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
	HAL041050	A. BUILDING: 01 B. WING _____	10/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF GREENSBORO	1208 NEW GARDEN ROAD GREENSBORO, NC 27410

(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 Report of a Biennial Construction Survey by Frank Strickland and Billy Bryant on 10/07/2016: This facility was first licensed on 08/30/2003 for One-Hundred Twenty-Five (125) Beds, including Twenty- Seven (27) Special Care Beds. Based on the above information, the facility is required to meet the 1996 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 2002 North Carolina State Building Code Section 409.1- Group I. Deficiencies have been cited and a 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 observation, this facility has failed to maintain the floor coverings in heavily trafficked areas that presents a hazard. Currently, this condition affects all residents, staff and guest. Findings on 10/07/2016: The carpet in the Front Lobby, Dining Room and Living Area has become unglued due to moisture	C 164		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

MICHAEL WILSON Michael Wilson Executive Director 11-22-16

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C 164	Continued From page 1 migration and represents a trip hazard. 2-Based on observations, this facility has failed to maintain the ceiling construction and finishes. Findings on 10/07/2016: The following locations have damaged ceilings due to water migration: (a) Front Living Room/Lobby (b) Room 166/SCU	C 164		
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, this facility has failed to provide to unlock the courtyard gate. This could affect all residents and staff in the event of an emergency evacuation. Findings on 10/07/2016: The gate in the Courtyard in Memory Care did not have a emergency on/off swith at the Courtyard gate. 2-Based on observation, the facility has not maintained in a safe manner by improper storage	C 189		

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C 189	Continued From page 2 of oxygen cyclinders. This could affect all residents and staff by potentially exposing them to hazards for a ruptured ruptured cyclinder. Findings on 10/07/2016: There are oxygen bottles not stored in approved racks located at the following locations: (a) Room 236 (b) Room 318 (c) Room 331 (d) Room 362 3-Based on observations, this facility has failed to maintain the smoke-barrier door hardware. This could affect residents and staff in an event of an emergency to evacuate the facility. Findings on 10/07/2016: The smoke-barrier door adjacent to Room 361 has a damaged magnetic catch and the smoke-barrier doors in the Special Care Unit accross from the Kitchen do not latch. 4-Based on observations, this facility has failed to maintain the interior doors. This could affect all residents and staff in the event of an emergency. Findings on 10/07/2016: The following interior doors do not latch: (a) Room 223 (b) Third Floor Meeting Room 5-Based on observations, this facility has failed to maintain working clearances for all electrical circuit panels. Findings on 10/07/2016: Most of the electrical circuit control panels are block with stored items in the required work	C 189		

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C 189	Continued From page 3 spaces in all of the Electrical and Mechanical Control Rooms.	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: 1-Based on observation, this facility has failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 10/07/2016: There are not mechanical exhaust fans at the following locations: (a) All the Laundry Rooms on each level adjacent to the Elevator Lobby. (b) Laundry Room in the Spcecial Care Unit.	C 199		

Sunrise Senior Living, Inc.
Plan of Correction

Name of Community: Brighton Gardens of Greensboro
Address: 1208 New Garden Road, Greensboro, NC 27410
License number: HAL-041-050
Inspection date(s): October 7, 2016
Name and Title of Sunrise Representative Signing the Plan of Correction:
Michael Wilson, Executive Director
Signature of Sunrise Representative: Michael Wilson
Date of Submission: November 22, 2016

Regulation	Target Date by Which Correction will be completed	Plan of Correction
Section 0300.00 10A NCAC 13F. 0306 Housekeeping and Furnishings C 164 Housekeeping and Furnishing – Clean, Repaired		**A. With respect to the specific resident/situation cited:** Residents, team members, and visitors did not experience any negative outcomes. 10/08/2016 The Maintenance Coordinator (MC), contacted an outside vendor and the carpeting in the front lobby, living area and dining room was repaired by the vendor. This was completed on October 8, 2016. 11/17/2016 Maintenance Coordinator (MC) removed all stained ceiling tiles and replaced with new matching ceiling tiles. This was completed on November 17, 2016.
	10/31/16	**B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:** The Maintenance Coordinator checked the community via walking rounds to confirm that there were no ceiling tile or carpeting issues. No other issues were identified.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	10/8/16 11/23/2016	**C. With respect to what systemic measures have been put into place to address the stated concern:** Maintenance Coordinator or Designee will complete monthly audits/visual checks via rounding of the status of carpeting and ceiling tiles and will resolve issues that may be identified. Maintenance Coordinator or Designee will present the findings of the audits at Leadership meetings for three months.
	11/1/16 11/23/16	**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 variances that may occur. Results of the audits will be reviewed monthly for 3 months at the Leadership Meetings. After 3 months, the Leadership Team will re-evaluate and initiate any necessary action or extend the review period.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
10A NCAC 13F. 0311 Other Requirements		**A. With respect to the specific resident/situation cited:** Residents, team members, and visitors did not experience any negative outcomes.
C 189 Building Equipment Maintained Safe, Operating	10/27/2016	Maintenance Coordinator (MC) worked with an outside contractor to install an emergency release button on the gate of the Reminiscence Courtyard. This was completed 10/27/16.
	11/18/16	Maintenance Coordinator (MC) contacted an outside vendor who provided approved oxygen racks for Apartments 236, 318, 331, and 362. This was completed November 18, 2016.
	10/12/16	Maintenance Coordinator (MC) repaired the magnetic locks and smoke barrier doors. The latch has been adjusted to connect to the doors. This was completed on 10/12/16.
	11/16/16	Maintenance Coordinator (MC) repaired the door latch on Apartment 223. This was completed on November 16, 2016.
	10/12/16	Maintenance Coordinator (MC) repaired the door latch on the third floor meeting room. This was completed on October 12, 2016.
	10/7/16	Maintenance Coordinator (MC) moved all equipment to provide clearance and access to electrical and mechanical controls. This was completed on October 7, 2016.
		B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:
	10/27/16	The Maintenance Coordinator conducted walking rounds of the community to confirm functional door latches, clear access in electrical and mechanical rooms and emergency releases on gates if required. No issues were identified.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	10/28 – 12/7/2016	Maintenance Coordinator (MC) is conducting training with staff on the three shifts from 10/28/16 – 12/7/16 regarding the courtyard gate emergency release button. MC will continue to conduct refresher training with staff members through 12/7/16 to confirm a working knowledge of the emergency release button.
		C. With respect to what systemic measures have been put into place to address the stated concern:
	10/28 – 12/7/2016	Maintenance Coordinator (MC) is conducting training with staff on three shifts from 10/28/16 – 12/7/16 regarding the courtyard gate emergency release button. MC will continue to conduct refresher training with staff members through 12/7/16 to confirm a working knowledge of the emergency release button.
	11/18/16	Maintenance Coordinator or Designee will complete monthly visual checks via rounding to confirm oxygen racks are in compliance and are tanks are appropriately stored, door latches are functioning and electrical and maintenance rooms reflect a working clearance and access.
		D. With respect to how the plan of correction will be monitored:
	11/1/16	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.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	11/23/16	Results of the maintenance rounds/audits will be reviewed monthly for 3 months at the Leadership Meetings. After 3 months, the Leadership Team will re-evaluate and initiate any necessary action or extend the review period.
10a NCAC 13F .0300 Physical Plant C199 Exhaust Ventilation	11/22/2016	**A. With respect to the specific resident/situation cited:** Residents, team members, and visitors did not experience any negative outcomes. Maintenance Coordinator (MC) is working with an outside contractor to add mechanical exhaust fans in the laundry rooms on each level adjacent to the elevator lobby as well as the laundry room in the Special Care Unit. This will be completed on November 22, 2016.
	11/17/2016	**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 confirm functional exhaust fans. No issues were identified.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	11/22/16	**C. With respect to what systemic measures have been put into place to address the stated concern:** The Maintenance Coordinator or Designee will conduct monthly walking rounds of the community as a component of the preventative maintenance program to check for safe operating conditions. Any issues identified during the rounds will be documented and resolved.
	11/1/16 11/23/16	**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 variances that may occur. Results of the maintenance rounds/audits will be reviewed monthly for 3 months at the Leadership Meetings. After 3 months, the Leadership Team will re-evaluate and initiate any necessary action or extend the review period.