

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/18/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTON GARDENS OF WINSTON SALEM

2601 REYNOLDA ROAD
WINSTON SALEM, NC 27106

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C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Billy Bryant on 8-18-2015. Records indicate this facility was first licensed or submitted as a Home for the Aged on 6-24-1997, serving 115 residents with 26 of those in a Special Care Unit. Therefore, the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1996 NC State Building Code with 1997 revisions, Section 409.1 Group I, Unrestrained Occupancy. Deficiencies were noted which will require a plan of correction.	C 000	<p>CONSTRUCTION SECTION</p> <p>OCT 05 2015</p> <p>RECEIVED</p>	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by:	C 101		

Division of Health Service Regulation

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



TITLE

Administrator

(X6) DATE

10-5-15

Division of Health Service Regulation

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C 101	Continued From page 1 1. Based on observation the facility did not meet the requirements of the 1996 NC State Building Code as relates to Special (magnetic) Locking. A. Section 1012.6.1. 4. D. requires an emergency release switch to be located at the nurse station that is capable of interrupting power to all the magnetically or electronically locked doors in the facility. Failure to provide a central emergency release switch could delay or prevent an evacuation in an emergency. Finding includes: There was no central emergency release switch provided to unlock the several magnetically locked doors, the magnetically locked Special Care gate or the electronically locked gate off the main dining room. B. Section 1012.6.1. 4. F. requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." Failure to carry emergency release keys or to know which key fits which switch could delay or prevent an evacuation in an emergency. Findings include: a. Most staff in the Special Care Unit did not carry emergency release switch keys. b. More than one key is required to release all the magnetic locks. One staff believed that she had a key to the interior release switches but it actually fit the release switch at the exterior gate at the courtyard. C. Section 1012.6.1. 4.E. requires an emergency release switch to be located within 3 feet of each locked door/gate. Failure to provide an emergency release switch could delay or prevent an evacuation in an emergency. Finding includes: There was no emergency release switch provided	C 101	The emergency release switch is currently in the manager's office in the Reminisce neighborhood. The staff does not have 24 hour access. The emergency release switch will be relocated to the Medication room. Key switch has been replaced with I/E Keypads. Staff in-serviced on new procedure.	10-16-15 10-5-15 10-5-15

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C 101	Continued From page 2 at the electronically locked gate located off the main dining room. D. Section 1012.6.1. 4.C. requires a wiring diagram and systems component map to be provided under glass adjacent to the fire alarm panel. Finding includes: There was no wiring diagram or system component location map located at the fire alarm panel. E. Section 1012.6.1.1 requires all magnetically or electronically locked doors to unlock upon activation of the fire alarm system. Finding includes: At the time of the survey it was not determined if the electronically locked gate located off the main dining room unlocked on fire alarm activation. 2. Based on observation, one of the clothes dryers in the Special Care laundry is positioned too far from the wall and is partially obstructing the front of the electrical panel in that room. Obstructions in front of electrical panels is a Building Code violation and could delay access to the electrical disconnects in an emergency.	C 101	1EI Key pad installed. Simplex has been notified and will provide the diagram. Gate deactivates when fire alarm is activated. This will be monitored quarterly and documented in the PM log. Dryer has been moved and no longer partially obstructing electrical panel.	10-3-15 10-16-15 10-16-15 9-30-15	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by:	C 111			

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C 111	Continued From page 3 Based on a review of documents, the required annual Sanitation Inspection report for the building could not be located. Buildings must be inspected and approved annually by the local Sanitation official..	C 111	These documents will be copied and the copy stored in administrative area with access by additional management.	10-16-15
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (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. This Rule is not met as evidenced by: Based on observation there was a significant unpleasant odor in the bathroom off room 235. The exhaust fan was working and although the room appeared clean, it may require more frequent cleaning.	C 164	Rm. 235 has been deep cleaned, carpet shampooed. Housekeeping will check room daily and clean more frequently if needed.	9-28-15
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 166		

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C 188	Continued From page 4 Based on observation, at least one waste trap had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Findings include: The floor trap in the "Associate Lockers" area was dry and allowing odors to enter the facility.	C 188	When housekeeping cleans bathroom daily, will fill p-trap with H ₂ O. Maintenance Coordinator will monitor weekly.	10-16-15
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 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. This Rule is not met as evidenced by: 1. Based on observation, the battery powered emergency light #04 near the vending machines would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include but are not limited to; a. The door to the 3rd floor nurse station was	C 189	Unit replaced. All emergency lights are tested for 2mins. every month and for 90min every 12 months. This will be documented in the PM log.	9-30-15

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C 189	Continued From page 5 held open by a wedge, b. The door to the supply room off the 3rd floor resident laundry, which also houses an A/C unit, was propped open with several folding chairs, c. The latch strike to the same supply room off the 3rd floor resident laundry was disabled with paper towels, d. One pair of doors to the 3rd floor "man cave" was missing the latch and strike, e. The same pair of doors to the 3rd floor "man cave" closed with a large gap of about 1/2 inch between the doors, f. One pair of doors to the 2nd floor Country Kitchen closed with a large gap of about 1/2 inch between the doors, g. The pair of doors to the 2nd floor Therapy Services closed with a large gap of about 1/2 inch between the doors, h. The door to the clean linen room was held open by a wedge, i. The door to the Accociate Lounge was held open by a wedge, j. The door to the Kitchen was held open by a wedge, k. The door to "REM" in Special Care was held open by a mechanical "kick-down," l. The magnets for the automatically closing dining room doors in Special Care are missing. One door is wedged open, the other is held open with a mechanical "kick-down," m. The latch was missing on the doors to the dining room in Special Care. 3. Based on observation, the exterior exit door at stairwell #4 was propped open. Additionally, the wanderer alarm at the door was disabled by disconnecting the power supply. With the door propped open and the alarm disabled, there was nothing to prevent residents from wandering away or to prevent unauthorized entry.	C-189	Wedges removed Chairs removed Paper towels removed and maintenance will monitor weekly Weather stripping added to doors to eliminate gap. Removed wedge Kick down removed. Replaced magnet - Removed kick-down. Latches Replaced. PVC boxes will be mounted over plug and transformer to prevent accidental disconnection in all 4 stairwell exits	8-18-15 8-19-15 9-28-15 9-28-15 8-19-15 8-19-15 8-20-15 10-16-15 10-16-15

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C 189	<p>Continued From page 6</p> <p>Note: This deficiency was corrected during the survey.</p> <p>4. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include but are not limited to:</p> <ul style="list-style-type: none"> a. Several portable medical oxygen cylinders were stored in unapproved beverage crates in rooms 324 and 345, b. Portable medical oxygen cylinders were stored in no rack or container in rooms 225, 324 and 341, c. Several portable medical oxygen cylinders were stored lying on shelves in the 2nd floor storage room, d. A portable medical oxygen cylinder was stored in no rack or container in the 3rd floor storage room. <p>5. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <ul style="list-style-type: none"> a. Unsealed conduit sleeve through the ceiling of the "cage" room, b. A listed 3 inch fire collar not properly attached to the ceiling in the "cage" room. <p>6. Based on observation, the GFCI type receptacle in the bathroom off room 259 would not trip when tested. GFCI type receptacles that do not work properly present a shock or</p>	C 189	<p>O2 providers notified that proper storage containers for O2 cylinders are mandatory in this community.</p> <p>Staff will be in-serviced on proper storage containers and instructed to report non-compliance to management.</p> <p>Repaired</p> <p>10-16-15</p> <p>9-15-15</p>

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C 189	Continued From page 7 electrocution risk.	C 189	Replaced	9-15-15	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Finding includes; The exhaust system was not working in the main soiled linen room.	C 199	The exhaust is on a switch in the soiled linen room. A guard will be mounted over the switch.	10-16-15	