PRINTED: 12/30/2015
FORM APPROVED

Division of Health Service Regulation

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

(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 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 000)		
(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 at no cost;	(C 101)		

PRINTED: 12/30/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034028	A. BUILDING: 01 B. WING	R 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

(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 101)	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the facility did not meet the requirements of the 1996 NC State Building Code as relates to Special (magnetic) Locking. 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 on 12/11/2015: 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 on 12/11/2015: There was no emergency release switch provided 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 on 12/11/2015: There was no wiring diagram or system	(C 101)	B. Key switches will be installed in the Special Care Unit. Each staff Member on duty will be issued a key at the beginning of their shift by the Lead Care Manager. This will be monitored each shift by the Lead Care Manager and/or the Reminiscence Care Coordinator. Maintenance Coordinator will check monthly that keys are being carried by team members and that they know their proper usage. This will be documented in the PM log. All team members in the Special Care Unit will be trained on key usage to disengage magnetic locking doors. This will be documented and kept in the maintenance file as well as the Administrators office.	1-20-16

PRINTED: 12/30/2015
FORM APPROVED

Division of Health Service Regulation

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

(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 101)	Continued From page 2 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 on 12/11/2015: 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.	(C 101)	D Drawing of wiring diagram and fire system component map will be placed under glass and hung adjacent to the fire alarm panel. All 3 floors will be included. E. During monthly fire drills all magnetically locked doors will be checked for disengagement by Maintenance Coordinator or designee and documented on the fire drill report.	1-18-16 1-29-16