| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL034102 | A. BUILDING: 01<br>B. WING _____ | 09/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKSTONE OF CLEMMONS | 4430 CLINARD ROAD<br>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<br><br>Report of a Construction Section Biennial Survey by Tod Hancock conducted on September 3, 2024.<br><br>Records indicate this facility was first licensed on June 23, 1997. The facility is currently licensed for 40 residents. Based on this information, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds", and the 1996 Edition of the North Carolina State Building CodeSection 409 Institutional Occupancy.<br><br>Deficiencies were cited that require a Plan of Correction. | C 000 | see attached POC. | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1.Based on observation, the buildings' emergency equipment is not maintained in a safe operating condition. This could affect all if they could not promptly find their way to the exit during an emergency.<br>Findings on September 3, 2024:<br>a. Memory Care- Rear Hall -The Emergency light | C 189 | | |

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 |
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|---|---|---|---|---|
| C 189 | Continued From page 1<br>did not illuminate when tested.<br><br>2. Based on observation the facilities mechanical equipment is not being maintained in a safe manner.<br>Findings on September 3, 2024:<br>a. Laundry- The clothes dryer exhaust vent is obstructed. | C 189 | | |

# PLAN OF CORRECTION

## ACH Biennial Construction Survey

## October 22, 2024

ISSUE:

Tag C 189: Building Equipment Maintained Safe, Operating

1. A. Memory Care- Rear Hall- The Emergency Light did not illuminate when tested.

PLAN OF ACTION:

- All emergency lighting will be maintained in a safe operating condition.
- The Maintenance Director conducted an emergency lighting check on 9-12-24. See Attachment I.
- The Maintenance Director will continue Monthly Emergency Lighting Checks and documenting in the Maintenance Inspection Notebook.
- For the next three months, the Administrator will ensure compliance with the Monthly Emergency Lighting Checks by checking the Maintenance Inspection Notebook monthly and signing behind the Maintenance Director to verify completion.
- Completion Date: Battery replaced in emergency light on 9-5-24.

ISSUE:

Tag C 189

2. A. Laundry- The clothes dryer exhaust vent is obstructed.

PLAN OF ACTION:

- All mechanical equipment will be maintained in a safe manner.
- On 9-5-24, the Maintenance Director and Administrator conducted a walk-through of AL and Memory Care side Laundry Rooms to ensure all dryer exhaust vents were unobstructed.
- The Maintenance Director will continue conducting the Semi-Annual Preventative Maintenance Non-Resident Room Checklist and documenting in the Maintenance Inspection Notebook.
- For the next year, the Administrator will ensure compliance with the Semi-Annual Preventative Maintenance Non-Resident Room Checklist by checking the Maintenance Inspection Notebook semi-annually and signing behind the Maintenance Director to verify completion.
- Completion Date: Dryer exhaust vent replaced on 9-5-24.

Attachment I

2021

## Monthly Emergency Lighting Checks
## Annual Full Power Outage

| Month | Date | Emergency Lights | Exit Lighting | Pass Fail | Initial | Comment |
|---|---|---|---|---|---|---|
| January | 1.14 | / | / | | [illegible] | |
| February | 2.21 | // | // | | [illegible] | |
| March | 3.15 | // | // | | [illegible] | |
| April | 4.25 | // | // | | [illegible] | |
| May | 5.13 | // | // | | [illegible] | |
| June | 6.20 | // | // | | [illegible] | |
| July | 7.11 | // | // | | [illegible] | |
| August | 8.15 | // | // | | [illegible] | |
| September | 9.12 | // | // | | [illegible] | |
| October | 10.23 | / | / | | [illegible] | [illegible] & S.ED |
| November | | | | | | |
| December | | | | | | |

## Annual 90 Minute Full Power
## Outage Test

Date: _____

Signature: _____

Comments:

J