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

PRINTED: 06/19/2015 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHABIYA (24) ID PREFIX ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPRICEMON'S MUST BE PROCEDED BY TULL ROC 27379 (AC) ID PREFIX ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPRICEMON'S MUST BE PROCEDED BY TULL ROC 27379 (AC) INITIAL COMMENTS 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 New Health Care section of the LSC and its referenced publications. The facility is utilizing speical locking arrangements. 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 - 157 Census - 135 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: K 029 NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with %4 hour fire-rated doors) or an 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. 193.2.1	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
BRIAN CENTER HEALTH & REHABIYA SUMMARY STAYEMENT OF DEPICIENCIES CHAPTON POPUL PREFIX TAGE CHAPTON POPUL PREFIX PREFIX CHAPTON POPUL PREFIX PREF			345265	B. WING			04/23/2015	
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) TAG REGULATORY OR ISC IDENTIFYING INFORMATION) REGULATORY OR ISC IDENTIFYING INFORMATION REGULATORY OR INFORMATION REGULA						1086 MAIN STREET NORTH		
A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and list referenced publications. The facility is utilizing speical locking arrangements. 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 - 157 Census - 135 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: K 229 NFPA 101 LIFE SAFETY CODE STANDARD SS=D 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 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	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA			COMPLETION
as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. The facility is utilizing speical locking arrangements. 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 - 157 Census - 135 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: NFPA 101 LIFE SAFETY CODE STANDARD K 029 SS=D 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	K 000	INITIAL COMMENTS		K	000			
		as per The Code of F 483.70(a); using the 2 section of the LSC and publications. The facing arrangements. In the deficiencies noted we administration. Stories: one Construction Type III Constructed: 1987 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medic Census - 135 The requirement at 42 NOT MET as evidency NFPA 101 LIFE SAFE One hour fire rated confire-rated doors) or an extinguishing system and/or 19.3.5.4 protect the approved automatoption is used, the arrother spaces by smoldoors. Doors are self-field-applied protectives 48 inches from the borgermitted. 19.3.2.1	ederal Register at 42CFR 2000 New Health Care ad its referenced lity is utilizing speical locking exit conference all ere discussed with (211) care/Medicaid - 157 2 CFR, Subpart 483.70(a) is be by: ETY CODE STANDARD construction (with ¾ hour approved automatic fire in accordance with 8.4.1 cts hazardous areas. When tic fire extinguishing system eas are separated from the resisting partitions and f-closing and non-rated or the plates that do not exceed oftom of the door are	K	029			5/11/15

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.

Electronically Signed

05/06/2015

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

PRINTED: 06/19/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 - MAIN BUILDING 01 345265 B. WING 04/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1086 MAIN STREET NORTH BRIAN CENTER HEALTH & REHAB/YA** YANCEYVILLE, NC 27379 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 029 Continued From page 1 K 029 42 CFR 483.70 (a) Preparation and/or execution of this plan of correction does not constitute Based on observations and document review on admission or agreement by the provider of 4/23/2015 at approximately 9:30 AM onward, the the truth of the facts alleged or the conclusions set forth in the statement of following deficiencies were noted: deficiencies. The plan of correction is The facility failed to meet the requirement for prepared and/or executed solely because properly separating hazardous areas. it is required by the provisions of federal and state law. The separation between the one hour rated storage room on the 500 hallway and the egress This plan of correction is the facility □s corridor was not kept as the one hour rated door allegation of compliance. was damaged. K029 The deficiency affects 1 of approximately 3 one hour rated rooms on the 500 hallway. Corrective Action: The affected fire door in the storage room Ref: NFPA 101 Section 19.3.5.4 was replaced on 4/25/2015. This door had already been identified during monthly inspections and had been delivered to a contractor for pre-finishing and installation. Identification of Others: All other fire doors facility wide were inspected for damage and no other doors were found with damage that would affect the fire integrity rating. Systemic Changes: Monthly fire door inspections will be conducted for damage. Any identified doors will be repaired or replaced as necessary. Monitoring: The results of these inspections will be submitted to the QAPI Committee each month for trending and corrective action.

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

PRINTED: 06/19/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		E CONSTRUCTION D1 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
345265			B. WING		04/23/2015		
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/YA				STREET ADDRESS, CITY, STATE, ZIP CODE 1086 MAIN STREET NORTH YANCEYVILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION		
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1		K 038		5/11/15		
	42 CFR 483.70 (a) Based on observation 4/23/2015 at approxing following deficiencies The facility failed to make ping exits readily utilizing speical locking buring the testing of the speical locking expectation of the speical locking expelsion with activation was tested. The following the speical control of the speical locking expelsions with activation at the speical locking expelsions.	neet the requirement for accessible at all times while		Corrective Action: The Fire Alarm System was repaired of 4/23/2015 to ensure all exit egress do released upon activation of the Fire Alaystem. A defective relay was found a replaced. After the defective relay was replaced all facility exit egress doors we tested upon the activation of the Fire Alarm System. All exit egress doors we found to function properly. Identification of Others: All facility exit egress doors were tested and found to work properly.	ors larm and s were vere		
	door and stationed a prevent elopement. fire marshal's office, a contractor to correct t release with the door and at the nurses sta	isabled the above mentioned person at the doors to The facility notified the local and contacted their the issue. The doors did release switch at the door		Systemic Changes: Weekly inspections of all Egress Door will be done facility wide to ensure the release upon activation of the Fire Ala System for the next 2 months and one per month thereafter. Monitoring: The results of these inspections will b submitted to the QAPI Committee for trending and corrective action for the 3 months. The facility will continue QA	ey all irm ce e		

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

PRINTED: 06/19/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		345265	B. WING		(04/23/2015		
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/YA				STREET ADDRESS, CITY, STATE, ZIP CODE 1086 MAIN STREET NORTH YANCEYVILLE, NC 27379				
(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 038	Continued From page speical locking doors. Ref: NFPA 101 Section		K 03	review of proper function during fire drills.	; monthly			