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
	HAL034027	A. BUILDING: 01 B. WING _____	11/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WINSTON-SALEM	275 SOUTH PEACE HAVEN ROAD WINSTON SALEM, NC 27104

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on November 2, 2017. This facility was first licensed as a Home for the Aged serving 38 residents on November 20, 1997. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1996 North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I). Deficiencies were noted which will require a plan of correction.	C 000	The following is a summary of the Plan of Correction is in regards to the Corrective Action Report dated November 2, 2017. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.	
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:	C 101	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 Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;	

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C 101	Continued From page 1 1. Based on observation, the facilities locking system did not meet the licensure and code requirements in effect at the time of construction or alteration. Findings on November 2, 2017: a. Kitchen exit - the door was posted with delayed egress signage indicating that the door was locked and could be pressed for 15 seconds to release. The door is not delayed egress. b. The facility had a maglock on the front entry door and at the enclosed courtyard gate. The facility did not have a master override switch for these two doors. c. The facility did not have a locking diagram posted at the fire alarm panel.	C 101	a. Identified doors will have egress concerns addressed. b. Identified door will have a master over ride switch installed c. Identified fire alarm panal will have a locking diagram posted.	12/16/17 12/16/17 12/16/17
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. Observations revealed that the walls were not kept clean and in good repair. Findings on November 2, 2017: a. Med Tech office - there is a box out for the equipment for the through-wall AC unit above the door. The box is damaged and coming apart at the bottom.	C 164	10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult Care Home 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. (1) Identified walls will be cleaned and in good repair. (a) Identified AC equipment box will be repaired.	12/16/17 12/16/17

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C 164	Continued From page 2 b. C Hall Bathroom - the base of the shower at the right wing wall is damaged and the rubber base is coming loose from the wall. 2. Observations revealed that the ceilings were not kept clean and in good repair. Findings on November 2, 2017: a. B Hall exit corridor - the HVAC supply vent has water damage around the vent and black mildew spots are forming in the water stains. b. C Hall bathroom - there are two nail pops over the sink area. c. C Hall bathroom - there are mildew spots on the ceiling around the supply vent. d. C Hall corridor - the back portion of the corridor ceiling is covered in grey streaks with small black mildew spots. e. C Hall corridor - there are two, large nail pops in the ceiling of the back corridor.	C 164	(b) Identified shower wall and rubber base will be repaired/replaced. (2) Identified ceilings will be cleaned. (a) Identified HVAC vents will be cleaned. (b) Identified nail pops will be addressed/repaired. (c) Identified mildew spots will be addressed/cleaned. (d) Identified mildew spots will be addressed/cleaned. (e) Identified nail pops will be addressed/repaired.	12/16/17 12/16/17 12/16/17 12/16/17 12/16/17 12/16/17 12/16/17
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 facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency	C 166	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 hazrads. (e) This Rule shall apply to new and existing facilities	

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C 166	Continued From page 3 situation. Findings on November 2, 2017: a. Riser Room - boxes, carts and furniture were stored in front of the electrical panels. 2. Observations revealed that the facility was not maintained free of all obstructions and hazards. Findings on November 2, 2017: a. C Hall - the doors from Room C2 to C4 had nails hammered into the outside face of the door. The nails have hard, sharp edges that could injure a resident, staff or a visitor.	C 166	(a) Identified electrical panel will have items removed from area. (a) Identified doors with nails will be addressed/repaired.	12/16/17 12/16/17
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the facility was not conducting quarterly fire drills in accordance with the requirement of the local Fire Prevention Code Enforcement Official nor in accordance to the licensing rules.	C 185	10A NCAC 13F .0309 Plan for Evacuation (b) There shall be rehearsals of the fire planquarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.	

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C 185	Continued From page 4 Findings on November 2, 2017: a. For the first quarter of 2017, all drills were conducted on the first shift. For the third quarter, no drills were conducted on the second shift. Seven of the last ten monthly fire drills were conducted on the first shift. b. The fire drill reports did not include a short description of what the rehearsal involved.	C 185	(a) Going forward fire drills will be conducted assuring that each shift has a drill in each quarter. (b) Going forward Fire Plan Rehearsals will include a desription of what was involved in the rehearsal.	12/16/17 12/16/17
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 there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device that is used to keep a door open is an impediment to quickly closing a door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on November 2, 2017: a. A Hall laundry - the door between the shower room and laundry was propped open with a laundry cart. The cart was removed at the time of survey.	C 189	10A NCAC 13F .0311 Other Requirements (a) The building and all fire safety, eletrical, 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. (a) Identified doors will not be propped open.	11/2/17

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C 189	Continued From page 5 b. Kitchen - the pantry door was propped open with a wedge. c. D Hall laundry - the door between the laundry room and spa was propped open with a laundry cart. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on November 2, 2017: a. A Hall laundry - the door between the shower room and laundry did not latch. 3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on November 2, 2017: a. A Hall housekeeping - the escutcheon plate at the sprinkler head has dropped leaving a gap at the ceiling penetration. b. Country kitchen - the escutcheon plate at the sprinkler head has dropped leaving a gap at the ceiling penetration. c. B Hall Mechanical closet - the sprinkler head has dropped and has pulled the ceiling finish with it. d. B Hall toilet in shower room - the escutcheon plate at the sprinkler head is not secure to the ceiling leaving a gap at the ceiling penetration. The escutcheon plate overlaps the supply grille. e. C Hall Mechanical closet - the sprinkler head	C 189	(b) Identified doors will not be propped open. (c) Identified doors will not be propped open. (a) Identified latch sets will be repaired/ replaced (a) Identified escutcheon plates will be repaired/replaced. (b) Identified escutcheon plates will be repaired/replaced. (c) Identified sprinkler heads, and surrounding areas, will be repaired/replaced. (d) Identified escutcheon plates will be repaired/replaced. (e) Identified sprinkler heads, and surrounding areas, will be repaired/replaced.	11/2/17 11/2/17 12/16/17 12/16/17 12/16/17 12/16/17 12/16/17 12/16/17

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C 189	Continued From page 6 has dropped and has pulled the ceiling finish with it. f. C Hall exterior storage room - has two unsealed conduit penetrations at the ceiling. 4. The GFCI outlets were not maintained in a safe and operating condition. Findings on November 2, 2017: a. Country kitchen - the right GFCI outlet has a damaged reset button. b. Kitchen - the GFCI outlet to the left of the produce sink has a damaged reset button. c. Employee bathroom in service hall - the GFCI outlet reset button is broken. d. Room B6 - the bathroom outlet did not have power at the time of this survey. e. C Hall bathroom - the GFCI outlet reset button is damaged. 5. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping in a safe condition could effect all occupants of the facility if the domestic water supply became contaminated. Findings on November 2, 2017: a. Kitchen - the icemaker drain line was down in the drain and did not have a 2" air gap between the drain and drain pipe.	C 189	(f) Identified conduit penetrations at the ceiling will be sealed. 4. Identified GFCI outlets will be replaced and or repaired. (a) Identified GFCI outlet will be replaced. (b) Identified GFCI outlet will be replaced. (c) Identified GFCI outlet will be replaced. (d) Identified outlet will be replaced/ repaired. (e) Identified GFCI outlet will be replaced/ repaired. (a) Identified ice maker line will have the required 2 inch gap between the drain and drain pipe.	12/16/17 12/16/17 12/16/17 12/16/17 12/16/17 12/16/17 12/16/17
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	C 199	10A NCAC 13F .0311 Other Requirements (g) The spaces listed in this Paragragh shall be provided with exhaust ventilation at the rate of two cubic feet per square	

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C 199	Continued From page 7 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. Observations revealed that the facility did not provide exhaust ventilation at the rate of two cubic feet per minute per square foot in the designated areas. Findings on November 2, 2017: a. C Hall - the bathroom exhaust fans for Rooms C5 through C8 were not working. This deficiency was corrected at the time of survey.	C 199	foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specific 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 exception of Paragraph (e) which shall not apply to existing facilities. (a) Identified exhaust ventalations will be repaired/replaced. The Executive Director/Maintenance Technician will review items noted for necessary completion and/or repair, on or before 1/1/2018. The Executive Director/Maintenance Technician will do bimonthly surveillances observing for any items that need attention/repair, assuring they are maintained in a safe operating condition for the next 3 months, and then randomly thereafter.	11/2/17