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
	HAL034112	A. BUILDING: 01 B. WING _____	R 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY AT BROOKBERRY FARM	512 BROOKBERRY HEIGHTS CG WINSTON-SALEM, NC 27106

(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 Follow Up Survey by Tod Hancock conducted on April 17, 2024. Cited deficiencies remain uncorrected and a Plan of Correction is required.	{C 000}		
{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 did not have records of the fire rehearsals conducted quarterly on each shift. Findings on April 17, 2024: a. Interview with staff revealed that they did not have records available of the fire rehearsals. Staff indicated that with the assistance of the local Fire Marshall a plan has been put in place and monthly fire drills will commence.	{C 185}	* we have completed 3 fire drills this quarter: 4-18-24 - station 10 + 18 w/ WSFD onsite + 0 mourter. 5-25-24 6-7-24 * this has been completed 5.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

LOGBOOK DOCUMENTATION

Harmony at Brookberry Farm - Winston Salem, NC 27106-8734
Fire Drills: Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete)
Was Due by: April 30, 2024

Completed By: Rodney Jones Date: 4-18-24

Building:	Main Building
Date:	4-18-24
Start Time:	2:45 pm
End Time:	3:15 pm
Location in Building:	
Drill Initiated By (Name & Position):	Rodney Jones Maint. Director
Participants (Names & Positions):	All Staff & clinical staff
Response Time:	Immediate
Evacuation Time:	10 minutes
911 Follow-up Call By (Name & Position):	N/A
Resident Head Count:	
Staff Head Count:	
Visitor Head Count:	
All Fire Equipment Functional? (if "No," please describe in the Remarks Section):	☒ Yes ☐ No
Visible/Audio Devices Checked?:	☒ Yes ☐ No
Fire Panel Performed Properly? (if "No," please describe in the Remarks section):	☒ Yes ☐ No
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section):	☒ Yes ☐ No ☐ NA
Ventilation System Shut Down? (if "No," please describe in the Remarks section):	☒ Yes ☐ No ☐ NA
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section):	☒ Yes ☐ No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section):	☐ Yes ☒ No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section):	☐ Yes ☒ No
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section):	☐ Yes ☒ No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section):	☐ Yes ☒ No

Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section): ☐ Yes ☒ No

External Weather Condition: Clear

Remarks of Person Holding Drill: N/A

LOGBOOK DOCUMENTATION

Harmony at Brookberry Farm - Winston Salem, NC 27106-8734
Fire Drills: Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete)
Was Due by: April 30, 2024

Completed By: Rodney James Date: 5-25-24

Building:	Main Building
Date:	5-25-24
Start Time:	11:50 a.m.
End Time:	12:25 p.m.
Location in Building:	
Drill Initiated By (Name & Position):	Rodney James Maint. Director
Participants (Names & Positions):	w/ GMT & clinical staff
Response Time:	immediate
Evacuation Time:	N/A
911 Follow-up Call By (Name & Position):	N/A
Resident Head Count:	
Staff Head Count:	
Visitor Head Count:	
All Fire Equipment Functional? (if "No," please describe in the Remarks Section):	☑ Yes ☐ No
Visible/Audio Devices Checked?:	☑ Yes ☐ No
Fire Panel Performed Properly? (if "No," please describe in the Remarks section):	☑ Yes ☐ No
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section):	☒ Yes ☐ No ☐ NA
Ventilation System Shut Down? (if "No," please describe in the Remarks section):	☑ Yes ☐ No ☐ NA
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section):	☒ Yes ☐ No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section):	☐ Yes ☒ No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section):	☐ Yes ☒ No
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section):	☐ Yes ☒ No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section):	☐ Yes ☒ No

Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section):	☐ Yes ☒ No
External Weather Condition:	clear
Remarks of Person Holding Drill:	

LOGBOOK DOCUMENTATION

Harmony at Brookberry Farm - Winston Salem, NC 27106-8734
Fire Drills: Perform a fire drill during 3rd shift - (Upload copy of drill with signature sheet to TELS when complete)
Was Due by: April 30, 2024

Completed By: Rodney Jones Date: 6-7-24

Building:	Main Building
Date:	6-7-24
Start Time:	10:00 p.m
End Time:	10:30 p.m
Location in Building:	2nd floor
Drill Initiated By (Name & Position):	Rodney Jones Manager
Participants (Names & Positions):	Mgmt & clinical staff
Response Time:	immediate
Evacuation Time:	
911 Follow-up Call By (Name & Position):	
Resident Head Count:	
Staff Head Count:	
Visitor Head Count:	
All Fire Equipment Functional? (if "No," please describe in the Remarks Section):	☑ Yes ☐ No
Visible/Audio Devices Checked?:	☑ Yes ☐ No
Fire Panel Performed Properly? (if "No," please describe in the Remarks section):	☑ Yes ☐ No
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section):	☑ Yes ☐ No ☐ NA
Ventilation System Shut Down? (if "No," please describe in the Remarks section):	☑ Yes ☐ No ☐ NA
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section):	☑ Yes ☐ No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section):	☐ Yes ☑ No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section):	☐ Yes ☑ No
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section):	☐ Yes ☑ No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section):	☐ Yes ☑ No

Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section):

☐ Yes ☒ No

External Weather Condition:

Clear

Remarks of Person Holding Drill: