

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345317	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/26/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HLTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 204 DAIRY ROAD CLAYTON, NC 27520	
(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 This 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. This building is Type V (111) construction, one story, with a complete automatic sprinkler system. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count =90 Census =98 The deficiencies determined during the survey are as follows:	K 000		
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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on Tuesday 7/26/2016 at approximately 10:00 AM onward, the following deficiencies were noted: The staff familiar with the mag locked doors non-compliant, specific findings include: 1. Two staff member on 400 hall when questioned about the magnetically locked exited doors they were not familiar on how to release the doors with the master override switch located at the nurse station and/or at the door in case of an emergency.	K 038	K 038 The two staff members on 400 hall were re-educated immediately following life safety survey on how to release the magnetically locked exit doors with the master override switch located at the nurse station and/or door in case of an emergency. All staff will be re-educated on how to release the magnetically locked exit doors with the master override switch located at the nurse station and/or door in case of an emergency. Facility Maintenance Director or Designee will incorporate re-education and/or	8/25/16

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

TITLE

(X6) DATE

Electronically Signed

07/29/2016

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 038	Continued From page 1 NFPA 101: 7.2.1.6 This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 038	quizzing of staff when completing monthly fire drills. Maintenance Director or Designee will audit 10 staff members ability to explain how to release the magnetically locked exit doors utilizing the switch at the door and/or master override switch located at the nurse station weekly x 3 then monthly x 3. Maintenance Director or Designee will report finding to the QAPI committee monthly x 3.		
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on Tuesday 7/26/2016 at approximately 10:00 AM onward, the following deficiencies were noted: The HVAC system was non-compliant, specific findings include: 1. The HVAC system on 300 did not shut down with fire alarm activation or with the master override switch. 2. The HVAC system on 400 by the nurse station did not shut down with fire alarm activation. NFPA 90A, 4-2 NFPA 90A 4-4.1 This deficiency affected two smoke compartments. Failure to comply with minimum standards as	K 067	K067 The HVAC system on the 300 hall will be repaired so that it shuts down when the fire alarm is activated or with the use of the master override switch. The HVAC system of the 400 hall located by the nurse station will be repaired to shut down when fire alarm is activated. Maintenance Director, or designee will test all HVAC systems identify any other any other HVAC system that are not shutting down when the fire alarm is activated or with use of the master override switch, and arrange for repairs immediately upon discovery. Maintenance Director, or designee will test all HVAC systems weekly x 3, then monthly x 3 to ensure HVAC systems shut down when fire alarm is activated and/or	8/25/16	

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K 067	Continued From page 2 referenced increases the risk of death or injury due to fire and/or smoke.	K 067	override switch is used. Maintenance Director Maintenance Director or Designee will report finding to the QAPI committee monthly x 3.		
K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on Tuesday 7/26/2016 at approximately 10:00 AM onward, the following deficiencies were noted: The generator was non-compliant, specific findings include:</p> <p>1. The 100 KW generator did not start and transfer load from normal to emergency load in 10 seconds. The generator cycled through the start phase five time before it would start up.</p> <p>NFPA 99 and NFPA 110. Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>This deficiency affected the entire facility Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 144	<p>K 144</p> <p>Facility rented a K replacement 100 KW Generator that will start and transfer load from normal to emergency load within 10 seconds until facility generator can be repaired or replaced.</p> <p>Maintenance Director, or designee will inspect generator weekly exercising generator for 30 minutes, verifying proper transfer time, and will also exercise generator under load for 30 minutes each month, verifying proper transfer time and document all results in generator log. Administrator or Designee will audit weekly x 3, then monthly x 3 to ensure generator was inspected/exercised, and results are satisfactory and documented. Administrator or designee will report findings to the QAPI committee monthly x 3 months.</p>	9/7/16	