

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2015
--	---	--	--

NAME OF PROVIDER OR SUPPLIER
BROOKDALE REYNOLDA ROAD

STREET ADDRESS, CITY, STATE, ZIP CODE
**2980 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
--------------------	--	---------------	---	--------------------

C 000

Initial Comments

Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on May 21, 2015.


Records indicate that the Facility was first licensed or submitted for licensure on or about July 2, 1996 for Seventy-Two (72) Beds. Based on the above information, the facility is required to meet the 1996 Minimum Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Group

Physical plant deficiencies were noted which require a plan of correction.

C 000

CONSTRUCTION SECTION
 JUL 08 2015
 RECEIVED

See attached



C 150

Corridors-Free of equipment and Obstructions

SECTION .0300 - PHYSICAL PLANT
 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT
 (g) The requirements for corridors are:
 (4) Corridors shall be free of all equipment and other obstructions.

This Rule is not met as evidenced by:
 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency.
 Findings on May 21, 2015:
 a. The egress pathway for the back left porch was obstructed with picture frames, mattresses and other renovation items. Deficiency corrected before Construction Surveyors departed the site

C 150

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Debbie Ramsey - Executive Director

TITLE
 Executive Director

(X6) DATE
 7/8/15

STATE FORM 8XYS21 If continuation sheet 1 of 7

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/21/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER
BROOKDALE REYNOLDA ROAD

STREET ADDRESS, CITY, STATE, ZIP CODE
**2980 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
C 160	Continued From page 1	C 160		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. This could affect all residents, staff and visitors if the grounds are not free of obstructions, tripping hazards or have equipment in disrepair. Findings on May 21, 2015: a. In the ramp at the right side exit, a clean-out extends above the walking surface by 12 1/2 inches creating a tripping.</p>	C 160	<p><i>See attached</i></p>	
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect all residents, staff and visitors by exposing</p>	C 164	<p><i>See attached</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2015
--	---	--	--

NAME OF PROVIDER OR SUPPLIER
BROOKDALE REYNOLDA ROAD

STREET ADDRESS, CITY, STATE, ZIP CODE
**2880 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
C 164	Continued From page 2 them to unpleasant environment. Findings on May 21, 2015: a. Bedroom 22 had a strong urine odor that persisted during the Construction Survey. b. Bedroom 39 had a strong urine odor that persisted during the Construction Survey	C 184	<i>See Attached</i>	
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on May 21, 2015: a. There was no documentation of the portable fire extinguisher's monthly inspections on the annual maintenance tags. Locations of specific examples include but are not limited to: i. Laundry, ii. Basment,	C 183	<i>See Attached</i>	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult	C 189	<i>See Attached</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/21/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: **BROOKDALE REYNOLDA ROAD**
 STREET ADDRESS, CITY, STATE, ZIP CODE: **2980 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
--------------------	--	---------------	---	--------------------

C 189	<p>Continued From page 3</p> <p>care home shall be maintained in a safe and operating condition. (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: 1. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on May 21, 2015: a. The ceilings had unprotected gaps around cable penetrations, metal conduits penetrations, and sleeves. Locations of specific examples include but are not limited to: i. Associate Lounge ii. Mech Room across for Beauty Shop. iii. Main office iv. Mech Room near Bedroom 7 v. Med Room, Small Storage, vi. Kitchen, b. The left Rear Smoke Barrier wall assembly in the attic had a 4-inch diameter hole with 2 small cables protected drywall tape covered with joint compound, an unproved material when used by itself for fire-resistance-rated construction. c. The exit sign did not completely cover the hole through the ceiling on the back side of the Front left Smoke Barrier. d. The Attic Accesses did not close and latch properly, leaving a gap on the latch side Locations of specific examples include but are not limited to: i. Near Bedroom 26, ii. Near Bedroom 6..</p>	C 189	<p><i>See attached</i></p>	
-------	--	-------	----------------------------	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/21/2015	
NAME OF PROVIDER OR SUPPLIER BROOKDALE REYNOLDA ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 2980 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
C 189	<p>Continued From page 4</p> <p>e. The Laundry exhaust duct has moved pulling the was firestop sealant out of the fire-resistance-rated wall leaving an unprotected opening.</p> <p>f. The joints of the gypsum constructed smoke barrier wall assembly in the attic; (tape and joint compound) have separated from the wallboard and can no longer resist the passage of fire and or smoke. Locations of specific examples include but are not limited to:</p> <p>i. Front Left Smoke Barrier,</p> <p>g. In the Mech Room across from the Beauty Shop there was 3 refrigerant lines sealed with orange foam. This orange foam may not be approved to seal these penetrations.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin.</p> <p>Findings on May 21, 2015:</p> <p>a. The fire sprinkler escutcheon plate had dropped down from the ceiling. Locations of specific examples include but are not limited to:</p> <p>i. Bedroom 33</p> <p>ii. Bedroom 30, Closet,</p> <p>iii. Laundry,</p> <p>iv. Beauty Shop,</p> <p>v. Housekeeping near Med Room,</p> <p>vi. Sprinkler Room,</p> <p>vii. Bedroom 22, window closet.</p> <p>viii. Bedroom 24 corridor closet.</p> <p>b. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling in the Executive Director's office.</p>	C 189	<p><i>See attached</i></p> <p><i>See attached</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/21/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE REYNOLDA ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 2980 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
C 189	<p>Continued From page 5</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because some areas were without fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide. Findings on May 21, 2015: a. In the corridor near Bedroom 38 the fire sprinkler head and fire sprinkler line had been removed. The replacement is scheduled to be installed on May 22, 2015. Per document received from the provider the work was completed.</p> <p>4. Based on observation, interview with Maintenance Tech and review of documents, the Building was not maintained in a safe and operating condition, because maintenance had not been perform in a timely manner leaving the facility without proper fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide. Findings on May 21, 2015: a. Examination of the fire sprinkler riser revealed the accelerator had been by-passed by Sprinkler personal on 5- 20-2015. The provider contacted the Fire Marshal and of city of Winston Salem, no fire watch was required. The replacement is scheduled to be installed on May 22, 2015. Per documentation received from the provider on 5-28-2015, the work was completed.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to</p>	C 189	<p><i>See attached</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/21/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER
BROOKDALE REYNOLDA ROAD

STREET ADDRESS, CITY, STATE, ZIP CODE
**2980 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
C 189	<p>Continued From page 6</p> <p>the fire compartment of origin. Findings on May 21, 2015: a. Both leafs, of the cross-corridor double-egress pair of doors on the left front Smoke Barrier, rubs its frame and did not completely close, producing gaps that exceed acceptable clearances when the fire alarm system released the doors.</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on May 21, 2015: a. The basement was equipped with hasp hardware and padlock without an override device.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on May 21, 2015: a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system, there has been no record keeping of the monthly inspections.</p> <p>8. Based on observation, the building mechanical systems were not maintained in a safe manner. Findings on May 21, 2015: a. The ceiling radiation damper in the Med Room Mech Room the fusible link was broken.</p>	C 189	<p><i>See attached</i></p> <p><i>See attached</i></p>	

Brookdale Reynolda Rd. HA Biennial Survey

The following is a summary of the Plan of Correction for Brookdale Reynolda Rd. This Plan of Correction is in regards to the Corrective Action Report dated June 25th, 2015 and received on July 5th, 2015. This

Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

2980 Reynolda Rd., Winston Salem NC**FID #960455 Hal034035****C 150 Corridors Free From Obstruction**

1. Deficiency corrected before surveyors left site

C160 Outside Premises Clean and Safe

1. Will remove or reposition clean out in harmony with local building code by August 10th, 2015

C 164 Housekeeping and Furnishings Clean and Repaired

1. Will take steps to address urine odors by August 10th, 2015

C 183 Fire Extinguishers

1. Will begin documenting fire extinguisher and suppression equipment checks immediately (July 8th, 2015).

(C 189) Building Equipment Maintained Safe, Operating

1.
 - a. Will seal penetrations by August 10th, 2015
 - b. Penetration has been properly sealed as of July 8th, 2015
 - c. Will adjust exlt sign or otherwise seal penetration by August 10th, 2015
 - d. Attic hatches have been replaced as needed as of July 8th, 2015
 - e. Will seal penetration by August 10th, 2015
 - f. Will repair joints by August 10th, 2015
 - g. Will properly seal penetration by August 10th, 2015
2. Will replace and or properly install escutcheons as needed by August 10th, 2015
3. Work was completed per document already submitted
4. Work was completed per document already submitted
5. Doors have been adjusted and are working properly as of July 8th, 2015
6. Will remove unauthorized hardware by July 8th, 2015

7. Will begin immediately proper documentation of hood suppression system checks (July 8th, 2015)
8. Damper has been repaired as of July 8th, 2015

To assist with compliance, the Executive Director will complete a weekly walk thru the community with the maintenance tech for 3 Months.