

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>05/17/2016</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>	
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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 and acknowledged with administration.  At time of survey the licensed bed capacity = 113 = 77 NF + 36 AC Total Certified Bed Count = 77 NF Census = 74	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.3.5.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on May 17, 2016 at approximately 8:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  There is a hole in the roof/ceiling assembly beside pendent sprinkler - penetration is located at toilet room C751A.  NFPA 101, 18.1.6.2, 18.1.6.3, 18.3.5.1	K 012	For the resident affected: No residents were directly affected by the deficiency  For the residents with the potential to be affected/ Measures put in place: A new escutcheon was placed around the pendent sprinkler.  Monitoring: To ensure on-going compliance, a designee from the Maintenance department will periodically check all sprinklers throughout the building to ensure no other open areas	6/1/16

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

TITLE

(X6) DATE

Electronically Signed

06/01/2016

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 012	Continued From page 1 This deficiency affected one of two smoke compartments.  Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 012	are found outside the sprinklers. Any areas of concern found will be brought to the Quarterly QA Meetings and handled appropriately.		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on May 17, 2016 at approximately 8:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  Review of quarterly and annual sprinkler inspection reports did not address lubrication of control valves and inspection of valve supervisory switches in outside valve pit.  NFPA 101, 18.7.6, 9.7.5, 4.6.12, NFPA 13, NFPA 25  This deficiency potentially affects all smoke compartments.  Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	For the resident affected: No residents were directly affected by the deficiency.  For the residents with the potential to be affected/ Measures put in place: Twin City Sprinklers inspected the supervisory switches on the control valves at the outside valve pit and lubricated the control valves as well.  Monitoring: To ensure on-going compliance with this in the future, this inspection and lubrication of control valves will be completed during the scheduled quarterly inspections completed by Twin City Sprinklers. Any areas of concern found will be brought to the Quarterly QA Meetings and handled appropriately.	6/1/16	
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Generators inspected weekly and exercised under load for 30 minutes per month and shall be	K 144		6/22/16	

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K 144	<p>Continued From page 2</p> <p>in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on May 17, 2016 at approximately 8:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>Emergency power system is not run at thirty percent of nameplate rating of generator during monthly load test. The facility utilizes a 450 KW generator - documented monthly loads are much less than 135 KW. The facility did not demonstrate compliance with alternative options as stated in item (a) or (b) as follows:</p> <p>NFPA 99 3-4.4.2 Record keeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.</p> <p>NFPA 110 6-4.2 (1999 edition) generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating</p> <p>(b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>NFPA 110 6-4.2.2 (1999 edition) Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of</p>	K 144	<p>For the resident affected: No residents were directly affected by the deficiency.</p> <p>For the residents with the potential to be affected/ Measures put in place: After testing of the generator was completed, it was confirmed the generator does not meet the 30% load requirement. It has been decided that Brookridge Retirement Community will be completing the yearly 2-hour load bank test annually, on-going. The test will include supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. The load bank test will be completed prior to June 22nd, 2016.</p> <p>Monitoring: Documentation of the yearly 2-hour load bank testing will be kept by the Director of Facility Services or designee. Any areas of concern found will be brought to the Quarterly QA Meetings and handled appropriately.</p>	

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K 144	<p>Continued From page 3</p> <p>nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. (load bank testing)</p> <p>NFPA 101, 9.1.2, NFPA 110, Chapter 6, NFPA 99</p> <p>This deficiency potentially affects all 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>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>	K 144			