

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTON GARDENS OF WINSTON SALEM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2601 REYNOLDA ROAD</b> <b>WINSTON SALEM, NC 27106</b>		
(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  This report is of a Follow-up Survey done by Bob Getchell on March 29, 2016:  The followup survey revealed that all deficiencies have not been corrected, therefore 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;  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.  C. Section 1012.6.1. 4.E. requires an emergency release switch to be located within 3 feet of each locked door/gate.  Followup Findings on March 29, 2016 include::	{C 101}		

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

TITLE

(X6) DATE

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{C 101}	<p>Continued From page 1</p> <p>There is not an emergency release switch within 3 feet of the Exit gate. Interview with staff revealed the Vendor making the corrections has a waterproof 'screamer cover' on back order.</p> <p>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.</p> <p>Followup Findings on March 29, 2016 include: There is not a wiring diagram or a system component map adjacent to the fire alarm panel. Interview with staff revealed the Vendor making the corrections is preparing the documents and is scheduled to be on site by 03/31/2016.</p>	{C 101}			