

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/13/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE WINSTON-SALEM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>275 SOUTH PEACE HAVEN ROAD WINSTON SALEM, NC 27104</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}	Initial Comments  Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on June 13, 2024.  Not all previously cited deficiencies have been corrected; therefore, a new 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;  This Rule is not met as evidenced by: 2. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the required fire-resistance-rated construction required by NC State Building Code. This could affect all occupants who need time to evacuate the building. Findings on June 13, 2024: a. Kitchen, Pantry (100+ SF) - the pantry door	{C 101}		

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  was not ¾ hour fire-resistant-rated door as required.	{C 101}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>3. Based on observation, the facility was not maintained in a safe manner by not having self closing fire-rated doors remain self closing to contain fire and smoke. This could affect all residents and staff by not containing fire and smoke in the room of origin.</p> <p>Findings on June 13, 2024:</p> <p>a. Kitchen, Pantry - the rubber bungee cord was replaced with an unapproved mechanical kick down holder, holding the door open.</p>	{C 189}		