

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - BUILDING 02</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/12/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CTR HEALTH &amp; REHAB/GASTO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>969 COX ROAD GASTONIA, NC 28054</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  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 III (211) Constructed: 1987 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 162 Census - 137	K 000		
K 062 SS=E	The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: NFPA 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: 42 CFR 483.70 (a)  Based on observations on 2/12/2015 at approximately 10:00 AM onward, the following deficiencies were noted:  The facility has sprinklers that are dissimilar in the same room / smoke compartment.	K 062	Sprinkler heads in Room 302 replaced so that all sprinkler heads are the same type within the same room/compartment.  All rooms/compartments identified as having the potential to be affected.  Audit completed by the Maintenance	3/13/15

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

TITLE

(X6) DATE

Electronically Signed

02/26/2015

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 062	Continued From page 1  The sprinkler heads installed in the following compartment is to be of the same type so that the sprinkler system in these spaces can work in unison.  1. Resident room 302.  The mix of quick response heads and standard fused head may not work in unison for proper sprinkler protection in the above mentioned spaces.  This deficiency affects 1 of approximately 85 resident rooms in the facility.  Ref: NFPA 13,5-3.1.5.2	K 062	Director to identify any other dissimilar sprinkler heads within the same room/compartment.  Monitoring Tool implemented to ensure same type sprinkler heads within the same room/compartment. Monitoring Tool to be completed by the Maintenance Director once weekly for 4 weeks; then once monthly for 2 months.  Monitoring Tool incorporated into monthly Quality Assurance and Performance Improvement Meeting to ensure compliance and monitor effectiveness.		