

PRINTED: 03/12/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/01/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE WINSTON-SALEM		STREET ADDRESS, CITY, STATE, ZIP CODE 275 SOUTH PEACE HAVEN ROAD WINSTON SALEM, NC 27104		
(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 Follow Up Construction Survey by Ed Miller, conducted on March 1, 2018. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{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 facilities locking system did not meet the licensure and code requirements in effect at the time of construction or alteration. Findings on March 1, 2018: b. The facility did not have a locking diagram posted at the fire alarm panel. Interview with staff revealed that the vendor completing the key switch will provide the locking diagram.	{C 101}	The following is a summary of the Plan of Correction for Brookdale Winston-Salem. This Plan of Correction is in regards to the Corrective Action Report dated March 12, 2018. 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	

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

TITLE

(X6) DATE

Jori Darling-Behrendt, Executive Director

3/19/2018

STATE FORM

1YVW22

continuation sheet 1 of 2

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{C 101}	Continued From page 1. New Finding: c. Near Front Door - the "Special Locking System's" emergency override switch is not labeled.	{C 101}	Continue From page 1 as confirmation of our ongoing efforts to comply with statutory and regulatory re- quirements. 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. 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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; * Identified Mag Lock door override switches will be labeled. * Missing locking diagram at indicated Fire Panel will be posted.	3/21/2018 3/21/2018	

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1YW023

If continuation sheet 2 of 2

Tori Darling-Betremdt, Executive Director 3/19/2018