

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

PRINTED: 04/24/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345115	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 0202 B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 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: 1988 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 185 Census - 170	K 000		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by:	K 076		3/18/15

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 076	<p>Continued From page 1 42 CFR 483.70 (a)</p> <p>Based on observations on 2/20/2015 at approximately 11:00 AM onward, the following deficiencies were noted:</p> <p>The facility has mixed oxygen cylinders.</p> <p>The facility has mixed oxygen cylinders on the empty side where full cylinders were observed to be stored.</p> <p>This deficiency affects the only oxygen storage area in the facility.</p> <p>Ref: 2000 NFPA 99 section 4-5.5.2.2b (2)</p>	K 076	<p>K076 Correction for the alleged deficient practice noted as the facility has mixed oxygen cylinders on the empty side where full cylinders were observed to be stored. Was to immediately sort and properly store the cylinders in appropriate spaces. An in-service was made available to all staff on proper storage of oxygen containers and importance of ready availability. The Maintenance Director will check all oxygen storage spaces in the facility for proper signage and continued compliance with spot checks and regular weekly checks for the next three months. All findings and documentation will be presented to and discussed during the next three monthly Safety Committee meetings. Continued reviews will continue quarterly thereafter until next annual survey.</p>		