

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:  <b>345080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHAB HICKORY VIEWMONT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>220 13TH AVENUE PLACE NW HICKORY, NC 28601</b>	
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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 II(222) construction, one story, with a complete automatic sprinkler system and using special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration.  At time of survey the licensed bed capacity = 104 NF beds Total Certified Bed Count = 104 NF Census = 92 NF	K 000		
K 012 SS=F	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: 42 CFR 483.70 (a)  Based on observations, on July 26, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  The suspended ceiling assembly in 200 hall shower room is missing ceiling tiles and grid components; the area is under renovation with no contractor activity at time of survey.  NFPA 101, 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	K 012	K012  Correction for the alleged deficiency was to immediately engage contractor to restore shower room ceiling assembly to a complete and intact condition. The Maintenance Director will monitor progress on any future renovations to insure timely restoration of ceiling or wall assemblies during renovation to maintain proper building construction rating as quickly as possible with no idle time between phases. A summary of all	8/18/16

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

TITLE

(X6) DATE

Electronically Signed

08/18/2016

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  This deficiency affected one of two smoke compartments.  Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 012	findings and results will be presented to and discussed during the facility monthly Safety Committee (QAPI) meetings for the next three months with continued reviews quarterly thereafter until next annual survey. Completion date of September 9, 2016.	
K 029 SS=F	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  One hour fire rated construction (with 0 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: 42 CFR 483.70 (a)  Based on observations, on July 26, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  1. There are holes in the rated roof/ceiling assembly behind laundry room dryers.  2. There is a hole in the rated roof/ceiling assembly of mechanical room located near room 401.  NFPA 101, 19.3.2.1  This deficiency affected one of two smoke	K 029	<b>K029</b> Correction for the alleged deficiencies noted as (1) ceiling assembly behind dryers and (2) Mechanical room ceiling, was to replace ceiling tiles as needed and seal all penetrations in both noted areas with approved sealant to restore the ceiling assemblies to their required ratings. The Maintenance Director will survey all other hazardous areas in the facility to identify any further issues and make any needed repairs upon discovery. Weekly checks will continue for the next eight weeks to insure continued integrity of the areas. A summary of all findings and their results will be presented to and discussed during the facility monthly	8/18/16

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K 029	Continued From page 2 compartments.  Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	Safety Committee (QAPI) meetings for the next three months, with continued reviews quarterly thereafter until next annual survey. Completion date of September 9, 2016.	
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  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)  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on July 26, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  1. The existing generator annunciator panel is not reading EPS supplying load during loss of normal power to the automatic transfer switch - the switch failed to function after restoration of power by the 85 KW emergency generator.  2. Based on documentation, the 85 KW generator is not run at a minimum thirty percent of rated generator capacity for each monthly load test as follows:  NFPA 99 3-4.4.2 Record keeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. NFPA 110 6-4.2 (1999 edition) generator sets in Level 1 and Level 2 service shall be exercised at	K 144	K144  Correction for the alleged deficiency noted as: 1. Was to engage generator contractor to repair or replace generator annunciator panel as needed to provide indication of EPS supplying load during loss of normal power, and indication of restoration of normal utility power. The Maintenance Director will monitor weekly during regular generator testing to insure proper function and operation of annunciator. All results will be recorded in the facility generator log weekly as tested.  2. Was to engage generator contractor to assist in servicing Maintenance Director in calculating proper number values and formulas to provide generator monthly load and maintain the minimum 30% load of generator nameplate capacity. The Maintenance Director will perform eight weekly tests under load to enter values and determine average minimum	8/18/16

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K 144	<p>Continued From page 3</p> <p>least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating</p> <p>(b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>NFPA 110 6-4.2.2 (1999 edition) Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. (load bank testing)</p> <p>This deficiency potentially affects all smoke compartments.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p> <p>NFPA 101, 9.1.2, NFPA 110, Chapter 6, NFPA 99, 3.4.4.1</p> <p>This deficiency potentially affects all smoke compartments.</p> <p>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>load for that time period for comparison. A summary of all finding and their results from items (1), and (2), will be presented to and discussed during the facility monthly Safety Committee (QAPI) meetings for the next three months with continued reviews quarterly thereafter until next annual survey. Completion date of September 9, 2016.</p>		

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