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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345241	A. BUILDING ______ B. WING ______	11/21/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & REHAB/EDEN	226 N OAKLAND AVENUE EDEN, NC 27288

(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 Event ID 1I1711.	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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	345241	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	12/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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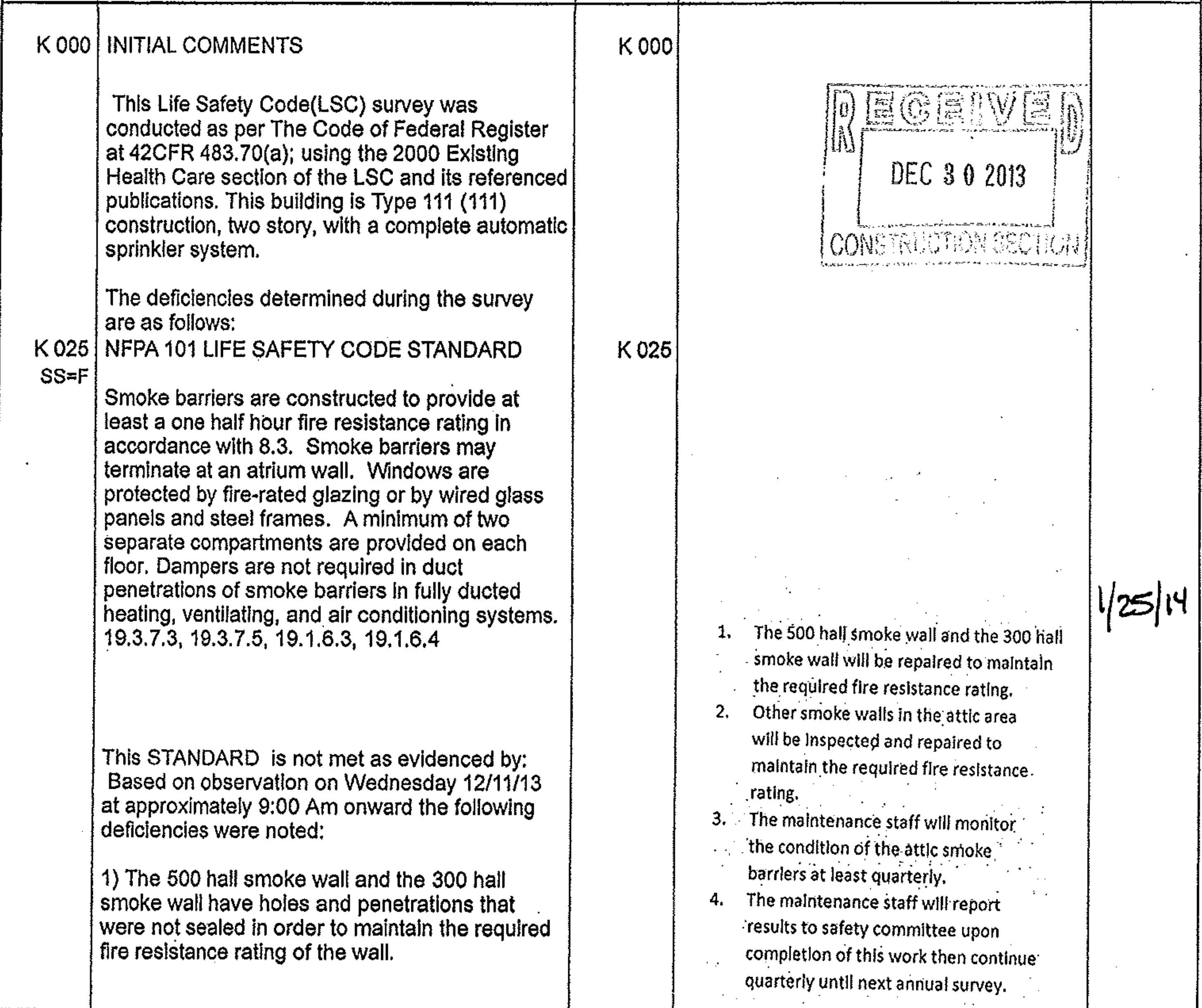

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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type 111 (111) construction, two story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	RECEIVED DEC 30 2013 CONSTRUCTION SECTION	
K 025 SS=F	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 observation on Wednesday 12/11/13 at approximately 9:00 Am onward the following deficiencies were noted: 1) The 500 hall smoke wall and the 300 hall smoke wall have holes and penetrations that were not sealed in order to maintain the required fire resistance rating of the wall.	K 025	1. The 500 hall smoke wall and the 300 hall smoke wall will be repaired to maintain the required fire resistance rating. 2. Other smoke walls in the attic area will be inspected and repaired to maintain the required fire resistance rating. 3. The maintenance staff will monitor the condition of the attic smoke barriers at least quarterly. 4. The maintenance staff will report results to safety committee upon completion of this work then continue quarterly until next annual survey.	1/25/14

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

Candace Ufaw 12/20/13

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K 025	Continued From page 1 42 CFR 482.41(a)	K 025		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ 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: Based on observation on Wednesday 12/11/13 at approximately 9:00 Am onward the following deficiencies were noted: 1) The doors between the kitchen and dinning room did not close and latch when tested. 2) In the 500 Hall Mechanical/Sprinkler room the ceiling around the duct work penetrating the ceiling was not sealed. There are hole in the ceiling around pipe penetrations that were not sealed in order to maintain the required rating of the ceiling in the mechanical/sprinkler room. 42 CFR 483.70(a)	K 029	1. The doors between the kitchen and dining room will be replaced with new doors and new latching hardware. The 500 hall mechanical/sprinkler room ceiling around duct work and pipe will be repaired to maintain the required rating of the ceiling in the mechanical/ sprinkler room. 2. Other doors will be inspected for and adjusted to ensure separation from other spaces by smoke resisting partitions or doors. Other ceilings will be inspected and repaired to maintain the required rating. 3. The maintenance staff will monitor the closing and latching of doors and condition of ceilings as part of the weekly preventative maintenance program. 4. The maintenance staff will report results to the safety committee on the preventative maintenance program monthly for the next three months with quarterly reviews thereafter until next annual survey.	1/25/14
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	K 045		

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K 045	Continued From page 2 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 12/11/13 at approximately 9:00 Am onward the following deficiencies were noted: 1) The mean of egress from the 500 hall exit on the front of the building to the public way did not have adequate emergency lighting . Additional emergency lighting is needed from the exit door on 500 hall the the public way. 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. 42 CFR 483.70(a)	K 045	1. Additional emergency lighting from the 500 hall exit door on the front of the building to the public way has been installed. 2. Other means of egress will be inspected and additional lighting added if needed to maintain illumination of means of egress. 3. The maintenance staff will monitor illumination of means of egress with weekly preventative maintenance program. 4. The maintenance staff will report results to the safety committee on the preventative maintenance program monthly for three months with quarterly reviews thereafter until next annual survey.	12/14/13 12/27/13
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation on Wednesday 12/11/13 at approximately 9:00 Am onward the following	K 062		

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K 062	Continued From page 3 deficiencies were noted: 1) Upon review of Sprinkler documentation and staff interview a 5 year internal inspection has not been conducted with in the last 5 years and facility could not provide documentation when the last 5 year internal was conducted. 42 CFR 482.41(a)	K 062	1. The 5 year internal inspection has been conducted. 2. The 5 year internal inspection was conducted on full sprinkler system. 3. The maintenance staff will maintain documentation to monitor for due date and scheduling of 5 year internal inspections. 4. The maintenance staff will report to safety committee when sprinkler inspections are completed with a summary of results quarterly until next annual survey.	12/19/13
K 075 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5 This STANDARD is not met as evidenced by: Based on observation on Wednesday 12/11/13 at approximately 9:00 Am onward the following deficiencies were noted: 1) A 55 gallon soiled linen barrel was found stored in resident room 404 bathroom. 55 gallon soiled linen barrels were found stored on the 500 hall corridor.	K 075	1. 55 galloon barrel removed from resident room 404 bathroom and 500 hall corridor. 2. 55 galloon barrels have been removed from use in resident care areas and corridors. 3. Housekeeping supervisor to monitor soiled linen or trash collection receptacles do not exceed 32 galloon capacity and mobile soiled linen or trash collection receptacles with capacities greater than 32 gallon are located in a room as a hazardous area when not attended. 4. Housekeeping supervisor will report compliance to QAPI committee monthly for three months then quarterly until next annual survey.	12/11/13

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K 075	Continued From page 4 42 CFR 482.41(a)	K 075		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation on Wednesday 12/11/13 at approximately 9:00 Am onward the following deficiencies were noted: 1) Cracked electrical recepticals were found in resident rooms 105, 107 and resident room 411. 42 CFR 482.41(a)	K 147	1. Cracked electrical receptacles in resident rooms 105, 107 and 411 have been replaced. 2. Other electrical receptacles will be inspected and replaced to maintain required electrical wiring and equipment accordance. 3. The maintenance staff will monitor integrity of electrical receptacles as part of the preventative maintenance program. 4. The maintenance staff will report to the safety Committee on the preventative maintenance Program monthly for three months then quarterly until next annual survey.	12/13/13 1/25/14