

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 11/21/2017
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 Biennial Follow Up Construction Survey by Dennis Harrell on 11-21-2017. Many deficiencies were not corrected. Further action is required.	{C 000}	Maintenance Coordinator (MC) reviewed list of team members that have been issued keys to confirm they have the keys to gate. Team members will attend a training at the Townhall (all staff meeting) on the instruction and use of the keys to operate and open the gate.	12/28/17
{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 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.	{C 101}	Executive Director (ED), Business Office Coordinator (BOC), and MC reviewed the training material and will continue to implement during future on-boarding of new staff with issue of a key to the gate. 2. MC has contacted Simplex, fire panel vendor, to have new drawing created with the indication of the magnetic locks on the special care unit doors. The updated drawing will be confirmed by the ED. At the next Quality Assurance Performance Improvement (QAPI) meeting the attendance of the gate key training and the confirmation of the updated drawing on the fire panel will be reviewed. The QAPI committee will monitor the plans of correction.	11/22/17 12/28/17 1/10/18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Michael Wilson

ED

1-19-18

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{C 101}	Continued From page 1 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. Finding on 11-21-2017; Staff now had keys but were unfamiliar with the operation of the gate and were not able to open it until assisted by the Maintenance Director. 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 on 9-20-2017 and 11-21-2017; There was no wiring diagram or systems components location map posted under glass at the fire alarm panel.	{C 101}	The ED, BOC, and MC removed the items stored in the corridor by the BOC's office before the end of survey. A storage location for the items will be identified by the MC. Results of the findings for storage locations will be presented to the QAPI meeting and relocation of items will be completed and confirmed.	12/12/17 1/10/18	
{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 on 9-20-2017 and 11-21-2017: 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; The facility had cleared this corridor before the end of the survey. b. There were chairs in the corridor at the 2nd	{C 150}	All items noted in the hallway during the survey have been removed. The community will maintain unobstructed hallways. Results of the walkthrough are reviewed at the QAPI meeting. Relocation of items and redesign of the corridor appearance will be determined and monitored by the QAPI committee.	12/20/17 1/10/18	

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{C 150}	Continued From page 2 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 150}	Identified portable medical oxygen cylinder has been stored in a rack provided by durable medical equipment company. Resident Care Director (RCD), Assisted Living Coordinator (ALC) and Reminiscence Coordinator (RC) identified residents with use of oxygen and visited their rooms to confirm that oxygen cylinders are properly stored. Team members will be re-in serviced on the requirements of proper and safe storage of oxygen cylinders. ALC and RC and/or designee will conduct a weekly audit for two months to observe and confirm proper and safe storage. Results of the audits will be presented at the next two corresponding QAPI meeting. Boxes identified have been removed to provide 18 inches of clearance from sprinkler heads.	12/6/17 12/28/17 12/28/17	
{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	{C 166}	MC has placed red tape on the walls in the 3rd floor janitor's closet to identify the 18inch mark. This identification system was discussed in the QAPI meeting with the Assisted Living Coordinator. The QAPI meeting will review the audits of the oxygen storage. Recommendations and changes to the plan of correction will be conducted as needed.	12/12/17 12/13/17 1/10/18	

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{C 166}	Continued From page 3 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 on 9-20-2017 and 11-21-2017: a. One portable medical oxygen cylinder was stored in no rack or container in room 320. 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 on 9-20-2017 and 11-21-2017: Boxes had been stacked all the way to the ceiling in the front janitor's closet on the 3rd floor.	{C 166}		
{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: 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.	{C 189}	Battery powered emergency lights in the Men's employee bathroom have been replaced and repaired, now in working order.	11/26/17

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{C 189}	Continued From page 4 Mal-functioning lights include the following areas: 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. Finding on 11-21-2017; The exit sign had been removed and the hole in the ceiling was left open. 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 on 9-20-2017 and 11-21-2017; c. One of the 3/4 hour fire rated door to the maintenance area was found tied open again. 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. i. The door to Associates locker room was wedged open. New finding on 11-21-2017;	{C 189}	The hole in the ceiling has been repaired at the employee entrance corridor where the sign had been removed Executive Director removed tie at the 3/4 hour fire rated door to the maintenance area New door has been ordered to replace one of the 3/4 hour rated doors to the maintenance area The latch has been repaired to the door the the sprinkler room The latchset strike has been replaced on the door to the cable room near the beauty salon The latchset strike has been replaced on the door to the storage room near the special care unit Executive Director removed wedge at door to associates locker room Hole in wall of the 2nd floor electrical closet has been repaired Executive Director removed prop holding 3/4 hour fire rated door open near the Maintenance Coordinator's area	11/24/17 12/12/17 12/12/17 11/24/17 11/24/17 12/12/17 12/12/17 11/24/17	

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(C 189)	Continued From page 5 The 3/4 hour fire rated door to the "Storage" room near the Maintenance Co-ordinator's area 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 on 9-20-2017 and 11-21-2017: b. Hole in the wall of the 2nd floor electrical closet, c. Hole in the wall of the closet off the 2nd floor laundry, e. Hole in wall to corridor from maintenance area, g. Exit signs (2) hanging down loose from ceiling in employee entrance corridor.	(C 189)	Hole in the wall of the closet off the second floor has been repaired Hole in wall to corridor from maintenance area has been repaired Exit signs have been repaired at ceiling in employee entrance corridor. ED conducted training with MC (Maintenance Coordinator) to review regulations and repair procedures in the community MC will conduct weekly walkthroughs of the community to observe for and correct any needed repairs	11/24/17 11/24/17 11/24/17 12/20/17 12/28/17
(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)	(C 199)	The QAPI meeting will review the MC weekly walkthroughs. Recommendations for repairs and changes to the plan of correction will be conducted as needed.	1/10/18

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{C 199}	Continued From page 6 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. New finding on 11-21-2017; Interview with the Maintenance Director revealed this exhaust is a gravity vent. Mechanical ventilation, meeting the rule listed above was required when this facility was built and licensed.	{C 199}	Maintenance Coordinator has ordered mechanical fan to replace gravity vent in Special Care soiled linen room, and will begin repair/replace work as soon as it arrives	1/31/18