

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

PRINTED: 12/14/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345439	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER BROOKSHIRE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 MEADOWLAND DRIVE BOX 1107 HILLSBOROUGH, NC 27278	
(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 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).	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.

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K 000	INITIAL COMMENTS	K000		
K 018 SS=E	<p>This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V-III construction, one story, with a complete automatic sprinkler system.</p> <p>The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interview at</p>	K 018	<p>On 12/20/2012 The facility Maintenance Director inspected all fire doors and smoke partition doors for proper operation. The 500 Hall Fire Door latch assembly was repaired and returned to proper operational status. All Fire and smoke doors in the facility will continue to be inspected monthly for correct operation by the maintenance personnel.</p>	12/20/12

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

John W. ...

TITLE

Administrator

(X6) DATE

01/15/2013

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K 018	Continued From page 1 approximately 8:30 am onward, the following items were noncompliant, specific findings include: cross corridor doors on 600 hall did not close and latch for smoke tight seal.	K 018		
K 025 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: smoke wall in attic on 300 hall has sprinkler pipe that is not sealed to maintain the smoke resistance rating of wall.	K025	On 12/20/2012, the Maintenance Director inspected all smoke and fire partition throughout the facility. All penetrations that were found were sealed appropriately. The Maintenance personnel were inserviced on checking the partitions anytime a service contractor has been in the attic. The Maintenance Director will continue to inspect the partitions on a monthly basis.	12/20/12
K 045 SS=E	42 CFR 4832.70(a) 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	K045		

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K 045	Continued From page 2 lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: exit discharge on 100, 200 and 300 halls only have single bulb fixture and would leave area in darkness.	K045	On 12/20/2012, all exit areas were inspected by the Maintenance Director. Multi-bulb fixtures were ordered to replace the existing single bulb fixtures where necessary. The light fixtures will be inspected by maintenance personnel on a weekly basis to ensure proper illumination and operability.	01/15/13
K 056 SS=E	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 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 observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: hot box at front of building did not have	K056	The sprinkler valves in the hotbox will have an electrically-supervised switch installed so that the fire alarm system will monitor and detect any tampering with the sprinkler valves. An electric heater will also be installed to help regulate the temperature in the hot box. The switch, valves, and heater will be inspected by facility maintenance personnel and by Grinnell Fire Protection Systems as well.	1/30/13

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K 056	Continued From page 3 heat source nor were the sprinkler valves electrically supervised at time of survey. 42 CFR 483.70(a)	K056		