

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/20/2018
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF GREENSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Biennial Construction Section Survey by Frank Strickland and Suzanna Fay on 09/20/2018: 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 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;	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

David McManus

Executive Director

10-24-18

Division of Health Service Regulation

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C 101	Continued From page 1 This Rule is not met as evidenced by: Based on observation, this facility has failed to meet the NC State Building Code at the time of construction, by not having all of the required components for a Special Locking System. Findings on 09/20/2018: There was no wiring diagram of the Special Locking Magnetic holding/release devices and location of each posted under glass adjacent to the fire alarm panel.	C 101		
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 prevent chronic unpleasant odors. Findings on 09/20/2018: Room 172 has unpleasant odors.	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:	C 166		

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C 166	Continued From page 2 (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, this facility has not maintained the storage of oxygen cylinders in a safe manner. Findings on 09/20/2018: There are oxygen bottles in the following rooms that are not secured to the structure or stored in approved racks: (a) Room 260 (b) Room 313 (c) Room 318 (d) Room 362 (e) Room 365 (f) Spa/Storage Room-Level 3 2-Based on observation, this facility has not maintained in an orderly manner free of hazards. Findings on 09/20/2018: The wall receptacle is broken in Room 333.	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	C 189		

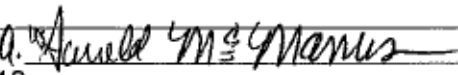
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C 189	Continued From page 3 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain the fire rated floor/ceiling assemblies in a safe and operating condition. Findings on 09/20/2018: The electrical conduits penetrating the ceiling and floor construction are not fire-stopped at the following locations: (a) Electrical Equipment Room on the Level 2. (b) Maintenance Coordinator Office on the Level 1 (c) Laundry/Room 142 (d) Spa/Level 1 (e) Resident Storage Room/Level 1 2-Based on observation, this facility has failed to maintain the emergency lighting in a safe and operating condition. Findings on 09/20/2018: The emergency exterior light is damaged that is located outside Stair Tower #4/SCU. 3-Based on observation, this building has not been maintained in safe manner for storage. Storage within 18 below a sprinkler head could impair the ability of the sprinkler to suppress fire. Findings on 09/20/2018: The diapers are stored to the ceiling on the sheaving that is located in Room 321.	C 189		
C 199	Exhaust Ventilation	C 199		

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C 199	Continued From page 4 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 interior environment, by not providing ventilation where odors are generated. Findings on 09/20/2018: The following rooms do not have ventilation of interior odors: (a) SCU-Restrooms adjacent to Living Room (b) SCU-Spa	C 199		

Sunrise Senior Living Plan of Correction Template

Name of Community: Brighton Gardens of Greensboro
Address: 1208 New Garden Road, Greensboro, NC 27410
License number: HAL-041-050
Inspection date(s): September 20, 2018
Name and Title of Sunrise Representative Signing the Plan of Correction:
Harold McManus Executive Director
Signature of Sunrise Representative: 
Date of Submission: October 30, 2018

Regulation	Target Date by Which Correction will be completed	Plan of Correction
Section 0300.00 10 A NCAC 13F.0301 C101 Application of Physical Plant Requirements There was no wiring diagram of the Special Locking Magnetic holding/release devices and location of each posted under glass adjacent to the fire alarm panel.	October 17, 2018	A. With respect to the specific resident/situation cited: The Maintenance Coordinator (MC), purchased frames and placed the wiring diagram of the Special Locking Magnetic holding/devices and location of the devices under glass adjacent to the fire alarm panel.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	October 19, 2018	B. With respect to how the facility will identify residents/situations with the potential for the identified concerns: Maintenance Coordinator completed a walkthrough of the community to confirm the required diagrams were posted in frames. No issues were identified.
	November 1, 2018	C. With respect to what systemic measures have been put into place to address the stated concern: Maintenance Coordinator will conduct walking rounds of the community weekly for 3 months to confirm that the diagrams are posted. In addition, the Executive Director will conduct joint rounds with the Maintenance Coordinator on a periodic basis to confirm the diagrams are posted.
	October 31, 2018	D. With respect to how the plan of correction will be monitored: The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction, addressing and resolving variances that may occur.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		The Executive Director is responsible for confirming the status of this Plan of Correction is reviewed and discussed at Quality Assurance Performance Improvement (QAPI) Meetings. This Plan of Correction will be reviewed for 3 months during the (QAPI) meeting. During and at the conclusion of the three months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period.
C164 Section .0300- Physical Plant 10A NCAC 13F .0306 Housekeeping and Furnishings 1-Room #172 in the Special Care Unit had unpleasant odors	October 19, 2018	A. With respect to the specific resident/situation cited: The Maintenance Coordinator had the carpet removed in room #172 and new flooring was installed in the resident's room.
	October 19, 2018	B. With respect to how the facility will identify residents/situations with the potential for the identified concerns: Maintenance Coordinator completed a walkthrough of the community to confirm there were no unpleasant odors. No issues were identified.
	November 1, 2018	C. With respect to what systemic measures have been put into place to address the stated concern: Maintenance Coordinator will conduct walking rounds of the community weekly for 3 months to confirm that the community

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		is free from unpleasant odors. In addition, the Executive Director will conduct joint rounds with the Maintenance Coordinator on a periodic basis to confirm the community is free from odors including odors emanating from carpets.
	October 31, 2018	D. With respect to how the plan of correction will be monitored: The Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction, and addressing and resolving variances that may occur. The Executive Director is responsible for confirming the status of this Plan of Correction is reviewed and discussed at Quality Assurance Performance Improvement (QAPI) Meetings. This Plan of Correction will be reviewed for 3 months during the (QAPI) Meeting. During and at the conclusion of the 3 months, the QAPI committee will re-evaluate and initiate necessary action or extend the review period.
C166 Section 0300.00 10A NCAC 13F .0301 There are oxygen bottles in certain rooms that are not secured to the structure or stored in approved racks.	October 19, 2018	A. With respect to the specific resident/situation cited: The Maintenance Coordinator placed the oxygen bottles in an approved rack and removed the extra bottles.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
We had the extra bottles because of the Hurricane.		
	October 19, 2018	B. With respect to how the facility will identify residents/situations with the potential for the identified concerns: Maintenance Coordinator completed a walkthrough of the building to confirm that oxygen tanks in the resident rooms are stored in racks. No issues were identified.
	November 1, 2018	C. With respect to what systemic measures have been put into place to address the stated concern: Maintenance Coordinator will walk the building weekly for 3 months to confirm that oxygen bottles are stored in approved racks. In addition, the Executive Director will conduct joint rounds with the Maintenance Coordinator on a periodic basis to confirm oxygen bottle storage compliance.
	October 31, 2018	D. With respect to how the plan of correction will be monitored: The Executive Director is designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing and resolving variances that may occur. The Executive Director is responsible for confirming the status of this Plan of Correction is reviewed and discussed at Quality Assurance Performance Improvement (QAPI) Meetings. This

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shelving in Room 321		
	October 19, 2018	B. With respect to how the facility will identify residents/situations with the potential for the identified concerns: Maintenance Coordinator completed a walkthrough of the building to confirm compliance with fire-stops at penetrations, to confirm emergency exterior lighting was working, and checked storage to confirm articles were stored below sprinkler heads per the required distance. No issues were identified.
	November 1, 2018	C. With respect to what systemic measures have been put into place to address the stated concern: Maintenance Coordinator will conduct walking rounds of the community weekly for 3 months to confirm compliance with fire-stops and penetration areas, functional emergency exterior lighting, and to confirm that articles are stored below sprinkler heads. In addition, the Executive Director, Maintenance Coordinator, and leadership team will routinely complete community walkthroughs to confirm compliance.
	October 31, 2018	D. With respect to how the plan of correction will be monitored: Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components

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		of this plan of correction and addressing and resolving variances that may occur. Executive Director is responsible for confirming the status of this Plan of Correction is reviewed and discussed at Quality Assurance Performance Improvement (QAPI) Meetings. This Plan of Correction will be reviewed for 3 months during the (QAPI) meeting. During and at the conclusion of the three months, the QAPI Committee will re-evaluate and initiate necessary action or extend the review period.
C199 Section .0300- Physical Plant 10A NCAC 13F .0311 1-Facility failed to provide an interior environment, by not providing ventilation where odors are generated. Two rooms in the Special Care Unit do not have ventilation of interior odors: (a) SCU-restrooms adjacent to the Living Room (b) SCU-Spa	October 19, 2018	A. With respect to the specific resident/situation cited: 1(a) (b) Maintenance Coordinator contracted with an outside vendor to fix the fan motors to provide exhaust ventilation to address the odors in the Special Care Unit.
	October 19, 2018	B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:

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		Maintenance Coordinator completed a walkthrough of the community to confirm functioning exhaust ventilation. No issues were noted.
	November 1, 2018	C. With respect to what systemic measures have been put into place to address the stated concern: Maintenance Coordinator will conduct walking rounds of the community to confirm functioning exhaust ventilation. In addition, the Executive Director will conduct joint rounds with the Maintenance Coordinator on a periodic basis to confirm compliance.
	October 31, 2018	D. With respect to how the plan of correction will be monitored: Executive Director or designee is responsible for confirming implementation and ongoing compliance with the components of this plan of correction and addressing and resolving variances that may occur. Executive Director is responsible for confirming the status of this Plan of Correction is reviewed and discussed at Quality Assurance Performance Improvement (QAPI) Meetings. This Plan of Correction will be reviewed for 3 months during the (QAPI) Meeting. During and at the conclusion of the 3 months, the QAPI Committee will re-evaluate and initiate necessary action or extend the review period.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		A. With respect to the specific resident/situation cited:
		B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:
		C. With respect to what systemic measures have been put into place to address the stated concern:
		D. With respect to how the plan of correction will be monitored:

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
		A. With respect to the specific resident/situation cited:
		B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:
		C. With respect to what systemic measures have been put into place to address the stated concern:
		D. With respect to how the plan of correction will be monitored:

Regulation	Target Date by Which Correction will be completed	Plan of Correction

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