

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

PRINTED: 08/07/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345243</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/24/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHAB/CH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5939 REDDMAN ROAD CHARLOTTE, NC 28212</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 speical locking systems. In the exit conference all deficiencies noted were discussed with administration.  Stories: One Construction Type III (211) Constructed: 1984 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 120 Census =114	K 000		
K 062 SS=D	The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: 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 and document review on 6/24/2015 at approximately 1:00 PM onward, the following deficiencies were noted:  The sprinkler in the freezer was not well	K 062	K062 Correction for the alleged deficiency noted as; ¿The sprinkler in the freezer was not well maintained as the sprinkler head in that location was corroded and not well maintained.¿	7/13/15

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

TITLE

(X6) DATE

Electronically Signed

07/08/2015

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 062	Continued From page 1 maintained as the sprinkler head in that location was corroded and not well maintained.  This deficiency affected the sprinkler head in the freezer.  Ref: 2000 NFPA 99 Section 4-3.1.1.2	K 062	Was to immediately contact sprinkler contractor to measure and order a replacement head.  The Maintenance Director will survey the remainder of the building to determine if there any other like instances and initiate replacement upon discovery.  The Maintenance Director will continue with monthly checks of sprinkler heads for corrosion and maintenance issues with a summary of all findings reported at the monthly Safety Committee meeting for discussion and review.  Reviews will then continue quarterly thereafter until next annual survey. Correction date of 6/26/15.		
K 072 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  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  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations and document review on 6/24/2015 at approximately 1:00 PM onward, the following deficiencies were noted:	K 072	Correction for the alleged deficiency noted as:  The facility had items that protruded into the corridor on 300 hallway that housed the tracheostomy patient, The monitors for	6/26/15	

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K 072	Continued From page 2 The facility failed to have its required means of egress corridors clear of obstructions.  The facility had items that protruded into the corridor on the 300 hallway that housed the tracheostomy patients. The monitors for that portion of the facility are protruding in the corridor at a height of six foot two inches.  This deficiency affected the tracheostomy patient wing of the 300 hallway from room 304 - 313.  Ref: 2000 NFPA 101 Section 7.1.5	K 072	that portion of the facility are protruding into the hallway at a height of six foot two inches.¿  Was to immediately relocate the monitors upward to a minimum height of six foot and eight inches to the bottom of the protrusion.  The Maintenance Director will survey the remainder of the building corridors to locate any other protrusions and remove or relocate upon discovery.  Any negative findings will be immediately reported to the facility Administrator, with a summary of all findings to be presented and discussed during the next two monthly Safety committee meetings with continued reviews quarterly thereafter until next annual survey. Correction date of¿¿		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076		7/10/15	

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K 076	Continued From page 3  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations and document review on 6/24/2015 at approximately 1:00 PM onward, the following deficiencies were noted:  The facility failed to have properly stored oxygen bottles at the fowling locations:  1. Treatment room "A" 2. Treatment room "B" 3. Respiratory manager's office  The facility had three locations that had unsecured oxygen cylinders at the above locations.  This deficiency affected these areas in 2 of approximately 3 different smoke compartments in the facility.  Ref: 2000 NFPA 99 Section 4-3.1.1.2	K 076	Correction for the alleged deficiency noted as:  ζ The facility had three locations that had unsecured oxygen cylinders at the above locations. ζ (Treatment rooms A, B, and respiratory managers office)  Was to immediately remove oxygen cylinders from noted locations and relocate in proper storage area/rack as needed.  The Maintenance Director will survey the remainder of the building to determine locations and trends with unsecured storage.  All staff will be in serviced on proper oxygen storage and hazards associated with unsecured cylinders.  The Maintenance Director and Administrative staff will continue checks during daily rounds for the next four weeks with reference and daily progress checks during morning stand up meetings.  A summary of all findings and trends will be presented to and discussed during the next three monthly Safety Committee meetings to determine any needed system improvements or modifications.  Reviews will then continue quarterly		

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K 076	Continued From page 4	K 076	thereafter until next annual survey. Completion date of 6/24/15.		