

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034094</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/19/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKSTONE TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4430 CLINARD ROAD WINSTON SALEM, NC 27102</b>
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(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	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell on 11-19-2015.</p> <p>Records indicate this facility was first licensed on 6-23-1997, for 40 residents. Based on this information, the facility is required to meet the 1996 10 NCAC 42D - "Rules for the Licensing of Adult Care Homes", the applicable portions of the 2005 "Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds", and the 1996 Edition of the North Carolina State Building Code - Volume I-General Construction Section 409 Institutional Occupancy - Group I.</p>	C 000		
C 111	<p>Must Have Current San. &amp; Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the most recent sprinkler inspection report dated 6-5-2015, listed deficiencies. There was no supporting documentation to indicate the deficiencies had been corrected. Listed deficiencies include: a. "Dry pipe valve accelerator out of service upon arrival (would not reset.)" b. "Dry pipe valve accelerator needs rebuild kit service or replacement."</p>	C 111		
C 150	Corridors-Free of equipment and Obstructions	C 150		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 150	Continued From page 1  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: Based on observation, the magnetically locked exit door near the dining room in the Memory Care Unit is equipped with a lever type latchset. The latch requires special knowledge to operate and open and could therefore delay or prevent an evacuation in an emergency. Finding includes: The latchset will not open the door unless the latch is pulled upward. The natural tendency is to push a lever latch downward.	C 150		
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 magnetic locks in the Special Care Unit released upon activation of the fire alarm system but then locked when the fire alarm system was silenced. Magnetic locking that re-energizes and locks before the fire alarm	C 189		

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C 189	<p>Continued From page 2</p> <p>system is fully reset could delay or prevent an evacuation in an emergency.</p> <p>2. Based on observation, the cross-corridor doors near room 116 are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>3. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <ul style="list-style-type: none"> <li>a. The 1 hour fire rated door to the laundry was propped open.</li> <li>b. The 1 hour fire rated door to the laundry would not close completely and latch because it was dragging on the frame.</li> <li>c. The door to room 116 will not latch when closed.</li> <li>d. One of the doors to the living room in the Special Care Unit is propped open with furniture.</li> <li>e. The pair of doors to the living room in the Special Care Unit could not automatically latch when closed because of improper hardware.</li> </ul> <p>4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can</p>	C 189		

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C 189	<p>Continued From page 3</p> <p>quickly spread to other areas of the facility. Finding includes: There were several unprotected PVC flues (4) penetrating the ceiling in the storage room in the Assisted Living part of the facility.</p> <p>5. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: a. Several portable medical oxygen cylinders were stored in an unapproved beverage crate in room 115. b. One portable medical oxygen cylinder was stored in no container in the Special Care Unit Co-ordinator's office.</p>	C 189		