Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL034026 09/20/2017 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 Construction Section Biennial Survey by Dennis Harrell and Billy Bryant on 9-20-2017. Records indicate this facility was first licensed 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. 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; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction by not having all of the

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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 A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
		HAL034026		B. WING		09/	20/2017
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2601 REYNOLDA ROAD WINSTON SALEM, NC 27106							
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C 101	Locking System. T who would need to Finding includes; Two required exits small to serve as a by a Special Lockin The emergency relatives a key to opkey to the switch with the NC State time of construction required componer Locking System. Finding includes; There was no wiring	ats for doors/gates withis could affect all occurrence evacuate through the lead into a courtyard refuge in a fire and is ag, (magnetically lock ease switch located a perate and staff do not hile on duty. Vation, the facility failed Building Code in effer a by not having all of the fact of the for doors with Spending Magram or systems on map posted under	ecupants e gate. that is too s secured ed) gate. at the gate of carry a ed to cot at the the cotal	C 101			
C 150	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (g) The requirement (4) Corridors shall other obstructions. This Rule is not me Based on observation maintained free of corridors could delay an emergency. Findings include: a. There were mar corridor by the Bus	05 PHYSICAL nts for corridors are: be free of all equipment	ent and e not cted cuation in exit	C 150			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL034026 09/20/2017 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 150 Continued From page 2 C 150 The facility had begun clearing this corridor before the end of the survey. b. There were chairs in the corridor at the 2nd floor PT room reducing the clear width to less than 4 feet. c. There were wheelchairs and walkers in the corridor at the beauty salon reducing the clear width to less than 4 feet. d. There were many items stored in the exit corridor at the employee entrance reducing the clear width to less than 4 feet. e. The exit door from the Special Care Dining room was hard to open. C 166 Housekeeping-Maintained Free of Hazards C 166 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: 1. 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: a. Two portable medical oxygen cylinders were stored in no rack or container in room 320. b. One portable medical oxygen cylinder was stored in no rack or container in the Special Care Wellness Center.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
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C 166	Continued From page 3 2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; boxes had been stacked all the way to the ceiling in the front janitor's closet on the 3rd floor. 3. Based on observation there was a hasp and padlock on the outside of the door to the walk-in cooler. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. 4. Based on observation, the waste trap for the sink in the 2nd floor soiled linen/biohazard room had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. 5. Based on observation there was a barrel bolt latch installed at the top of one of the exit doors from Special Care. Latching hardware that is installed in other than traditional locations could delay an evacuation in an emergency. Note; this deficiency was corrected during the survey.		C 166				
C 185		PHYSICAL PLANT	C 185				

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C 189	Continued From pa	age 5	C 189					
	storage rooms in a	ot designed and equipped as ccordance with building code e growing larger than the ntain it.						
		ow being used for storage and ses, 5 wood chests of drawers f paper files.	3					
	emergency lights w Battery powered er work properly for a endanger the resid	nts include the following areas e 3rd floor,						
	maintained in a saf exits sign directing Exit signs that lead delay an evacuatio Finding includes: One of the required	rvation, the facility failed to be fe condition because of an exiting in the wrong direction. I in the wrong direction could n in an emergency. I dexit signs on the employee has an exit arrow pointing at the elevator.						
	are prevented from resist the passage doors that do not c present the possibi one space can quid the remainder of the Findings include; a. Both sets of documents activity room would	rvation, many corridor doors a closing quickly and latching to fire and smoke. Corridor lose completely and latch fility that a fire that begins in ckly spread to the corridor and the facility. The state of the state of the corridor and the facility. The state of						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MI II TIDI	F CONSTRUCTION	(X3) DATE	SURVEY		
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HAL034026		B. WING		09/20/2017			
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BRIGHT	ON GARDENS OF WI	NSTON SALEM		SALEM, NO			
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0.400	0 " 15			0.400			
C 189	Continued From pa	ge 6		C 189			
	351 would not auto	matically latch whe	en closed.				
	c. One of the 3/4 h						
	maintenance are w						
	deficiency was corr						
	d. The edges of the						
	the maintenance ar						
	there was now a ga	ip of about 3/6 inci	Detween				
	e. The door to the	snrinkler room doe	es not latch				
	when closed.	oprimition room doc	3 Hot lateri				
	f. The latchset strik	e was missing on	the door to				
	the cable room near the beauty salon.						
	g. The latchset strike was missing on the door to						
	the storage room no						
	h. The door to the						
	from closing by a cl						
	This deficiency was i. The door to Asso						
	propped open.	iciales locker room	ı was				
	Based on observation, the required one-hour						
	fire rated walls and	or ceilings were co	ompromised				
	in several locations						
	are not sealed with						
	one-hour fire rated	•					
	possibility that a fire						
	quickly spread to ot	ner areas of the fa	icility.				
	Findings include: a. Unsealed wire p	enetration in the c	eiling of the				
	3rd floor Activity roo		ching of the				
	b. Hole in the wall		ctrical				
	closet,						
	c. Hole in the wall	of the closet off the	2nd floor				
	laundry,						
	d. Cover missing o	n magnetic hold o	pen in wall				
	near room 210,						
	e. Hole in wall to co	orridor from mainte	enance				
	area, f Unsealed sleeve	in wall to corridor	from				

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maintenance area,

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL034026 09/20/2017 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 189 Continued From page 7 C 189 g. Exit signs (2) hanging down loose from ceiling in employee entrance corridor. 7. Based on observation, the magnetic hold open bracket is broken on the door to the 2nd floor bistro. C 199 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. Findings include; a. The exhaust fan would not work in the Special Care soiled linen room. b. The exhaust register and fan were very dirty with lint and dust in the 2nd floor soiled linen/biohazard room.

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PRINTED: 10/11/2017

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING _ HAL034026 09/20/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2601 REYNOLDA ROAD BRIGHTON GARDENS OF WINSTON SALEM** WINSTON SALEM, NC 27106 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY)

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