BROOKSTONE OF CLEMMONS
ASSISTED LIVING & MEMORY CARE

FACSIMILE TRANSMITTAL SHEET

TO: Ed Miller
FROM: Yvonne Peterson
COMPANY:
DATE: 10-30-17
FAX NUMBER:
TOTAL NO. OF PAGES INCLUDING COVER: 9
PHONE NUMBER:
SENDER'S REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

attached please find my plan of correction for our Biannual Survey. Please accept this as a request to extend our date of correction out to Nov. 30, 2017 due to the labor / time needed to install all of the new exhaust fans and the need to have modern systems schedule our Dry Sprinkler 10 year inspection.

Sincerely, Yvonne Peterson

4430 CLINARD ROAD, CLEMMONS, NC 27012
PHONE: 336-766-5000 FAX: 336-766-5020

PRINTED: 10/10/2017
FORM APPROVED

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
	HAL034102	A. BUILDING: 01 B. WING _____	09/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE OF CLEMMONS	4430 CLINARD ROAD WINSTON SALEM, NC 27102

(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 Ed Miller conducted on September 13, 2017. 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. Deficiencies were cited that require a Plan of Correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports 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. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on September 13, 2017: a. A current Fire Marshal Inspection Report was not available for Surveyor's review. b. The last annual Fire Sprinkler System Inspection, Testing, and Maintenance Report in accordance with NFPA 25, performed on July 24,	C 111	All Current Sanitation and Fire Safety Reports will be obtained and maintained in a notebook to be kept in the Administrator's office. All future reports will be handed in directly to the Administrator for maintenance of the reports. The 2017 report is attached.	Immed + ongo

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C 111	Continued From page 1 2017 listed the need for the dry sprinklers heads that have been in service for 10 years to be tested or replaced.	C 111	The Dry Sprinkler Heads test is scheduled to be completed in the Month of November. The report will be obtained and maintained in a notebook in the Administrator's office. All future reports will be handed in directly to the Administrator for maintenance of the reports.	11-30-17
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Based on observation, the building did not provide exit door locks that are easily operable, by a single hand motion, from the inside at all times without keys. This would affect residents, staff, and visitors by requiring more time to exit the building during an emergency. Findings on September 13, 2017: a. Porch to the Courtyard - the screen door handle has a thumb button/turn/lever that must to be operated before the door handle would release the door. Two marked exits direct egress to this porch exit.	C 153	The screen door exiting the screen porch will be repaired to be easily operable by a single hand motion from the inside without keys. Doors will be routinely monitored by maintenance to confirm all remain in good repair and compliance.	10-31-17
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;	C 164		

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C 164	Continued From page 2 (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. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on September 13, 2017: a. MC Bedroom 3 Bathroom - the required exhaust ventilation system did not work, and there was odor. b. MC Communal Bathroom - the required exhaust ventilation system did not work, and there was a little odor. c. Janitors near CD Office - the required exhaust ventilation system did not work, and there was an odor. d. Men Public Restrooms near ED Office - the required exhaust ventilation system did not work, and there was a musty odor. e. Women Public Restrooms near ED Office - the required exhaust ventilation system did not work, and there was a musty odor.	C 164	All exhaust fans in the building will be inspected and replaced or repaired as needed starting with MC room 3, the MC common bathroom, housekeeping closets, public bathrooms and resident bathrooms. Maintenance will routinely inspect all building exhaust fans to confirm continued working order is maintained.	11-30-17
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	C 185		

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C 185	Continued From page 3 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. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Technician/Manager, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter.. Findings on September 13, 2017: a. In the 1St quarter of the last 12 months, no rehearsals are documented for the 1st and 2nd and 3rd shifts. b. In the 4th quarter of the last 12 months, no rehearsals are documented for the 1st and 2nd and 3rd shifts. 2. Based on Record review and interview with Executive Director and Maintenance, the Facility failed to document all aspects of the fire plan rehearsals. Findings on September 13, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present, but little to no description of what the rehearsal involved.	C 185	All Fire drills will be conducted within a timely manner. Fire drills will be conducted on each shift, each quarter. Fire drill reports will include date and time of drills along with signatures of all who participate and descriptive details related to the performance of all employees and fire equipment. Fire Drill Reports will be turned in to the county upon request or reviewed during County Monitoring visits. Fire Drills will be maintained in a notebook in the Administrator's Office. We do not have reports from the last quarter 2016 and 1st quarter of 2017 due to the fact that we began operation at this location on May 1, 2017 and have no access to the previous company's records.	Immediate + on going
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to	C 188		

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C 188	Continued From page 4 provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on September 13, 2017: a. Beauty Shop - there are two quad electrical power receptacles, which are within six feet of a sink, that do not have ground fault protection.	C 188	The outlets in the beauty shop will be replaced with a ground fault interrupter. The rest of the building will be inspected for any additional ground fault outlets and they will be installed as needed.	Completed 10-25-17
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 Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff, and visitors by not providing the control functions of the fire alarm system. Findings on September 13, 2017: a. MC Smoke Barrier Wall - when the fire alarm was activated, the hold open devices released their doors closing the openings in the smoke barrier. When the fire alarm system was put into silence mode, these hold open devices reenergized, which allows the smoke compartment doors to be held open during an alarm.	C 189	The MC smoke barrier wall doors have been repaired so that the open devices release the doors when the fire alarm system is activated even while in silent mode.	Completed 10-18-17

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C 189	Continued From page 5 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on September 13, 2017: a. Smoke Barrier near Bedroom 124 - the front leaf, of the double-egress cross-corridor door, did not latch when the fire alarm system released the doors. b. Smoke Barrier near Bedroom 124 - the back leaf, of the double-egress cross-corridor door, hit the vinyl threshold and would not close and latch when the fire alarm system released the doors. 3. Based on Observation, fire rated doors of hazardous or Incidental areas are not being maintained in a safe and operating condition. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous or Incidental Area" separated from the rest of the Building. Findings on September 13, 2017: a. Hopper Room - the corridor door (60 min rated, self-closing) did not latch into its frame, on its own power. 4. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on September 13, 2017: a. Men Public Restrooms near ED Office - the wall-mounted self-contained emergency light did not illuminate on backup power because the test button was pushed in..	C 189	The smoke barrier door near Bedroom 124 will be repaired so that the door closes neatly and completely. The threshold will not impede the closing of the door. Maintenance will monitor during routine fire drills to ensure compliance. The door on the Hopper Room has been adjusted so that the door latches into its frame upon closing under its own power. The wall mounted self-contained emergency light has been repaired to that it will illuminate on back up power when the test button is pushed in. Maintenance will monitor all emergency lights monthly to ensure future compliance.	11-4-17 Complete 10-31-17 9-13-17

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C 189	Continued From page 6 5. Based on Observation, the corridor doors were not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on September 13, 2017: a. Bedroom 114 - the corridor door was held open with a closet door's lever handle. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. b. MC Laundry - the corridor door hits its frame, requiring extra force and/or effort to close the door so it can latch. 6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 13, 2017: a. Porch to Courtyard - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was loosely attached to the wall.	C 189	The entrance door to Room 114 has been adjusted so that the door will not swing closed on its own so that there is no need for residents to use the closet door to hold it open. Housekeeping will monitor doors routinely during rounds to ensure compliance. The laundry room door will be repaired so that the door will not hit its frame and will latch on its own when closing. Maintenance will monitor routinely for compliance. The ground fault circuit interrupter electrical power receptacle has been reattached to the wall. Maintenance will monitor routinely to ensure compliance.	10-31-17 11-4-17 10-31-17
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing	C 199		

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C 199	Continued From page 7 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 failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on September 13, 2017: a. MC Laundry - there was no exhaust ventilation system and there is an odor present. b. MC Housekeeping near Bedroom 8 - there was no exhaust ventilation system and there is an odor present.	C 199	The MC laundry room and the MC housekeeping closet near bedroom 8 will be will be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot.	11-30-17

FORSYTH COUNTY

3000 Aviation DR
Winston-Salem, NC 27105
Forsyth County Violation Notice (17)

Tuesday May 23, 2017

140544

BROOKSTONE TERRACE
4430 Clinard RD
PO BOX 1682
Clemmons, NC 27012

An inspection of your facility on Tuesday May 23, 2017 revealed the violations listed below.
ORDER TO COMPLY: Since these conditions are contrary to law, you must correct them upon receipt of this notice.
If you fail to comply with this notice before the reinspection date you may be liable for the penalties provided for by law for such violations.

Violation Code

1006.3 Illumination emergency power
The power supply for means of egress illumination shall normally be provided by the premises' electrical supply. In the event of power supply failure, an emergency electrical system shall automatically illuminate all of the following areas: 1. Aisles and unenclosed egress stairways in rooms and spaces that require two or more means of egress. 2. Corridors, exit enclosures and exit passageways in buildings required to have two or more exits. 3. Exterior egress components at other than their levels of exit discharge until exit discharge is accomplished for buildings required to have two or more exits. 4. Interior exit discharge elements, as permitted in Section 1027.1, in buildings required to have two or more exits. 5. Exterior landings as required by Section 1008.1.6 for exit discharge doorways in buildings required to have two or more exits. The emergency power system shall provide power for a duration of not less than 90 minutes and shall consist of storage batteries, unit equipment or an on-site generator. The installation of the emergency power system shall be in accordance with Chapter 27 of the International Building Code. (REPAIR EMERGENCY LIGHT IN THE SOILED LINEN AREA ACROSS FROM HOPPER ROOM)

404.3.3.1 Lockdown plan contents
Lockdown plans shall be approved by the fire code official and shall include the following: 1. Initiation. The plan shall include instructions for reporting an emergency that requires a lockdown. 2. Accountability. The plan shall include accountability procedures for staff to report the presence or absence of occupants. 3. Recall. The plan shall include a prearranged signal for returning to normal activity. 4. Communication and coordination. The plan shall include an approved means of two-way communication between a central location and each secured area.

406.3 Employee training program
Employees shall be trained in fire prevention, evacuation and fire safety in accordance with Sections 406.3.1 through 406.3.4.

406.2 Frequency
Employees shall receive training in the contents of fire safety and evacuation plans and their duties as part of new employee orientation and at least annually thereafter. Records shall be kept and made available to the fire code

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official upon request.

406.3.1 Fire prevention training
Employees shall be apprised of the fire hazards of the materials and processes to which they are exposed. Each employee shall be instructed in the proper procedures for preventing fires in the conduct of their assigned duties.

Comments

Routh, Christopher S
Inspector

YVONNE PETERSON
Inspection Pointed out to