PRINTED: 12/30/2015 **FORM APPROVED** 

(X3) DATE SURVEY

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING HAL034026 12/11/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2601 REYNOLDA ROAD **BRIGHTON GARDENS OF WINSTON SALEM** WINSTON SALEM, NC 27106 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of Follow-up Survey by Frank Strickland on 12/11/2015: 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. There are outstanding deficiencies that requires corrective action and a new Plan of Correction is required. {C 101} Existing Licensed Fac- No less than '71 Rules {C 101} 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 at no cost;

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
7.1.2 / 2.17 6. 00.11.20.10.1			A. BUILDING: <b>01</b>		R							
HAL034026		B. WING		12/11/2015								
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 101}	This Rule is not med. Based on obserthe requirements of Code as relates to  B. Section 1012.6 required emergency locking type, all starelease switch keys release keys or to be switch could delay emergency.  Findings on 12/11/2 a. Most staff in the carry emergency reb. More than one be the magnetic locks had a key to the intactually fit the release the courtyard.  C. Section 1012.6 emergency release feet of each locked an emergency release feet	et as evidenced by: vation, the facility did not meet f the 1996 NC State Building Special (magnetic) Locking.  1.1. 4. F. requires, "If any y release switch is of the ff must carry emergency s." Failure to carry emergency know which key fits which or prevent an evacuation in an  2015: Special Care Unit did not elease switch keys. key is required to release all . One staff believed that she erior release switches but it ase switch at the exterior gate  3.1. 4.E. requires an e switch to be located within 3 door/gate. Failure to provide ase switch could delay or tion in an emergency.  2015: regency release switch provided of locked gate located off the  1. 4.C. requires a wiring ms component map to be as adjacent to the fire alarm	{C 101}									
		g diagram or system										

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{C 101}	Continued From pa	ige 2	{C 101}									
	component location panel.	n map located at the fire alarm										
		1.1 requires all magnetically or d doors to unlock upon a larm system.										
	the electronically lo	015: urvey it was not determined if cked gate located off the main ed on fire alarm activation.										
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