(X3) DATE SURVEY

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING HAL034026 11/21/2017 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 Biennial Follow Up Construction Survey by Dennis Harrell on 11-21-2017. Many deficiencies were not corrected. Further action is required. {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 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.

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

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

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED			
		HAL034026	B. WING		F 11/2	R 1/2017	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	STATE, ZIP CODE	1 11/2		
BRIGHT	BRIGHTON GARDENS OF WINSTON SALEM 2601 REYNOLDA ROAD						
			N SALEM, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
{C 101}	Continued From pa	ge 1	{C 101}				
(0.450)	requires a key to opkey to the switch where the switch assisted by the switch as a switch as	but were unfamiliar with the te and were not able to open it a Maintenance Director.  Wation, the facility failed to Building Code in effect at the by not having all of the tests for doors with Special  17 and 11-21-2017; g diagram or systems on map posted under glass at it.					
{C 150}	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (g) The requiremer (4) Corridors shall other obstructions.  This Rule is not me Based on observati maintained free of c corridors could dela an emergency. Findings on 9-20-20 a. There were man corridor by the Busi reducing the clear v The facility had clea end of the survey.	05 PHYSICAL  nts for corridors are: be free of all equipment and	{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 R B. WING \_ HAL034026 11/21/2017 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} floor PT room reducing the clear width to less than 4 feet. c. There were 4 chairs in the corridor at the beauty salon reducing the clear width to less than 4 feet. Note; This deficiency was corrected during the survey. d. There were many items stored in the exit corridor at the employee entrance reducing the clear width to less than 4 feet. New findings on 11-21-2017; a. There were 2 unattended med carts stored in the 2nd floor corridor reducing the clear width the less than 4 feet. b. There were 2 unattended med carts stored in the 3rd floor corridor reducing the clear width the less than 4 feet. c. There was a patient weight scale stored in the 2nd floor corridor reducing the clear width the less than 4 feet. d. Items including a couch, a chair and a hydration cart were situated in the 2nd floor corridor reducing the clear width the less than 4 feet. {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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL034026	B. WING		R 11/21/201	
					11/2	1/2017
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S 'NOLDA ROA	STATE, ZIP CODE		
BRIGHT	ON GARDENS OF WI	NSTON SALEM	SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 166}	Continued From pa	ge 3	{C 166}			
{C 189}	handling portable module affect all residency fall, break cylinders fall, break cylinder and turning Findings on 9-20-20 a. One portable mostored in no rack or 2. Based on obsermaintained in a safimproper storage to head. Storage that below the sprinkler of the fire sprinkler Findings on 9-20-20 Boxes had been stain the front janitor's	e manner by not properly nedical oxygen cylinders. This dents, staff and visitors if ing their valves, propelling the git into a dangerous projectile. 017 and 11-21-2017: edical oxygen cylinder was container in room 320.  Vation, the facility was not e condition because of co close to a fire sprinkler is not kept at least 18 inches head could negate the ability system to extinguish a fire. 017 and 11-21-2017: acked all the way to the ceiling closet on the 3rd floor.	{C 189}			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plicare home shall be operating condition (k) This Rule shall facilities with the ex which shall not app  This Rule is not moderate and the shall shall shall not app  This Rule is not moderate and the shall shall shall not app	PHYSICAL PLANT 11 OTHER  Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and  apply to new and existing aception of Paragraph (e) ly to existing facilities.  Let as evidenced by: vation, battery powered could not work when tested. In a set the safe and the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '			(3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED		
					F	₹
		HAL034026	B. WING	<del> </del>		1/2017
NAME OF I		CTDEET AD		STATE, ZIP CODE		
NAIVIE OF I	PROVIDER OR SUPPLIER					
BRIGHT	ON GARDENS OF WI	NSTON SALEM	NOLDA ROA			
		WINSTON	SALEM, NO	, 2/106		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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17.0		,	1710	DEFICIENCY)		
{C 189}	Continued From pa	go 4	{C 189}			
{C 109}	Continued From pa	ge 4	{C 109}			
	Mal-functioning ligh	ts include the following areas:				
	b. Men's employee	bathroom				
		vation, the facility failed to be				
		e condition because of an				
		exiting in the wrong direction.				
		in the wrong direction could				
	delay an evacuation Finding includes:	i iii aii eiiieigency.				
		exit signs on the employee				
		as an exit arrow pointing				
	toward a dead end					
	Finding on 11-21-20					
		een removed and the hole in				
	the ceiling was left					
	<b>J</b>					
	5. Based on observ	vation, many corridor doors				
	are prevented from	closing quickly and latching to				
		of fire and smoke. Corridor				
	doors that do not cl	ose completely and latch				
	present the possibil	ity that a fire that begins in				
	one space can quickly spread to the corridor and					
	the remainder of the					
		017 and 11-21-2017;				
		our fire rated door to the				
		as found tied open again.				
		e 3/4 hour fire rated doors to				
		ea had been planed off and				
		p of about 3/8 inch between				
	the doors.	anrinklar room doos not latch				
	when closed.	sprinkler room does not latch				
		ce was missing on the door to				
	the cable room nea					
		ke was missing on the door to				
		ear the Special Care laundry.				
		ciates locker room was				
	wedged open.	Ciatos Iookoi Tooiii waa				
	New finding on 11-2	21-2017;				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING. 01		F	2
		HAL034026	B. WING			1/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BRIGHT	ON GARDENS OF WI	NSTON SALEM	NOLDA ROA SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 5	{C 189}			
		ted door to the "Storage" room ice Co-ordinator's area was				
	fire rated walls and, in several locations are not sealed with one-hour fire rated possibility that a fire quickly spread to of Findings on 9-20-20 b. Hole in the wall closet, c. Hole in the wall claundry, e. Hole in wall to carea,	vation, the required one-hour for ceilings were compromised. Holes and penetrations that materials approved for use in construction present the e that begins in one space can ther areas of the facility. 1917 and 11-21-2017: of the 2nd floor electrical of the closet off the 2nd floor electrical corridor from maintenance inging down loose from ceiling ce corridor.				
{C 199}	provided with exhautwo cubic feet per nequirement does n	PHYSICAL PLANT 11 OTHER  ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed	{C 199}			
	these specified spa (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall	rage; ; toilet rooms;				

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING: <b>01</b>			X3) DATE SURVEY COMPLETED	
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		HAL034026	B. WING		11/2	1/2017	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
BRIGHT	ON GARDENS OF WI	NSTON SALEM	NOLDA ROA SALEM, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
{C 199}	Continued From pa	ge 6	{C 199}				
	which shall not app	ly to existing facilities.					
	This Rule is not me Based on observation maintain required e Non-functioning extunhealthy buildup obacteria. Findings include; a. The exhaust fan Care soiled linen round New finding on 11-2 Interview with the Mathis exhaust is a graventilation, meeting	et as evidenced by: on the facility failed to exhaust in a working condition. haust could cause an of moisture and possibly would not work in the Special from.					

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