

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345209</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - BROOKRIDGE RETIREMENT COMMUNITY NF</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKRIDGE RETIREMENT COMMUNITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1199 HAYES FOREST DRIVE WINSTON-SALEM, NC 27106</b>	
(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) COMPLETION DATE
K 000	INITIAL COMMENTS  This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type II(222) construction, three stories, with a complete automatic sprinkler system utilizing special locking. In the exit conference all deficiencies noted were discussed with administration.  At time of survey the: Total Certified Bed Count = 77 Census = 71  The deficiencies determined during the survey are as follows:	K 000		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 6/18/2015 at approximately 12:30 PM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  The exit discharge door hardware requires greater than a single hand motion to exit - door is equipped with two independent latching hardware sets at exit near room C572.	K 038	Removed extra independent latching hardware. Maintenance department checked all other similar type doors to ensure this was not the case on any other doors. Added checking doors to the monthly QA checklist.	6/30/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/02/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 038	Continued From page 1	K 038		
K 076 SS=D	<p>This deficiency affected one of two smoke compartments.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 6/18/2015 at approximately 12:30 PM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>Storage room C682 contains oxygen cylinder less than five feet from combustible storage supplies.</p> <p>This deficiency affected one of two smoke compartments.</p>	K 076	<p>02 cylinder was removed from the inappropriate storage immediately. We checked all other storage areas to ensure that the oxygen was not stored incorrectly. It was added to the monthly QA to check all storage areas for oxygen that may be stored incorrectly.</p>	6/30/15

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 076	Continued From page 2 Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 076			