

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: 345265	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 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 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	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:	K 029		5/11/15

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

TITLE

(X6) DATE

Electronically Signed

05/06/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345265	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 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 029	<p>Continued From page 1 42 CFR 483.70 (a)</p> <p>Based on observations and document review on 4/23/2015 at approximately 9:30 AM onward, the following deficiencies were noted:</p> <p>The facility failed to meet the requirement for properly separating hazardous areas.</p> <p>The separation between the one hour rated storage room on the 500 hallway and the egress corridor was not kept as the one hour rated door was damaged.</p> <p>The deficiency affects 1 of approximately 3 one hour rated rooms on the 500 hallway.</p> <p>Ref: NFPA 101 Section 19.3.5.4</p>	K 029	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>This plan of correction is the facility's allegation of compliance.</p> <p>K029</p> <p>Corrective Action: The affected fire door in the storage room 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.</p> <p>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.</p> <p>Systemic Changes: Monthly fire door inspections will be conducted for damage. Any identified doors will be repaired or replaced as necessary.</p> <p>Monitoring: The results of these inspections will be submitted to the QAPI Committee each month for trending and corrective action.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345265	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 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 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations and document review on 4/23/2015 at approximately 9:30 AM onward, the following deficiencies were noted:</p> <p>The facility failed to meet the requirement for keeping exits readily accessible at all times while utilizing speical locking systems.</p> <p>During the testing of the fire alarm control panel, the speical locking equipped exit egress doors releasing with activation of the fire alarm system was tested. The following doors did not release upon activation of an automatic fire detection system.</p> <p>1. Door near the laundry 2. Door near room 425</p> <p>NOTE: The facility disabled the above mentioned door and stationed a person at the doors to prevent elopement. The facility notified the local fire marshal's office, and contacted their contractor to correct the issue. The doors did release with the door release switch at the door and at the nurses station.</p> <p>The deficiency affects 2 of approximately 7</p>	K 038	<p>K038</p> <p>Corrective Action: The Fire Alarm System was repaired on 4/23/2015 to ensure all exit egress doors released upon activation of the Fire Alarm System. A defective relay was found and replaced. After the defective relay was replaced all facility exit egress doors were tested upon the activation of the Fire Alarm System. All exit egress doors were found to function properly.</p> <p>Identification of Others: All facility exit egress doors were tested and found to work properly.</p> <p>Systemic Changes: Weekly inspections of all Egress Doors will be done facility wide to ensure they all release upon activation of the Fire Alarm System for the next 2 months and once per month thereafter.</p> <p>Monitoring: The results of these inspections will be submitted to the QAPI Committee for trending and corrective action for the next 3 months. The facility will continue QAPI</p>	5/11/15

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: 345265	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 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 3 speical locking doors. Ref: NFPA 101 Section 7.1, 19.2.1	K 038	review of proper function during monthly fire drills.		