

PRINTED: 04/07/2016
FORM APPROVED

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 R 03/29/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF WINSTON SALEM		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 REYNOLDA ROAD WINSTON SALEM, NC 27108		
(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)	See Attached Pages	
(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

STATE FORM

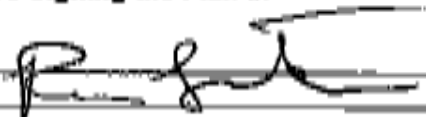
DATE

If continuation sheet 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1034020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/29/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF WINSTON SALEM		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 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)	<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 28, 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)			

Sunrise Senior Living Plan of Correction Worksheet Template

Name of Community: Brighton Gardens of Winston Salem
Address: 2601 Reynolda Road
License number: 2862
Inspection date(s): 3/29/2016
Name and Title of Sunrise Representative Signing the Plan of Correction: _____
Randy LeMaster
Signature of Sunrise Representative: 
Date of Submission: 4/28/2016

Regulation	Inspection Date	Plan of Correction
Section .0300 – Physical Plant 10ANCAC 13F .0301 Applications of Physical Plant Requirements Section 1012.6.1.4.E	4/1/2016	A. With respect to the specific resident/situation cited: Residents, Team Members and visitors did not experience any negative outcomes. An emergency release switch was added within 3 feet of the exit gate by Simplex.
	4/1/2016	B. With respect to how the facility will identify residents/situations with the potential for the identified concerns: Maintenance Coordinator walked the perimeter of the community to ensure all exit gates have a functional emergency release switch. No issues were identified.

Regulation	Targeted by Which Standard(s)	Brighton Gardens
	<p>Beginning 4/1/2016</p> <p>Beginning 4/27/2016</p>	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>Maintenance Coordinator added emergency switch release checks to the monthly preventative maintenance checklist to ensure functionality of the emergency release switches.</p> <p>Maintenance Coordinator or Designee will conduct training for new hires as a part of the onboarding process to ensure team members have knowledge of the function and location of the emergency release switches.</p>
	<p>4/25/2016 through 3 months</p> <p>4/27/2016 through 3 months</p>	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The Executive Director or designee is responsible for ensuring implementation and ongoing compliance with the components of this Plan of Correction and addressing and resolving variances that may occur.</p> <p>The Executive Director or designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at Quality Assurance/Performance Improvement (QAPI) Meetings for the next 3 months and action initiated if required. The ED or QAPI Committee may extend the review period if data or trends so indicate a need to do so.</p>

Regulation	By Which	Plan of Correction
Section .0300 – Physical Plant 10ANCAC.13F .0301 Applications of Physical Plant Requirements Section 1012.6.1.4.C	4/1/2016	<p>A. With respect to the specific resident/situation cited:</p> <p>Residents, Team Members and visitors did not experience any negative outcomes.</p> <p>A comprehensive wiring diagram/system component map is posted adjacent to the fire alarm panel by Simplex.</p>
	4/1/2016	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>The Maintenance Coordinator confirmed that the vendor posted the wiring diagram/system component in a glass enclosure adjacent to the fire alarm panel.</p>
	<p>Beginning 4/1/2016</p> <p>Beginning 4/27/2016</p>	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>Maintenance Coordinator or designee conducts monthly visual checks to ensure the wiring diagram/system component map remains intact.</p> <p>Maintenance Coordinator or Designee will conduct training for new hires as a part of the onboarding process to ensure team members have knowledge of the location of wiring diagram/systems component map.</p>

Regulation	By When Correction will be completed	Response
		D. With respect to how the plan of correction will be monitored:
	4/26/2016 through 3 months	The Executive Director or designee is responsible for ensuring implementation and ongoing compliance with the components of this Plan of Correction and addressing and resolving variances that may occur.
	4/27/2016 through 3 months	The Executive Director or designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at QAPI Meetings for the next 3 months and action initiated if required. The ED or QAPI Committee may extend the review period if data or trends so indicate a need to do so.