Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092024	A. BUILDING: 01 B. WING _____	R 03/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF RALEIGH	3101 DURALEIGH ROAD RALEIGH, NC 27612

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments This is a Followup Survey done by Bob Getchell on March 7, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building and furnishings in good repair and clean. Followup Findings on March 7, 2016 include: c- The ceiling tiles in the Living Room of the Special Care Unit are stained and discolored.	{C 164}		
{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	{C 166}		

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{C 166}	Continued From page 1 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 observations, the facility has failed to maintain the building free of hazards by not storing oxygen containers securely to prevent them from falling over or rolling around. Followup Findings on March 7, 2016 include: a- There are oxygen bottles in Room 342 that are not properly supported.	{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: 1- Based on observations, the facility has failed to ensure that the building is safe by not maintaining the fire resistance of building components. Followup Findings on March 7, 2016 include: d- In the 1st Floor Storage Room, there is a communications conduit that is not	{C 189}		

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{C 189}	Continued From page 2 sealed on the ends. e- In the 1st Floor Storage Room, there are several electrical conduits where the wall above them is not sealed. f- In the Main Mechanical Room, there is a hole around a conduit above the corridor door that is not sealed. g- In the Main Mechanical Room, there is a conduit above the telephone equipment that is not sealed on the end. 2- Based on observations, the facility has failed to maintain the safety systems in operating condition. Followup Findings on March 7, 2016 include: There is a pattern of emergency lights that do not illuminate on battery. Locations to include but not limited to: c- EL #14 d- Stair 1, Level 1 3- Based on observations, the facility has failed to maintain the building electrical system safe and operating. Followup Findings on March 7, 2016 include: a- In the Beauty Parlor, there are quad GFCI receptacles beside the two sinks that are within 2 feet of the sinks but are not GFCI protected. NOTE: Left quad outlets - polarity reversed. Right quad outlets - open ground	{C 189}		

Sunrise Senior Living
Plan of Correction

Name of Community: Brighton Gardens of Raleigh
Address: 3101 Duraleigh Road Raleigh NC 27612
License number: HAL-092-024
Inspection date(s): 1/11/16
Name and Title of Sunrise Representative Signing the Plan of Correction:
Jaime Pacheco, Executive Director
Signature of Sunrise Representative:
Date of Submission: 3-24-16

Regulation	Target Date by Which Correction will be completed	Plan of Correction
Section .0300 10A NCAC 13F .0306 Housekeeping and Furnishings C164	3/24/16	**A. With respect to the specific resident/situation cited:** Residents, team members, and visitors did not experience any negative outcomes. Maintenance Coordinator replaced the stained ceiling tiles in the living room of the special care unit.
	3/24/16	**B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:** The Executive Director and Maintenance Coordinator completed walking rounds to identify needed repairs or cleaning. No repairs or cleanliness issues were identified.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	4/7/16	**C. With respect to what systemic measures have been put into place to address the stated concern:** The Executive Director and Maintenance Coordinator/Designee will conduct monthly walking rounds of the community as a component of the preventative maintenance program to check for cleanliness, and repair status. Any issues identified during rounds will be documented and resolved.
	Ongoing 4/21/16 and Ongoing	**D. With respect to how the plan of correction will be monitored:** The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur. The Executive Director or Designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance Improvement meetings and action initiated if required.

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
Section .0300-Physical Plant 10A NCAC 13F .0306 Housekeeping and Furnishings-Clean, Repaired C166	3/28/16	**A. With respect to the specific resident/situation cited:** Resident Care Director arranged for racks for the oxygen bottles in room 342 be used.
	3/24/16	**B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:** The Executive Director and Maintenance Coordinator completed walking rounds to identify needed repairs or cleaning. No repairs or cleanliness issues were identified.
	3/24/16	**C. With respect to what systemic measures have been put into place to address the stated concern:** The Executive Director and Maintenance Coordinator/Designee will conduct monthly walking rounds of community as a component of the preventative maintenance program to check for cleanliness, and repair status. Any issues identified during rounds will be documented and resolved.
	Ongoing 4/21/16 and Ongoing	**D. With respect to how the plan of correction will be monitored:** The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur. The Executive Director or Designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance Improvement Meetings and action initiated if required.

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Regulation	Target Date by Which Correction will be completed	Plan of Correction
Section .0300 10A NCAC 13F .0306 Housekeeping and Furnishings C189	3/21/16	**A. With respect to the specific resident/situation cited:** The Maintenance Coordinator applied fire caulking to the communications conduit in the 1st floor storage room, the electrical conduits in the 1st floor storage room, and the conduit in the telephone equipment room in the main mechanical room. The Maintenance Coordinator also applied fire caulking to the hole around the conduit above the corridor door in the main mechanical room.
	3/24/16	**B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:** The Executive Director and Maintenance Coordinator completed walking rounds to identify needed repairs and exposed areas needed fire caulking. No issues were found.
	3/24/16 and ongoing	**C. With respect to what systemic measures have been put into place to address the stated concern:** The Executive Director and Maintenance Coordinator/Designee will conduct monthly walking rounds of community as a component of the preventative maintenance program to check for open areas needing fire caulking. Any issues identified during rounds will be documented and resolved.
	Ongoing	**D. With respect to how the plan of correction will be monitored:** The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur.

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	4/21/16 and Ongoing	The Executive Director of Designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance Improvement Meetings and action initiated if required.
Section .0300 10A NCAC 13F .0306 Housekeeping and Furnishings C189	4/1/16	**A. With respect to the specific resident/situation cited:** The Maintenance Coordinator replaced the batteries in the emergency lights labeled EL#14 and Stair 1, Level 1. The Maintenance Coordinator repaired the reversed polarity and the open ground on the right quad outlets.
	4/1/16	**B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:** The Executive Director and Maintenance Coordinator completed walking rounds to identify needed repairs or cleaning. No repairs or cleanliness issues were identified.
	3/24/16 and ongoing ongoing	**C. With respect to what systemic measures have been put into place to address the stated concern:** The Executive Director and Maintenance Coordinator/Designee will conduct monthly walking rounds of community as a component of the preventative maintenance program to check for repair status and physical plant systems. Any issues identified during rounds will be documented and resolved.
	Ongoing 4/21/16 and Ongoing	**D. With respect to how the plan of correction will be monitored:** The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur. The Executive Director or Designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance Improvement Meetings and action initiated if required.

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