

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

PRINTED: 04/21/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345408	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER SOUTHPPOINT			STREET ADDRESS, CITY, STATE, ZIP CODE 6000 FAYETTEVILLE ROAD DURHAM, NC 27713	
(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. The facility is utilizing speical locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: One Construction Type: III (211) Constructed: 1991 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 140 Census = 126	K 000		
K 012 SS=E	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 482.41(a) Based on the observations, and documentation review on 9/6/2016 at approximately 10:00 AM onward, the following deficiencies were noted: The facility inspection fire rated dampers in the rated ceilings was non-compliant the specific items include: The facility has air registers in the kitchen/ dietary department that do not have a fire rated damper installed to protect the rating of the ceiling in that space.	K 012	K012 Correction for the alleged deficiency was to immediately contact the facility's HVAC contractor to assess the affected registers, and order appropriate fire rated dampers as needed to restore the ceiling to the proper fire rating. The Maintenance Director will survey the remainder of the facility to locate any other like instances and initiate further repairs or installation of fire rated ceiling dampers as needed. The	9/30/16

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

TITLE

(X6) DATE

Electronically Signed

09/23/2016

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 Ref: 2000 NFPA 101 Section 19.5.2.1; 9.2.1, NFPA 90A This deficiency affected one of approximately ten smoke zones. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 012	Maintenance Director will continue with weekly checks for the next six weeks to insure all fire rated dampers are in place and also perform visual checks for any apparent obstructions to proper function. Any negative findings will be reported immediately to the facility Administrator and remedied upon discovery. A summary of all findings and their 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 30, 2016.		