STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345115	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/20/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CTR HEALTH & REHAB/SALISBURY	**635 STATESVILLE BOULEVARD** **SALISBURY, NC 28144**

(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 II (222) Constructed: 1977 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 185 Census - 170 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)	K 029	K029	3/12/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/12/2015

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 029	Continued From page 1 Based on observations on 2/20/2015 at approximately 11:00 AM onward, the following deficiencies were noted: The facility has unsealed penetrations in a rated wall. The facility has unsealed penetrations in the rated wall dividing the main electrical room and the maintenance office. This deficiency affects only the main electrical room . Ref: 2000 NFPA 101 Section 19.3.5.4	K 029	Correction for the alleged deficient practice noted as unsealed penetrations in the rated wall dividing the main electrical room and the Maintenance office. Was to properly seal the penetrations in the rated wall as noted. The Maintenance Director will survey the remainder of the rated areas in the facility monthly to determine any other areas with like penetrations. Any negative findings will be repaired, and the facility Administrator notified upon discovery. All information will be presented to and discussed during the next three monthly Safety Committee meetings with continued reviews quarterly thereafter until next annual survey.	
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations on 2/20/2015 at approximately 11:00 AM onward, the following deficiencies were noted: The facility has no unitary light on the emergency circuit. The facility has no unitary light on the emergency circuit in the 100 hallway dining room in either section of the dining room.	K 046	K046 Correction for the alleged deficient practice noted as, the facility has no unitary light on the emergency circuit in the 100 hallway dining room in either section of the dining room. Was to connect at least one existing 2x4 ceiling fixture in each section into the emergency lighting circuit. The Maintenance Director will survey the remainder of the building to locate any other areas of concern and verify lighting	3/2/15

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	345115	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/20/2015**

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K 046	Continued From page 2 This deficiency affects only the dining room in building 1 of the facility . Ref: 2000 NFPA 101 Section 19.2.9.1	K 046	as needed. Operation of lighting will be verified during weekly generator checks for the next three months with all findings presented to and discussed during the next three monthly Safety Committee meetings. Continued checks and reviews will continue quarterly thereafter until next annual survey. Correction date of	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations on 2/20/2015 at approximately 11:00 AM onward, the following deficiencies were noted: The facility has incomplete exit directional signage The facility has incomplete exit directional signage from the hallway near the laundry looking to the 200 and 100 hallways. With the doors closed there are not two exit directional signs visible from that location. This deficiency affects 1 of approximately 6 smoke zones in building one of the facility. Ref: 2000 NFPA 101 Section 7.10.1.4	K 047	K047 Correction for the alleged deficient practice noted as the facility has incomplete directional signage from the hallway near the laundry looking to the 200 and 100 hallways. With the doors closed there are not two exit directional signs visible from that location. To install exit directional signs in those two locations. The Maintenance Director and Facility Engineer will survey the remainder of the building to determine any further need and determine that each resident room has two exit directional signs visible from each room with smoke doors closed. All findings will be presented to and discussed at the next three Safety Committee meetings with further continued review quarterly until next	3/2/15

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K 047	Continued From page 3	K 047	annual survey.	
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations on 2/20/2015 at approximately 11:00 AM onward, the following deficiencies were noted: The facility has a smoke damper that did not operate properly with activation of the fire alarm system The smoke damper above the cross corridor doors near room 219 did not reopen after closing with activation of the fire alarm system. This deficiency affects 1 of 4 such smoke walls in building one of the facility. Ref: 2000 NFPA 101 Section 5.3.5.2	K 052	K052 Correction for the alleged deficient item noted as the smoke damper above the cross corridor doors near 219 did not reopen after closing with activation of the fire alarm system. Will be to have the damper repaired or replaced as needed. The Maintenance Director will survey the remainder of the building to locate all other smoke dampers and check for proper operation during general alarm for the next three months. All findings will be presented to and discussed during the next three monthly Safety Committee meetings with checks and reviews to continue quarterly until next annual survey.	3/25/15