

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

PRINTED: 03/12/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER NURSING CARE/SHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2727 SHAMROCK DRIVE CHARLOTTE, NC 28205</b>
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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)	(X5) COMPLETION DATE
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K 000	INITIAL COMMENTS  A 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. In the exit conference all deficiencies noted were discussed with administration.  Stories: One Construction Type-V (111) Constructed: 1989 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 100 Census - 74 Certified Beds: Medicaid only-100 Census - 74	K 000		
K 062 SS=E	NFWA 101 LIFE SAFETY CODE STANDARD  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  This STANDARD is not met as evidenced by: Based on observations and review with staff on 2/4/2015 at approximately 9:30 AM onward, the following deficiencies were noted:  The facility sprinkler system was noncompliant.	K 062	Brian Center Shamrock acknowledges receipt of the Statement of Deficiencies and purposes this Plan of Correction to the extent that the summary of findings is factually correct in order to maintain compliance with applicable rules and	2/12/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  02/18/2015
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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 062	Continued From page 1 The sprinkler heads in resident room 201 are recalled and were not replaced.  The deficiency allows for unapproved sprinklers to remain in place after they were recalled.  This deficiency represents 1 of approximately 55 resident rooms in the facility  Ref: 2000 NFPA 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	provisions of Quality of Care of residents. The Plan of Correction is submitted as a written allegation of compliance. Preparation and submission of this Plan of Correction is in response to the CMS 2567 from the Life Safety Survey conducted on February 4, 2015  Brian Center Shamrock's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Brian Center Shamrock reserves the right to refute any deficiency on this Statement of deficiencies through Informal Dispute Resolution, formal appeal and/or other administrative or legal procedures.  #1 Correction for the alleged deficiency noted as "Sprinkler heads in resident room 201 are recalled and were not replaced."  Sprinkler Contractor was contacted immediately to replace those affected sprinkler heads. Sprinkler contractor also performed an audit of the remainder of the facility to identify and replace any others identified. This replacement was completed on 2/12/2015. The Maintenance Director will continue with observations to detect any other like sprinkler heads and have them replaced upon discovery. All findings and results will be presented to and discussed during the facility monthly Safety Committee meeting for the next three months,	

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K 062	Continued From page 2	K 062	continuing quarterly thereafter until next annual survey.		
K 144 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on observations on 2/4/2015 at approximately 9:30 AM onward, the following deficiencies were noted:</p> <p>The facility generator did not crank, and transfer power within the required 10 seconds.</p> <p>The generator did crank, and transfer power to the facility's emergency circuit in approximately one minute and forty-five seconds.</p> <p>The deficiency could leave the the facility without its emergency circuitry beyond the required 10 seconds.</p> <p>Ref: NFPA 99. 3.4.4.1.</p>	K 144	<p>K144</p> <p>#1 Correction for the alleged deficiency noted as "The facility generator did not crank, and transfer power within the required 10 seconds" :</p> <p>Immediately contacted generator service to diagnose the generator issue and repair. Timer was readjusted and checked for proper operation. The Maintenance Director will continue with regular weekly checks for the next 4 weeks by simulating power loss and running the generator under load in lieu of no load testing to test for continued reliability. All findings and results will be presented to and discussed during the facility Safety Committee meetings for the next three months with continued reviews and critique quarterly</p>	2/6/15	

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K 144	Continued From page 3	K 144	thereafter until the next annual survey.		