NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 27, 2019
Tori Behrendt (via e-mail only)
275 South Peace Haven Road
Winston Salem, NC 27104

RE: Brookdale Winston-Salem - HA Biennial Survey
275 South Peace Haven Road
Winston Salem Forsyth County
FID #971374 Hal034027

Dear Ms. Behrendt:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on November 21, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

    1. Corrective action must begin immediately.
    2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by December 12, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by December 12, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by December 12, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: https://info.ncdhhs.gov/dhsr/.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Forsyth County DSS - with attachment-(via e-mail only)

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 _____	11/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WINSTON-SALEM	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 Construction Section Biennial Survey by Suzanna Fay conducted on November 21, 2019. 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		
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	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 November 27, 2019. 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 conformation 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 alligation or finding, nor have we identified mitigating factors. 10A NCAC 13F 0301 Application of Physical Plant Requirements The physical plan requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities of 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 altercation; 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 of 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. Observations revealed that the facility was not in compliance with licensure and code requirements in effect at the time of construction, renovation or alteration. Findings on November 21, 2019: a. C Hall Exit by Room C-4 - the door did not release upon the activation of the fire alarm. b. SCU Courtyard - the gate is a magnetic lock with a keypad and keyed override switch. The override switch is longer operational.	C 101	Continued From page 1 a) C Hall Exit by Room C-4 - Replaced IAM relay allowing the door to release upon activation of the fire alarm. Maintenance Director will do routine monitoring to ensure compliance. b) SCU Courtyard - Replaced the switch and distributed keys to staff. Maintenance Director will do routine monitoring to ensure compliance.	11/26/2019 11/26/2019
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 ceilings and equipment were not kept clean and in good repair. Findings on November 21, 2019: a. All of the exhaust fans had heavy accumulations of dust and lint. b. A Hall Exit corridor - the sheetrock around the attic access panel is loose and sagging. c. Kitchen - the HVAC grilles have a heavy coating of grease.	C 164	Section .0300 - Physical Plant 10A NCAC 13F .0306 Housekeeping and Furnishings-Clean, Repaired (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. a. All of the exhaust fans shall be cleaned and dusted to eliminate the heavy accululation of dust and lint. Maintenance Director will do weekly monitoring to ensure compliance. b. A Hall Exit corridor - the sheetrock around the attic access panel will be replaced so there is no loose and sagging sheetrock. Maintenance Director will do routine monitoring to ensure compliance. c. Kitchen - HVAC grilles have been cleaned of the heavy coating of grease. Dietary Manager will monitor daily to ensure compliance.	12/2/2019 12/6/2019 11/22/2019

Tori Darling-Behrendt, Executive Director 12/3/2019

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C 164	Continued From page 2 2. Observations revealed that the floors were not kept clean. Findings on November 21, 2019: a. Kitchen - the floor behind the entry door had excessive dirt and food particles. b. B Hall Spa - the wing walls of the shower are water damaged and the cove base is not adhering. 3. Observations revealed that the furnishings were not kept in good repair. Findings on November 21, 2019: a. Room C-8 - the door hardware is loose.	C 164	Continue From page 2 a. Kitchen - the floor behind the entry door has been swept and mopped to remove excessive dirt and food particles. The Dietary Manager will do daily monitoring to ensure compliance. b. B Hall Spa - the wing walls of the shower will be cleaned and repaired of water damage, old caulk will be removed, the area cleaned and new silicone caulk replaced, old cove base removed and new cove base will be attached. Maintenance Director will do routine monitoring to ensure compliance. a. Room C-8 - the door hardware has been tightened and is no longer loose. Maintenance Director will do routine monitoring to ensure compliance.	11/21/2019 12/10/2019 11/21/2019
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 the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on November 21, 2019: a. Sunroom - the emergency light did not	C 189	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 new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. 1. Based on observation the facility did maintain electrical emergency/safety lightening equipment in a safe operating condition based on the exit signs being self illuminating and meeting the requirements recommended, with a recommended replacement date of July 20, 2024. The Maintenance Director will do routine monitoring to ensure compliance. a. The Sunroom emergency light was removed and a blank off plate was put in place.	11/21/2019 11/26/2019

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C 189	Continued From page 3 illuminate on test. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on November 21, 2019: a. Large Family Room - the exit signs did not appear to be illuminated. 3. Observations revealed that the fire safety equipment was not maintained in a safe and operating condition. recessed lights in fire rated ceiling assemblies are required to have boxing to protect the openings. Findings on November 21, 2019: a. The canned lights in the corridors were recently replaced. The "lids" of the boxes were not reinstalled when the work was completed leaving openings in the rated ceiling assemblies. 4. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire. Findings on November 21, 2019: a. Kitchen Pantry - items were stored to the ceiling along the top shelves. 5. Observations revealed that the electrical equipment was not maintained in a safe and operating condition.	C 189	Continue From page 3 a. The large Family Room Exit signs are self luminous exit signs meeting the NFPA code requirements with a recommended replacement date of July 20, 2024. a. The canned lights in the corridors have had the lids of the boxes replaced, sealing the openings in the rated ceiling assemblies. The maintenance Director will do routine monitoring to ensure compliance. a. The Kitchen Pantry had items that were stored less than the required 18". The box was removed and tape has been installed indicating the 18" requirement.	11/21/2019 12/5/2019 12/10/2019

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C 189	Continued From page 4 Findings on November 21, 2019: a. B Hall Half Bath - the electrical outlet at the sink is not secure to the wall. b. Service Hall Housekeeping - the electrical outlet is not secure to the wall. 6. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on November 21, 2019: a. Beauty Salon - the hair washing sink is not secure in the opening and lifts easily from the counter. 7. 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 21, 2019: a. D Hall Spa - the hinges are loose on the door and it requires excessive force to close and latch.	C 189	Continue From page 4 a. B Hall Half Bath - The electrical outlet at the sink has been secured to the wall. The Maintenance Director will do routine monitoring to ensure compliance. b. Service Hall Housekeeping - The electrical outlet has been secured to the wall. The Maintenance Director will do routine monitoring to ensure compliance. a. Beauty Salon - The hair washing sink has had the pipes repositioned and has had the front support added. It has been secured and caulked. The Maintenance Director will do routine monitoring to ensure compliance. a. D Hall Spa - The hinges have been tightened on the door. The maintenance Director will do routine monitoring to ensure compliance.	11/21/2019 11/21/2019 11/22/2019 11/21/2019

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