

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 03/24/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE WINSTON-SALEM	STREET ADDRESS, CITY, STATE, ZIP CODE 275 SOUTH PEACE HAVEN ROAD WINSTON SALEM, NC 27104
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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
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{C 000}	Initial Comments Report of Follow-up Survey by Dennis Harrell on 3-24-2016. Some deficiencies were not corrected. Further action 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; This Rule is not met as evidenced by: 1. Based on observation, the facility does not meet NC State Building Code requirements in effect at the time of alteration to the exit door locking arrangements. Findings include: a. Based on interview with staff the front door was changed from "delayed egress" to special locking. The front door has a convenience keypad on both sides of the door to release the	{C 101}	(C-101) •An on/off emergency release switch will be installed within 3 feet of door on 3/24/16.	03/24/16

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

TITLE

(X6) DATE

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{C 101}	Continued From page 1 magnetic lock, however there is not an on/off emergency release switch on the egress side within 3 feet of the door. Findings on 3-24-2016: A switch had been installed but was 11 feet away from the exit door. The NC Building Code requires the emergency release switch to be no more than 3 feet from the door.	{C 101}		
{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 building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings include: a. There are a number of doors which have gaps around them when closed to include, D2. 3. Based on observation, the building exit signage was not maintained in a safe manner. This would affect all residents by not keeping the	{C 189}	(C-189) •Indicated doors were repaired/replaced allowing for proper closure on 3/24/16. •Indicated Exit signs will be repaired as indicated on 3/24/16	03/24/16 03/24/16

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{C 189}	Continued From page 2 exits visible in an emergency. Findings include: Exit signs are not working in the following locations: b) Exit sign at front Exit to Day Room does not illuminate. c) Exit sign at rear Exit to Day Room does not illuminate.	{C 189}		