

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

PRINTED: 07/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/12/2012
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER NURSING CARE/LEXI			STREET ADDRESS, CITY, STATE, ZIP CODE 279 BRIAN CENTER DRIVE LEXINGTON, NC 27292		
(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	INITIAL COMMENTS This facility is in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care facilities. (General Health Survey). No deficiencies were cited as a result of the complaint investigation. Event ID X8Z811	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.

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

RECEIVED
PRINTED: 08/05/2012
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345011	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	AUG 22 2012 CONSTRUCTION SECTION 08/01/2012	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER NURSING CARE/LEXI	STREET ADDRESS, CITY, STATE, ZIP CODE 279 BRIAN CENTER DRIVE LEXINGTON, NC 27292
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K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation on Wednesday 8/1/12 at approximately 8:15 AM onward the following was noted: 1) At the 500 Hall discharge illumination was observed as noncompliant. Lighting must be arranged to provide light from the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge shall be illuminated to values of at least 1 ft-candle measured at the floor. Failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candles in any designated area. NFPA 101 7.8.1.1, 7.8.1.3, and 7.8.1.4.	K 045	K045 Correction for the lighting of 500 hall exit discharge leading to public way was installation of additional lighting fixtures illuminating the 500 exit sidewalk to the parking area. The Maintenance Director will continue with weekly observations of exit discharge lighting of the 500 exit and others to determine additional needs. All results will be presented to and discussed during the next three monthly Safety Committee meetings, and will continue quarterly thereafter until next annual survey.	9-3-12
K 056 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler	K 056	K056 1. Correction for the following items noted: a. Ten year testing of a sampling of sprinkler heads has been scheduled to be performed. b. Five year testing of sprinkler system has been scheduled. 2. Correction for the item noted as time to reach full flow at inspectors test port in excess of 60 seconds was: sprinkler contractor to adjust accelerator valve and system air pressure to correct as needed. 3. Correction for the sprinkler head at employee service entrance, rated intermediate temperature glass bulb color of green was replacement of the sprinkler with the appropriate red bulb ordinary temperature 155 degree classification	9-3-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Shirley L. Wilgate* TITLE: *Administrator* (X6) DATE: *8-17-12*

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 CENTER NURSING CARE/LEXI			STREET ADDRESS, CITY, STATE, ZIP CODE 279 BRIAN CENTER DRIVE LEXINGTON, NC 27292		
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K 056	Continued From page 1 systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation on Wednesday 8/1/12 at approximately 8:15 AM onward the following was noted: 1) Upon review of the sprinkler inspection report the following items were deficient and need to be corrected, a) The ten year testing of sprinkler heads has not been conducted. b) The five years test for the sprinkler system need to be performed. 2) Upon review of the sprinkler tags and sprinkler reports the flow at the inspector test port the time to reach full flow was in excess of 60 seconds. 3) The sprinkler head at the employee service entrance is rated for Intermediate Temperature Classification, Glass Bulb Color of Green (200°F) in place of Ordinary Temperature Classification, Glass Bulb Color of Red temperature rating of Red (155°F).	K 056	K056 (cont) All above corrections will be presented to and discussed for recommendations or improvements at monthly Safety Committee meetings for the next three months, and will continue quarterly thereafter until next annual survey. K061 Correction for the Item noted as: tamper alarms for the backflow preventer in the valve pit did not sound a supervisory signal when the valves was tested was: Fire alarm contractor did testing and repairs needed to sound reliable supervisory signal when valves were tampered. The Maintenance Director will do a monthly test of the tampers for the next three months and observe quarterly valve tamper testing by outside contractor to provide continued compliance. All results and observations will be reported to and discussed during the next three monthly Safety Committee meetings and then continue quarterly thereafter until next annual survey.	9-3-12	
K 061 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1	K 061			

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K 061	Continued From page 2	K 061		
K 062 SS=D	<p>This STANDARD is not met as evidenced by: Based on observation on Wednesday 8/1/12 at approximately 8:15 AM onward the following was noted: 1) The tamper alarms for the backflow preventor in the valve pit did not sound a supervisory signal went the valves was tested.</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation on Wednesday 8/1/12 at approximately 8:15 AM onward the following was noted: 1) A Fire Department Connection "FDC" Sign at the Siamese connection at the valve pit.</p> <p>CFR#: 42 CFR 483.70 (a)</p>	K 062	<p>K062 Correction for the item noted as A Fire Department Connection- FDC sign at the Siamese connection at the valve pit was:</p> <p>Fire Department Connection (FDC) sign was ordered and installed at the valve pit on August 7th, 2012. The Maintenance Director will conduct weekly observations of the FDC installed at the pit for the next four weeks for proper placement and securement. These observations will be reported to and discussed during the next monthly safety Committee meeting with continued reviews quarterly thereafter until next annual survey.</p>	8-3-12