC) conducted refresher training sessions for Care Managers. The refresher training consisted of reviewing the process for pouring and placing milk in front of residents in SCU during meals.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:
	03/04/24	Following the refresher training with the care managers, the Executive Director will conduct unannounced observations of dining room service to confirm milk will be offered and provided in the Reminiscence neighborhood.
	03/08/24	A schedule has been developed by the Executive Director for the Reminiscence coordinator and Dining Service Coordinator to attend meals in SCU. The oversight consists of observing meals in the Reminiscence Dining rooms to confirm milk is being served daily to residents at meals. This oversight will occur for 3 months.
		C. With respect to what systemic measures have been put into place to address the stated concern:
	03/01/24	The coordinators have received refresher training conducted by the ED or designee regarding the regulation that 8oz of milk should be served to residents in the Reminiscence dining room for meals.
	03/28/24	The ED or designee will present the findings of the dining room observations monthly for 3 months at Quality Assurance Performance Improvement (QAPI) meetings.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	03/28/24	Discussions regarding root cause analysis, performance improvement plans, and interventions will be developed in QAPI as needed.
	03/28/24	**D. With respect to how the plan of correction will be monitored:** During and after 3 months, the QAPI Team will evaluate the findings of the dining room observations and may extend the review period, as needed based on issues identified or trends observed. The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction and addressing and resolving variances that may occur.
10A NCAC 13F .0904(d)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (d) Food Requirements in Adult Care	02/28/24	**A. With respect to the specific resident/situation cited:**

Regulation	Target Date by Which Correction will be completed	Plan of Correction
Homes: (4) Water shall be served to each resident at each meal, in addition to other beverages. This STANDARD is not met as evidenced by: D 306 Based on observations and interviews, the facility failed to ensure water was served in addition to other beverages to each resident in the Special Care Unit (SCU).	02/28/24	Residents observed in the dining room did not experience a negative outcome as a result of not receiving water during the meals. Once this issue was identified and brought to the attention of the management of Brighton Gardens, the Reminiscence Coordinator (RC) conducted refresher training sessions for Care Managers. The refresher training consisted of reviewing the process for pouring and placing water in front of residents in SCU during meals.
	03/04/24 03/08/24	**B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:** Following the refresher training with the care managers, the Executive Director will conduct unannounced observations of dining room service to confirm water will be offered and provided in the Reminiscence neighborhood. A schedule has been developed by the Executive Director for the Reminiscence coordinator and Dining Service coordinator to attend meals in SCU. The oversight consists of observing meals in the Reminiscence Dining

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		rooms to confirm water is being served daily to residents at meals. This oversight will occur for 3 months.
	03/01/24 03/28/24 03/28/24	**C. With respect to what systemic measures have been put into place to address the stated concern:** The coordinators have received refresher training conducted by the ED or designee regarding the regulation that 8oz of water should be served to residents in the Reminiscence dining room for meals. The ED or designee will present the findings of the dining room observations monthly for 3 months at Quality Assurance Performance Improvement (QAPI) meetings. Discussions regarding root cause analysis, performance improvement plans, and interventions will be developed in QAPI as needed.
	03/28/24	**D. With respect to how the plan of correction will be monitored:** During and after 3 months, the QAPI Team will evaluate the findings of the dining room observations and may extend the review period, as needed based on issues identified or trends observed.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction and addressing and resolving variances that may occur.

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