

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

PRINTED: 04/23/2011
FORM APPROVED
OMB NO. 0938-0391

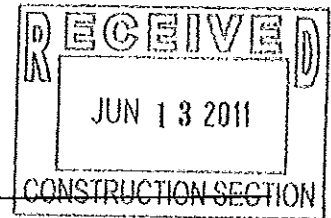
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2011
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NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106
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(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
F 000	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey). Event ID # WZMZ11.</p>	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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.



June 10, 2011

To: Jeffrey Waddell, Engineer, Building System Engineer
North Carolina Department of Health and Human Services
Division of Health Service Regulation
Construction Section
2705 Mail Service Center, Raleigh, NC 27699-2705

Re: Brian Center Health & Retirement Winston Salem
Plan of Correction,
Credible Allegation of Compliance, and
Request for Re-survey

Dear Jeffrey Waddell, Engineer:


On May 26, 2011, surveyors from North Carolina Department of Health and Human Services – Division of Health Service Regulation – Construction Section completed an inspection at Brian Center Health & Retirement Winston Salem. As a result of the inspection, the surveyors alleged that the Facility was not in substantial compliance with certain Medicare and Medicaid certification requirements. Enclosed you will find the Statement of Deficiencies (CMS-2567) with the Facility's Plan of Correction for the alleged deficiencies. Preparation of the Plan of Correction does not constitute an admission by the Facility of the validity of the cited deficiencies or of the facts alleged to support the citation of the deficiencies.

Please also consider this letter and the Plan of Correction to be the Facility's credible allegation of compliance. The facility has achieved substantial compliance with the applicable certification requirements on or before June 17, 2011. Please notify me if you do not find the Plan of Correction to be written credible evidence of the Facility's substantial compliance with the applicable requirements as of this date. In that event, I will be happy to provide you with additional evidence of compliance so that you may certify that the facility is in substantial compliance with the applicable requirements.

This letter is also our request for a re-survey, if one is necessary, to verify that the Facility achieved substantial compliance with the applicable requirements as of the dates set forth in the Plan of Correction and credible allegation of compliance.

Thank you for your assistance with this matter. Please call me if you have any questions.

Yours truly,


Timothy D. Jenkins, LNHA
Administrator

cc: Legal Department (with enclosures)

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CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED

PRINTED: 05/31/2011
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	JUN 13 2011 CONSTRUCTION SECTION	(X3) DATE SURVEY COMPLETED 05/26/2011
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NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27108
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K 072 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by:</p> <p>1. Based on observation, on May 26, 2011 at approximately 8:30am onward, the large timber retaining wall adjacent to the rear exit discharge is structural unstable and badly damaged due to rotted material - the wall supports earth and surcharge loads that could be hazardous if failure occurs where the wall is leaning toward the egress path and siting area.</p> <p>2. Based on observation, on May 26, 2011 at approximately 8:30am onward, there is a flat screen monitor that protrudes greater than three and a half inches beyond the corridor wall within the required six feet and eight inches head clearance area. The monitor is located across the hall from resident room 202.</p>	K 072	<p>K072</p> <p>1. Correction for the large timber retaining wall adjacent to the rear discharge will be engaging a civil engineer to determine what repairs are needed or even possible replacement of wall. Generator and tank in general area will be permanently relocated to the opposite side of the adjacent building to enable access to the affected area. Relocation will begin as soon as possible with engineering analysis beginning immediately. We will be requesting a 60 day extension on this item to enable us to properly determine the safest and most cost effective solution with a substantial compliance date of September 10, 2011</p> <p>2. Correction for the alleged deficient practice noted as flat screen monitor protruding greater than three and one half inches from the corridor wall is to reinstall the unit within the required distance. The Maintenance Director will survey the remainder of the building to ensure no other like situations exist with any negative findings reported to the Administrator immediately. These and all findings will then be reported and discussed at the monthly Safety Committee meeting for the next three months, then quarterly thereafter until next annual survey. Correction date of June 17, 2011.</p>	
K 144 SS=F	<p>42 CFR 483.70(a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p>	K 144		6/17/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 6/10/11
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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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NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
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K 144	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, on May 26, 2011 at approximately 8:30am onward, the emergency power system required greater than ten seconds to restore power during loss of normal power to the automatic transfer switch. 42 CFR 483.70(a)	K 144	K144 Correction for the alleged deficient practice noted as emergency power system required more than ten seconds to restore power was: Generator repair contractor was called to check system for needed repairs or adjustments and deemed satisfactory with written report. The Maintenance Director will test the generator manually twice weekly to closely simulate complete power loss and record all findings for the next eight weeks. Any negative findings will be reported immediately to the Administrator and all findings will be reported to and discussed during the next two monthly Safety Committee meetings then weekly tests recorded and reported quarterly until next annual survey. Correction date of July 10, 2011.	6/10/11	