

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Brookridge Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1199 Hayes Forest Drive Winston-Salem, NC 27106	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>20670</p> <p>Based on observations and dietary staff interviews, the facility failed to ensure facial hair was covered during food preparation. This practice had the potential for cross-contamination of food served to residents.</p> <p>Findings included:</p> <p>During the initial tour of the kitchen on 5/6/24 at 10:00 a.m., the dietary staff were observed cleaning after the breakfast meal service and preparing food for the lunch meal. There were four dietary staff members preparing food in the preparation areas with exposed facial hair (ranging from approximately 1/2 inch to 3 inches in length).</p> <p>On 5/9/24 at 11:33 a.m. during the meal tray line service in the kitchen, seven dietary staff were observed with exposed/uncovered facial hair ranging from 1/2 inch to 3 inches in length. During this observation the staff were noted to perform various food service tasks including meal production and service without hair coverings over their facial hair. Three of these staff members were identified as the cook, Executive Chef, and the Kitchen Manager.</p> <p>During an interview on 5/9/24 at 11:40 a.m., the Executive Chef and the Kitchen Manager acknowledged the male dietary staff were required to cover all hair while in the food preparation areas of the kitchen. the Executive Chef and the Kitchen Manager supplied each of the male dietary staff with chin guards. The dietary staff were observed donning the chin guards.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>20670</p> <p>Based on observations and dietary staff interviews, the facility failed to ensure waste was contained in 1 of 1 trash compactor and had no opened areas with exposed trash, debris, and accessibility to animals. These practices had the potential to affect all residents.</p> <p>Findings included:</p> <p>On 5/6/24 at 10:54 a.m., during the observation of the facility's trash compactor accompanied by the Executive Chef and the Clinical Nutritionist, the opened chute area of the compactor consisted of multiple large white bags of trash and a live opossum. The Executive Chef immediately notified the Maintenance Director to remove the opossum.</p> <p>A follow-up observation of the trash compactor was conducted with the Executive Chef, Kitchen Manager, and the Clinical Nutritionist on 5/9/24 at 11:54 a.m. There were multiple large bags of trash observed in the opened chute area of the compactor.</p> <p>During an interview on 5/9/24 at 11:57 a.m., the Executive Chef stated the trash compactor's provider emptied the compactor two times each month. He also stated he routinely checked the trash compactor twice each day (upon his arrival in the morning and at 4:00 p.m.). He revealed the dietary department only used black colored trash bags and the white/clear bags in the compactor were the type used by the facility's housekeeping department.</p>