		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
7110 1 2711	or contraction	IDENTIFICATION TO MIDER.	A. BUILDING: 01		R	
		HAL034026	B. WING			₹ 25/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRIGHT	ON GARDENS OF WI	NSTON SALEM	'NOLDA ROA N SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 000}	Initial Comments		{C 000}			
	Report of Biennial Follow Up Construction Survey by Dennis Harrell and Ed Miller on 1-25-2018.					
	action is required.	were not corrected. Further				
{C 101}	Existing Licensed F	ac- 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;					
	2. Based on obser meet the NC State time of construction required componer Locking System. Finding on 9-20-20 1-25-2018;	et as evidenced by: vation, the facility failed to Building Code in effect at the n by not having all of the nts for doors with Special 17 and 11-21-2017 and g diagram or systems				
		on map posted under glass at				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE SU COMPLE					
		HAL034026		B. WING			R 25/2018
NAME OF I	PROVIDER OR SUPPLIER	S	TREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BRIGHT	ON GARDENS OF WIN	NSTON SALEM		NOLDA ROA ∣SALEM, NO			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{C 101}	Continued From pa	ge 1		{C 101}			
	the NC State Building unobstructed access Obstructed electric turn off electrical position finding includes; A clean linen cart w	on, the facility failed to ng Code regarding	cess to				
{C 150}	Corridors-Free of e	quipment and Obstruct	tions	{C 150}			
			nt and				
	maintained free of cobstructed to less the by Code could dela an emergency. Findings on 9-20-201-25-2018: c. There were 4 ch	et as evidenced by: on, the corridors were obstructions. Corridors nan the 6 feet width rec y or prevent an evacua 017 and 11-21-2017 an airs stored in the corrid ducing the clear width	quired ation in ad				
	office was complete maintenance cart, a trash can. Note; Th	the Business Manage	d a ound				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		B. WING		R		
		HAL034026	B. WING	· · · · · · · · · · · · · · · · · · ·	01/2	5/2018
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIGHT	ON GARDENS OF WI	NSTON SALEM	NOLDA ROA I 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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{C 150}	Continued From pa	ige 2	{C 150}			
	9-20-2017 and aga	in on 11-21-2017.				
	reducing the clear v	5-2018: "Stair 1" on the second level width to about 30 inches. to be stored in stairways.				
{C 166}	Housekeeping-Mair	ntained Free of Hazards	{C 166}			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	maintained in a safthandling portable module affect all reside cylinders fall, break cylinder and turning Findings on 9-20-20 a. One portable mostored in no rack or New finding on 1-25 Two portable medic stored in no rack in 3rd floor. 2. Based on observing that is a saft floor and the saft floor.	vation, the building was not e manner by not properly nedical oxygen cylinders. This dents, staff and visitors if ling their valves, propelling the g it into a dangerous projectile. 017 and 11-21-2017: edical oxygen cylinder was container in room 320.				
	improper storage to head. Storage that	o close to a fire sprinkler is not kept at least 18 inches head could negate the ability				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		HAL034026	B. WING			R 01/25/2018	
	PROVIDER OR SUPPLIER ON GARDENS OF WII	NSTON SALEM 2601 REY	ODRESS, CITY, S YNOLDA ROA 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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE	
{C 166}	of the fire sprinkler Findings on 9-20-20 1-25-2018: Boxes had been sta	ge 3 system to extinguish a fire. 017 and 11-21-2017 and acked to within 4 inches of the anitor's closet on the 3rd floor.	{C 166}				
{C 189}	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and	{C 189}				
	are prevented from resist the passage of doors that do not of present the possibility one space can quict the remainder of the Findings on 9-20-201-25-2018; c. One of the 3/4 h maintenance are w.d. The edges of the the maintenance art there was now a gatte doors. e. The door to the statch but was proper than the passage of the control of the statch but was proper than the passage of the control of the statch but was proper than the passage of the statch but was proper than the passage of the control of the statch but was proper than the passage of the control of the statch but was proper than the passage of the p	vation, many corridor doors closing quickly and latching to of fire and smoke. Corridor ose completely and latch ity that a fire that begins in kly spread to the corridor and e facility. 017 and 11-21-2017 and our fire rated doors 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 sprinkler room would now					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
				R		
		HAL034026	B. WING		01/2	5/2018
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIGHT	ON GARDENS OF WI	NSTONSALEM	NOLDA ROA I SALEM, NO			
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{C 189}	Continued From pa	ige 4	{C 189}			
	the storage room n	ear the Special Care laundry.				
	New finding on 1-2: Based on observati showing a "Trouble					

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