

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

PRINTED: 04/12/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345339	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HLTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1306 SOUTH KING STREET WINDSOR, NC 27983	
(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 and acknowledged with administration. Stories: 1 Construction Type: V (111) Constructed: 1990 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 82 Census = 67	K 000		
K 012 SS=F	The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observations, on Wednesday 7/13/2016 at approximately 8:30 AM onward, the following deficiencies were noted: 1. The ceiling radiation dampers were observed as noncompliant, the specific findings include: a. The ceiling radiation return damper throughout the building hall have dust/dirt/lint on the heat sensitive link on the device that will affect the temperature at which the device release and close. 2. The ceiling in the back service hall was not	K 012	K 012 The cleaning for all the ceiling radiation dampers throughout the facility was started on 7-14-16 and is scheduled to be completed on or before 7-28-16. All radiation dampers were checked and in need of cleaning. The ceiling on the back service hall was repaired with the 5/8 inch fire rated sheetrock on 07/18/2016. The Maintenance Director was inserviced on 7-15-16 by the administrator on the ensuring dampers are free from dust/dirt/lint to ensure dampers would	7/22/16

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

TITLE

(X6) DATE

Electronically Signed

07/26/2016

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 012	Continued From page 1 properly repaired with 5/8 in fire rated sheetrock. Sheetrock to repair the ceiling was 1/2 inch in thickness. NFPA 101: 19.1.6.2 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 012	close properly in the event of a fire and ensuring that all repairs ethier made internally or with the use of a contractor be done according to life safety codes. The maintenance director will monitor the dust/dirt/lint on radiation dampers monthly and clean if necessary. This audit will be done monthly for six months and reported to the Monthly Safety Meeting for six months.	
K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: Based on observations, on Wednesday 7/13/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The tamper alarm was non-compliant, specific findings include: 1. The tamper alarm for the Post Indicator Valve (PIV) located outside did not provide a visual and/or audible signal at the fire alarm panel when tested. NFPA 101,2000 ed, Sections 4.6.12.1., 9.7.2.1 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 061	K061 The tamper alarm for the Post Indication Value located outside that did not provide a visual and/or audible alarm was replaced on 7/25/2016. The maintenance director was inserviced by the administrator on 7-15-2016 on the life safety code regarding the Post Indication Valve. The Maintenance Director will audit the function of the PIV on a monthly basis for the next six months and then quarterly thereafter and report to the Safety Meeting monthly for six months.	7/25/16
K 067	NFPA 101 LIFE SAFETY CODE STANDARD	K 067		8/19/16

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K 067 SS=F	<p>Continued From page 2</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Wednesday 7/13/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include;</p> <ol style="list-style-type: none"> The HVAC unit at the Nurse station did not shut down with activation of the emergency shut down switch. NFPA 90A, 4-2 NFPA 90A 4-4.1 Testing. All automatic shutdown devices shall be tested at least annually. An access door for the smoke duct detector located in the attic on entrance hall was not provided for in order to clean inspect and maintain the device. NFPA 90A, 2-3.4.1 Facility at the time of the survey could not provide documentation that the radiation dampers were checked as defined in NFPA 90A: 3-4.7 Maintenance. "At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary" <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 067	<p>K067</p> <p>The Shut down switches at the nursing station that shuts down the HVAC system was found to be not working properly and is scheduled to be replace on August 8,2016 An access door for the smoke duct protector located in the attic on the entrance hall has been installed and completed. The four year inspection for the dampers has been scheduled and will be completed by 08-19-16. This will ensure that all fusible links are removed and the damper is fully operational and fully close in the event of a fire. The maintenance director was inserviced by the administrator on 7-15-2016 on the life safety code regarding the need for the dampers inspection. . The maintenance director will also ensure that the four year damper test is added to the preventive schedule. The maintenance director will test the switches monthly and monitor with each fire alarm drill for three months and report to the Monthly Safety Meeting times three months.</p>	