

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

PRINTED: 06/12/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHAB/EDEN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>226 N OAKLAND AVENUE EDEN, NC 27288</b>	
(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 special locking systems. In the exit conference all deficiencies noted were discussed with administration.  Stories: One Construction Type V (111) Constructed: 1983 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 112 Census - 102	K 000		
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations on 2/10/2015 at approximately 11:00 AM onward, the following deficiencies were noted:  The facility has a door release that is not a simple	K 038	K038 Correction for the alleged deficient practice noted as "having a door release that is not a simple on and off switch" was to replace the on and off switch with a door release that meets NFPA standard. The Maintenance Director will ensure	4/10/15

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

TITLE

(X6) DATE

Electronically Signed

03/28/2015

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 038	Continued From page 1 on and off switch.  The facility has a door release switch that will relock without manual intervention at the gate in the courtyard.  The deficiency affects 1 of approximately 9 locking doors in the facility.  Ref: 2000 NFPA 101 Section 7.2.1.6	K 038	effectiveness of the door release during monthly fire drills. Results will be reported to the Safety Committee monthly for the next three months and then quarterly thereafter. Reviews will continue monthly thru the next Annual Survey.		
K 062 SS=D	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: 42 CFR 483.70 (a)  Based on observations on 3/10/2015 at approximately 11:00 AM onward, the following deficiencies were noted:  The facility has paint overspray on the heat sensitive element of the standard sprinkler head.  There is paint overspray on the heat sensitive element of the sprinkler hat in the therapy department just to the right as you enter from the 100 hallway.  The deficiency affects only the therapy department.	K 062	K062 Correction of the alleged deficient practice noted as "having paint overspray on the heat sensitive element of the sprinkler hat in the therapy department just to the right as you enter from the 100 hallway" was to clean and remove any paint overspray on the heat element of the sprinkler hat in the therapy room. Maintenance Director and/or designee will do weekly audits of sprinkler heads to ensure that there is no paint overspray on the heat sensitive element of the sprinkler hat. During weekly audits, if any paint overspray is noted then the sprinkler head will be cleaned and any paint overspray removed. One hundred percent sprinkler	4/10/15	

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K 062	Continued From page 2 Ref: 2000 NFPA 101 Section 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	head audit will be completed no later than April 10, 2015. Weekly audit findings will be reported to the Safety Committee for three months.		
K 066 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations on 3/10/2015 at approximately 11:00 AM onward, the following</p>	K 066	<p>K066 Correction for the alleged deficient practice noted as "the facility lids for the self-closing cover devices were not in</p>	4/10/15	

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K 066	<p>Continued From page 3 deficiencies were noted:</p> <p>The facility did not follow proper smoking regulations.</p> <p>The facility failed to follow item number 4 in the smoking regulations:</p> <p>The facility lids for the self- closing cover devices were not in good operating conditions</p> <p>The deficiency affects the employees smoking area witch is 1 of 2 smoking locations in the facility.</p> <p>Ref: 2000 NFPA 101 Section 19.7.4</p>	K 066	<p>good operating conditions" was to replace the cigarette butt cans on 3/16/15. The Maintenance Director and/ or designee will inspect cigarette butt cans routinely and replace as needed. Findings will be reported to the Safety Committee for three months and then Quarterly reviews thereafter until next Annual Survey.</p>		