

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

PRINTED: 01/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/06/2012
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & REHABILITATIO			STREET ADDRESS, CITY, STATE, ZIP CODE 647 S RAILROAD ST BOX 966 WALLACE, NC 28466		
(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	
F 371	Continued From page 1 During an interview with the Dietary Manager (DM) on 01/05/12 at 2:01 PM , the DM indicated that hair nets were to be worn by all staff members while preparing food or in food preparation areas. The DM indicated that while the tray line was being served and staff are monitoring the tray line a hair net needed to be in place.	F 371	Facility administrator and /or Dietary Manager will completed daily audits for 30 days, bi- monthly times 2, then monthly times one. The observation are to ensure that each facility staff entering the kitchen area has appropriate hair attire prior to entering. The facility Administrator will report findings of weekly audits to the QA&A Committee weekly x 4 then bi- monthly x 1 and then monthly x 1. Data will be reviewed and analyzed for patterns and trends. The QA&A committee will evaluate the results and implement additional interventions as needed to ensure continued compliance.	1-9-12	

BRIAN CENTER / WALLACE DAILY INFECTION CONTROL CHECKLIST

JAN
2012

MONDAY	HAIR NET/CAP ON	YES	NO
TUESDAY	HAIR NET/CAP ON	YES	NO
WEDNESDAY	HAIR NET/CAP ON	YES	NO
THURSDAY	HAIR NET/CAP ON	YES	NO
FRIDAY	HAIR NET/CAP ON	YES	NO
SATURDAY	HAIR NET/CAP ON	YES	NO
SUNDAY	HAIR NET/CAP ON	YES	NO

MONDAY	HAIRNET/CAP ON	YES	NO
TUESDAY	HAIRNET/CAP ON	YES	NO
WEDNESDAY	HAIRNET/CAP ON	YES	NO
THURSDAY	HAIRNET/CAP ON	YES	NO
FRIDAY	HAIRNET/CAP ON	YES	NO
SATURDAY	HAIRNET/CAP ON	YES	NO
SUNDAY	HAIRNET/CAP ON	YES	NO

MONDAY	HAIRNET/CAP ON	YES	NO
TUESDAY	HAIRNET/CAP ON	YES	NO
WEDNESDAY	HAIRNET/CAP ON	YES	NO
THURSDAY	HAIRNET/CAP ON	YES	NO
FRIDAY	HAIRNET/CAP ON	YES	NO
SATURDAY	HAIRNET/CAP ON	YES	NO
SUNDAY	HAIRNET/CAP ON	YES	NO

MONDAY	HAIRNET/CAP ON	YES	NO
TUESDAY	HAIRNET/CAP ON	YES	NO
WEDNESDAY	HAIRNET/CAP ON	YES	NO
THURSDAY	HAIRNET/CAP ON	YES	NO
FRIDAY	HAIRNET/CAP ON	YES	NO
SATURDAY	HAIRNET/CAP ON	YES	NO
SUNDAY	HAIRNET/CAP ON	YES	NO

RGB A04

IN-SERVICE REPORT
(PERSONNEL ATTENDANCE RECORD ON REVERSE)

Course Title: Infection Control/Dietary Instructor: Jane Dover, RN SDC

Facility/Location: Brian Ctr / Wallace Date: 1/13/12

Duration of Class in Hours: _____

Brief outline or contents: Non-Dietary staff - Infect. Control Measures

DO NOT ENTER Kitchen area without proper attire:

- Hair covered with net or cap

- Clean uniform + work shoes

- Clean hands / short clean nails

- When necessary to interact with Dietary staff, knock on door until staff member opens door and discuss needs.

- Stay outside kitchen unless above measures met

Conducted by: _____ Name(s), Title(s) and Qualification(s)

Evaluation, comments, suggestions: * Sign Backp Reading
Lisa Sumner RN Aileen Proter RN
Alcega Grascock LPN
Rhonda Carver, BS, LPN Judy Wilkins LPN
Charlotte Johnson, COTA/CM Theresa Dean
James [unclear], Therapy Sandra Roney FC
Astette MSCFSUP Michael Peters
Jude Foushee OT/L Chompson, RN

Signature of person completing report: Jane Dover RN SDC Title: SDC



EMPLOYEE ID	NAME (Please Print)	TITLE
	James Murray PTA	
	James Cleary, DPT	
	DINT THOMAS	CNA
	Tiffany Dudley	aide
	Regia Watcher	Dietary Man.
	Barbara Lewis	cook
	Valery R	
	Judy Slappie RS ACS	
	Antoinette Crosson	
	Antoinette	
	Mary M. Godbey AD	Activities
	Kathy Stierwal	Admin
	Michele Durbin	SW
	Joan Bayle Woodcock CNA	CNA
	Cherrie D Billie	CNA
	Elizabeth Oliver	
	Christina Paterson	HRC
	Shaquana Brown	Dietary Aide
	Judy Nuth	
	Lynette Prestwood	RCS
	Rose Lagerwell	CNA
	Rene Goshorn	Lpn
	Dennis, RV	RV
	Amy Holmes	RCS
	Armonde M	CNA
	Melanie Rogers	LAD
	Jeppie Flake	RCS
	Esther Johnson	RCS

Candice Jamin CNA Lynette Heath ACS
 Heather Johnson LPA

Naheela Hamilton

1-15-2012 CNA

IN-SERVICE REPORT
(PERSONNEL ATTENDANCE RECORD ON REVERSE)

R6BA04

Course Title: Infection Control/Dietary Instructor: Jane Dover, RN SAC

Facility/Location: Brian Ctr / Wallace Date: 1/13/12

Duration of Class in Hours: _____

Brief outline or contents: Non-Dietary staff - Infect. Control Measures

DO NOT ENTER Kitchen area without proper attire:

- Hair covered with net or cap
- Clean uniform + work shoes
- Clean hands / short clean nails

- When necessary to interact with Dietary staff, knock on door until staff member opens door and discuss needs.
- Stay outside kitchen unless above measures met

Conducted by: _____
Name(s), Title(s) and Qualification(s)

Evaluation, comments, suggestions: Sign back after reading

- Charlotte Lopez House Keeping
- Rachel Tomlinson House Keeping
- Maria Santiago House Keeping
- James Eisenberg House Keeping
- Joshua Pittman

Signature of person completing report: Jane Dover RN SAC Title: SAC

IV. PERSONAL HYGIENE

- A. Proper attire for food handlers should include a hair covering (hair nets or caps), freshly laundered uniform and work shoes and short, clean fingernails. Mustaches and sideburns must be kept trimmed. Beards must be covered.
- B. Excess jewelry should not be worn.
- C. Smoking is not permitted in food preparation or serving areas.
- D. Adequate numbers of handwashing sinks with soap dispensers and single-use towels are provided.
 - 1. Wash hands carefully with soap and water whenever they become soiled, immediately before work in the morning, after using the bathroom, after coughing, sneezing, or blowing the nose, after touching the hair, mouth, or cigarettes, after handling raw unwashed food and dirty dishes; before touching food, clean dishes and silverware.
 - 2. Handwashing procedure
 - a. Wet hands thoroughly
 - b. Lather with soap to wrists and use friction
 - c. Clean nails
 - d. Rinse with water running from wrist down
 - e. Dry on paper towel
 - f. Turn faucet off with paper towel.

V. FOOD STORAGE

- A. Upon arrival, all food will be inspected for damage, rodent or insect infestation and spoilage.
 - 1. Meat must be federally inspected.
 - 2. Milk must be pasteurized.
 - 3. Eggs must be Grade A or pasteurized.
 - 4. Home canned or home prepared items are not used.
- B. Floor drains that might permit contamination by sewerage back flow are prohibited. Food must be stored sufficiently above floor level and away from walls. All staple food should be stored in a clean dry place 8" to 12" off the floor on food dollies or shelves. This facilitates cleaning of floors and corners, and protects against contamination by the cleaning process itself and accidental flooding from any source.

- C. All non-food items must be properly labeled and stored away from food products.
- D. Toxic cleaning materials must be identified, stored, and used in such a manner as not to contaminate food. They are stored in a separate room.
- E. Refrigerated foods must be stored at temperatures of 41⁰ F or less. Frozen foods must be stored at 0⁰ F or less.
- F. Old stock is rotated and used first.

VI. PROPER FOOD HANDLING

- A. Raw, unprocessed fruits and vegetables will be thoroughly washed under running water before use.
- B. Foods coming from broken packages or swollen cans or food with an abnormal appearance or odor will not be served.
- C. Foods are prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable implements so as to avoid manual contact of prepared foods.
- D. Individual portions of food once served should not be served again.
- E. Prepared food should be transported to other areas in closed food carts or covered containers.
- F. Single-service articles should be discarded after one use.
- G. Fingers are to be kept out of food; tasting must be done with a tasting spoon. Follow proper tasting procedures. Remove food with serving spoon and transfer to tasting spoon. Clean spoons must be used.
- H. Utensils, cups, glasses and dishes must be handled in such a way as to avoid touching surfaces with which food or drink will come in contact. Tongs must be used when serving rolls, pickles, etc.; cakes and pies must be placed on a plate with a spatula.
- I. Separate cutting boards for raw and uncooked food and for raw fruits and vegetables are necessary.
 - 1. Prepared foods should not be cut on the same board as raw food.
 - 2. Cutting boards should be of hard rubber construction rather than wood.
- J. Plastic ware or china that has lost its glaze or is chipped or cracked must be disposed of.
- K. All food grinders, choppers, mixers, etc. should be cleaned, sanitized, dried and

- E. If a salad bar is available, it must be cleaned following each meal.
- F. All floor surfaces must be wet-mopped daily and as needed using a bucket with wringer and germicide.
- G. Storage facilities for raw and cooked food must be cleaned and sanitized on a fixed schedule.
- H. Rodent and pest control must be provided on a fixed schedule and as needed.

VIII. DIETARY GARBAGE REMOVAL

- A. Waste cans with plastic garbage bags should be used for all non-food waste.
- B. Food waste may be disposed of in garbage disposal or covered waste cans.
- C. Non-food garbage should be removed at regular intervals.
- D. Mechanical sink garbage disposal units, which can generate bacterial aerosols, should not be permitted in salad preparation areas.

IX. FOODBORNE ILLNESS

- A. When a case of possible foodborne illness is reported an investigation is necessary.
 - 1. A twenty-four hour food intake recall record is obtained from the resident or family.
 - 2. The record is evaluated for common sources of possible contamination or toxicity.
 - 3. Storage, preparation and serving procedures are evaluated.
 - 4. If a food is implicated, cultures are done, findings are evaluated and appropriate action taken.
 - 5. Preventive procedures are established.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2012
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NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & REHABILITATIO	STREET ADDRESS, CITY, STATE, ZIP CODE 647 S RAILROAD ST BOX 966 WALLACE, NC 28466
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(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)	(X6) COMPLETION DATE
K 025 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation on Wednesday 1/25/2012 between 9:30 AM and 1:30 PM the following was noted: 1) The smoke wall located on the 100 Hall attic area has holes and/or penetrations that were not sealed in order to maintain the required rating of the wall.</p>	K 025	<p>FEB 13 2012</p> <p>K25 The correction for the alleged deficient practice noted as holes or penetrations in the 100 hall attic smoke wall was to immediately seal the penetrations with an approved sealant. The Maintenance Director will survey the remainder of the attic smoke walls to identify other like areas and repair upon discovery. The Maintenance Director will then check all attic smoke barriers for proper seal and integrity monthly for the next three months and report all findings to the monthly Safety Committee meeting for those corresponding 3 months. Updates will continue quarterly thereafter until next annual survey. 3/3/12</p>	3/3/12
K 045 SS=D	<p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by:</p>	K 045	<p>K45 Correction for the alleged deficient practice noted as exit discharge door from dining room did not have emergency illumination, was to install a two bulb fixture over the doorway connected to emergency power. The Maintenance Director will survey the remainder of the facility to identify any other like instances and replace or repair upon discovery.</p>	

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

Kamran Stierwald

TITLE

Administrator

(X6) DATE

2/8/12

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/25/2012
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & REHABILITATIO			STREET ADDRESS, CITY, STATE, ZIP CODE 647 S RAILROAD ST BOX 986 WALLACE, NC 28466		
(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 045	Continued From page 1 Based on observation on Wednesday 1/25/2012 between 9:30 AM and 1:30 PM the following was noted: 1) The exit discharge door located in the dining room did not have emergency illumination provided at the exit discharge. 42 CFR 483.70(a)	K 045	K045 (cont) All exit doors will be inspected for emergency lighting weekly by the Maintenance Director with all findings to be reported to and discussed during monthly Safety Committee meetings for the next three months and then continue with quarterly updates until next annual survey. 2/3/12	2/3/12	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation on Wednesday 1/25/2012 between 9:30 AM and 1:30 PM the following was noted: 1) The exterior roof at the service exit was not covered with sprinkler protection. (Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in depth per NFPA 13 section 5-13.8.1.) 42 CFR 483.70(a)	K 056	K56 Correction for the alleged deficient practice noted as no sprinkler protection for the service exit overhang over 4 ft. was to install a sprinkler head as needed. The Maintenance Director will survey the remainder of the building to identify any like instances and immediately schedule installation if needed. These surveys will continue monthly for the next three months with all results to be reported to and discussed at the corresponding monthly Safety Committee meetings and updates to continue quarterly thereafter until next annual survey.	3/3/12	