

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 09/20/2017
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF WINSTON SALEM		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 REYNOLDA ROAD WINSTON SALEM, NC 27106		
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C 000	Initial Comments 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 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 failed to meet the NC State Building Code in effect at the time of construction by not having all of the	C 101	Maintenance Coordinator (MC) confirmed that team members have an emergency release key to operate the magnetically locked gate. Team members that were not with a key were given a key MC will maintain record list of numbered key sets that hold an emergency release key. One set of keys per team member will be created, for a total count of 5 sets of keys, at the end of each shift the team member will give that set of keys to the oncoming team member, cycle to be repeated every shift change. MC contacted Simplex, fire panel vendor, to have new drawing created with the indication of the magnetic locks on the Special Care Unit doors. MC and/or ED will confirm that with additions or changes to Special Locking Systems there will be changes and updates to the drawing kept in the fire alarm panel. During Quality Assurance Performance Improvement (QAPI) meetings there will be review for three months of the processes and records produced from the plan of correction and the QAPI committee will confirm the plans are effective.	10/14/17 11/01/17 10/19/17 10/01/17 10/23/17- 12/31/17

Division of Health Service Regulation

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

TITLE

(X5) DATE

STATE FORM

BPKD21

If continuation sheet 1 of 9

Division of Health Service Regulation

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C 101	Continued From page 1 required components for doors/gates with Special Locking System. This could affect all occupants who would need to evacuate through the gate. Finding includes; Two required exits lead into a courtyard that is too small to serve as a refuge in a fire and is secured by a Special Locking, (magnetically locked) gate. The emergency release switch located at the gate requires a key to operate and staff do not carry a key to the switch while on duty. 2. 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 required components for doors with Special Locking System. Finding includes; There was no wiring diagram or systems components location map posted under glass at the fire alarm panel.	C 101		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridors were not maintained free of obstructions. Obstructed corridors could delay or prevent an evacuation in an emergency. Findings include: a. There were many items stored in the exit corridor by the Business Manager's office reducing the clear width to about 8 inches. Note;	C 150	MC and team cleared the corridor by the Business Manager's office. Items that were once stored in the corridor have been relocated to a storage unit that was obtained by the Community. MC and team removed the items in the exit corridor at the employee entrance MC arranged for threshold to the Special Care Dining room to be changed to reduced friction as door opens Chairs have been removed from corridor at the beauty salon. Residents will be directed to tables outside of private dining area to wait for salon appointment.	10/20/17 10/20/17 10/14/17 09/20/17 10/23/17

Division of Health Service Regulation

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C 150	Continued From page 2 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 150	MC or designee will walk hallways weekly as part of the preventative maintenance program and maintain documentation. Exit door from the Special Care Dining room will be checked for friction during monthly preventative maintenance program. During Quality Assurance Performance Improvement (QAPI) meetings there will be review for three months of the processes produced from the plan of correction and the QAPI committee will confirm the plans are effective.	10/31/17 11/1/17 10/23/17-12/31/17
C 166	Housekeeping-Maintained Free of Hazards 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.	C 166	Durable medical equipment company was contacted by ED and arrived to provide adequate storage container for oxygen cylinders and to remove cylinders not in use. Resident rooms with oxygen and the Wellness office holding any oxygen cylinders will be audited weekly by Assisted Living Coordinator (ALC), Supervisor, or designee to observe for proper and safe storage. MC and/or designee placed red tape on walls to ceiling in the Janitor's closet to identify 16" mark. A training for staff is scheduled to review the requirements of proper storage conditions and constraints.	10/17/17 10/23/17 10/14/17

Division of Health Service Regulation

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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	MC and/or designee will add red tape identification marks to other major storage closets and pantries. MC removed the hasp and padlock from the walk-in cooler during the visit survey. MC removed the bolt latch from the Special Care Unit exit doors during the visit survey. MC walked community to observe for additional hasp and padlocks on other doors; none were found MC and/or designee removed trash from sink during the survey visit. Water will be run weekly as part of the community preventative maintenance program for all waste traps in community. Issues with the water treatment plans will be reviewed. During Quality Assurance Performance Improvement (QAPI) meetings there will be review for three months of the processes and audit records produced from the plan of correction and the QAPI committee will confirm the plans are effective.	10/26/17 11/15/17 9/20/17 9/20/17 9/20/17 10/23/17 10/23/17-12/31/17
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the	C 185		

Division of Health Service Regulation

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C 185	Continued From page 4 requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185	ED and/or MC added the description of what the drill included to the existing documentation forms. The updated form will be used for future drills and maintained for record keeping At the upcoming scheduled drills the ED and/or MC will review the documentation and confirm that necessary details were included. During Quality Assurance Performance Improvement (QAPI) meetings there will be review for three months of the drill documentation records and the QAPI committee will confirm the plans of correction are effective.	11/01/17 11/01/17 10/23/17-12/31/17
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (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: 1. Based on observation, the fire alarm system was showing a "System Trouble" condition. Fire alarms in "System Trouble" may fail to operate properly when needed. 2. Based on observation, the facility failed to maintain the building in a safe manner. Allowing large quantities of combustible storage to be kept	C 189	ED and/or MC corrected the fire alarm system condition. This was done in collaboration with elevator company to resolve the smoke detector issue causing the alarm to be in "System Trouble". MC and team completely emptied and cleared out bedroom 226 of any items that were being stored there. ED reviewed with Coordinators, no rooms are to be used for storage; community storage area to be cleaned out for additional space MC and team repaired the malfunctioning lights in Stairway Two at the 3 rd floor.	10/11/17 10/11/17 11/15/17

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C 189	Continued From page 5 in areas that are not designed and equipped as storage rooms in accordance with building code could result in a fire growing larger than the area's ability to contain it. Finding includes; Bedroom 226 is now being used for storage and contains 3 mattresses, 5 wood chests of drawers and many boxes of paper files. 3. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. Stairway 2 at the 3rd floor, b. Men's employee bathroom 4. Based on observation, the facility failed to be maintained in a safe condition because of an exits sign directing exiting in the wrong direction. Exit signs that lead in the wrong direction could delay an evacuation in an emergency. Finding includes: One of the required exit signs on the employee entrance corridor has an exit arrow pointing toward a dead end at the elevator. 5. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. Both sets of double doors to the 3rd floor activity room would not latch when closed. b. One of the smoke barrier doors near room	C 189	Lights in the Men's employee bathroom were repaired. Correction to the exit signs above the employee entrance corridor completed 3rd floor activity room magnetic latches will be installed on doors Smoke barrier doors near room 351 not closing was corrected by adjusting hinge. Fire rated doors will be checked at each fire drill for correct latching 3/4 hour fire rated doors to the maintenance area will be replaced Latch will be repaired on sprinkler room door, beauty salon door, and Special Care Laundry. Latch will be checked monthly as part of the preventive maintenance program Beauty salon blocked by chair was corrected during survey Staff retraining scheduled regarding not propping doors open Prop on the associate locker room was removed and Staff retraining scheduled	10/10/17 10/14/17 10/14/17 11/20/17 10/14/17 11/25/17 11/01/17 11/01/17 09/20/17 10/26/17

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C 189	Continued From page 6 351 would not automatically latch when closed. c. One of the 3/4 hour fire rated door to the maintenance area was tied open. Note; This deficiency was corrected during the survey. d. The edges of the 3/4 hour fire rated doors to the maintenance area had been planed off and there was now a gap of about 3/8 inch between the doors. e. The door to the sprinkler room does not latch when closed. f. The latchset strike 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 near the Special Care laundry. h. The door to the beauty salon was blocked from closing by a chair and a hair dryer. Note; This deficiency was corrected during the survey. i. The door to Associates locker room was propped open. 6. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed wire penetration in the ceiling of the 3rd floor Activity room, b. Hole in the wall of the 2nd floor electrical closet, c. Hole in the wall of the closet off the 2nd floor laundry, d. Cover missing on magnetic hold open in wall near room 210, e. Hole in wall to corridor from maintenance area, f. Unsealed sleeve in wall to corridor from maintenance area,	C 189	All areas open including unsealed wire penetration in the ceiling of the 3rd floor Activity room, Hole in the wall of the 2nd floor electrical closet, hole in wall to corridor from maintenance area, unsealed sleeve in wall to corridor from maintenance will be repaired using fire rated caulk Cover missing on magnetic hold open in wall near room 210 will be replaced Magnetic hold open bracket on the door to the 2nd floor bistro was repaired Doors will be checked weekly as part of the community preventative maintenance program by MC and/or designee During Quality Assurance Performance Improvement (QAPI) meetings there will be review for three months of the drill documentation records and the QAPI committee will confirm the plans of correction are effective.	09/20/17 10/26/17 11/01/17 11/01/17 10/15/17 11/01/17 10/23/17-12/31/17

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C 189	Continued From page 7 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 189		
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.	C 199	Exhaust fan in the Special Care soiled linen room repaired by MC Exhaust register and fan in the 2nd floor soiled linen/biohazard room were cleaned by housekeeping designee Housekeeping designee will clean monthly as part of the preventative maintenance program During Quality Assurance Performance Improvement (QAPI) meetings there will be review for three months of the drill documentation records and the QAPI committee will confirm the plans of correction are effective.	10/14/17 10/16/17 11/01/17 10/23/17-12/31/17

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