

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/14/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER NURSING CARE/LEXI</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>279 BRIAN CENTER DRIVE LEXINGTON, NC 27292</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 Existing Health Care section of the LSC and its referenced publications. This building is Type V (111) construction, one story, with a complete automatic sprinkler system, and utilizing North Carolina Locking Systems  At time of survey the: Total Certified Bed Count =106 Census 87  The deficiencies determined during the survey are as follows:	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 1/14/2015 at approximately 1.00 PM onward, the following deficiencies were noted: The facility had a build up of dust and lint on the radiation dampers in the return air registers in the following locations:  1. "B" side soiled utility room 2. "B" side soiled linen room.	K 012	Correction for the alleged deficient practice noted as "build up of dust and lint on the radiation dampers in the return air registers in the B side soiled utility and linen rooms" was immediate cleaning of dirty vents. A sweeping and vacuuming of all vents and vent covers was conducted. The Maintenance Director surveyed the remainder of the building to locate and clean any like instances with any negative findings reported directly to the Administrator. The Maintenance Director	1/15/15

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

TITLE

(X6) DATE

Electronically Signed

01/30/2015

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 012	Continued From page 1	K 012	will do weekly audits X 4, of vents utilizing a return air checklist form for all facility vents and then monthly thereafter. The Safety and QAPI committee will monitor and evaluate for the effectiveness of the above plan to ensure ongoing compliance.		
K 025 SS=D	<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: 42 CFR 483.70 (a)</p> <p>Based on observations, on 1/14/2015 at approximately 1.00 PM onward, the following deficiencies were noted: The facility had foam fire stop material protecting penetrations in the rated wall above the cross corridor doors at the "A" side 100 Hallway that was not verified for use at that location.</p>	K 025	<p>Correction for the alleged deficient practice of "foam fire stop material protecting penetrations in the rated wall above the cross corridor doors at the A side 100 hallway that was not verified for use at that location" was immediate repair of the fire stop material. The Maintenance Director removed old foam fire stop and put 5/8" sheetrock over penetration. Maintenance Director then fire caulked around pipe coming through wall and around outside of the 5/8" sheetrock. The Maintenance Director surveyed the</p>	1/15/15	

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K 025	Continued From page 2	K 025	remainder of the building to locate and repair any like instances with any negative findings reported directly to the Administrator. The Maintenance Director will continue this audit monthly for the next three months with the summary of all findings presented to and discussed during the corresponding monthly Safety and QAPI meetings.		
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 1/14/2015 at approximately 1.00 PM onward, the following deficiency was noted: There is a sprinkler head in the facility at the service employee break room exit overhang that is rated for Intermediate Temperature Classification, Glass Bulb Color of Green temperature rating of (200°F) in place of Ordinary Temperature Classification, Glass Bulb Color of Red temperature rating of (155°F).</p>	K 062	<p>Correction for the alleged deficient practice noted as "a sprinkler head in the facility at the service employee break room exit overhang that is rated for Intermediate Temperature Classification, Glass Bulb Color of Green temperature rating of (200°F) in place of Ordinary Temperature Classification, Glass Bulb Color of Red Temperature rating of (155°F)" was immediate replacement of sprinkler head. The Maintenance Director contacted Carolina fire controls who immediately replaced with the (155°F)sprinkler head. The Maintenance Director surveyed the remainder of the building to locate and identify any like instances with any negative findings reported directly to the Administrator. The</p>	1/15/15	

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

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K 062	Continued From page 3	K 062	Maintenance Director will continue with this type of audit monthly with a summary of all these findings presented to and discussed during the corresponding monthly Safety and QAPI meeting.		