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. In the exit conference all deficiencies noted were discussed with administration.

Stories: One
Construction Type II (222)
Constructed: 1977
Fully Sprinkled - Yes
At time of survey the:
Certified Beds: Medicare/Medicaid - 185
Census - 170

The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:

K 029 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:
42 CFR 483.70 (a)
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 029</td>
<td>Continued From page 1</td>
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<tr>
<td>K 029</td>
<td>Correction for the alleged deficient practice noted as unsealed penetrations in the rated wall dividing the main electrical room and the Maintenance office. Was to properly seal the penetrations in the rated wall as noted. The Maintenance Director will survey the remainder of the rated areas in the facility monthly to determine any other areas with like penetrations. Any negative findings will be repaired, and the facility Administrator notified upon discovery. All information will be presented to and discussed during the next three monthly Safety Committee meetings with continued reviews quarterly thereafter until next annual survey.</td>
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</tr>
</tbody>
</table>

**K 046**

**NFPA 101 LIFE SAFETY CODE STANDARD**

- Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.

- This STANDARD is not met as evidenced by:
  - 42 CFR 483.70 (a)

  Based on observations on 2/20/2015 at approximately 11:00 AM onward, the following deficiencies were noted:

  - The facility has no unitary light on the emergency circuit.
  - The facility has no unitary light on the emergency circuit in the 100 hallway dining room in either section of the dining room.

  **K046**

  Correction for the alleged deficient practice noted as, the facility has no unitary light on the emergency circuit in the 100 hallway dining room in either section of the dining room.

  Was to connect at least one existing 2x4 ceiling fixture in each section into the emergency lighting circuit. The Maintenance Director will survey the remainder of the building to locate any other areas of concern and verify lighting.
**NAME OF PROVIDER OR SUPPLIER**
BRIAN CTR HEALTH & REHAB/SALISBURY

**STREET ADDRESS, CITY, STATE, ZIP CODE**
635 STATESVILLE BOULEVARD
SALISBURY, NC 28144

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<table>
<thead>
<tr>
<th>[X4] ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>[X5] COMPLETION DATE</th>
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</thead>
<tbody>
<tr>
<td>K 046</td>
<td>Continued From page 2 This deficiency affects only the dining room in building 1 of the facility. Ref: 2000 NFPA 101 Section 19.2.9.1</td>
<td>K 046</td>
<td>as needed. Operation of lighting will be verified during weekly generator checks for the next three months with all findings presented to and discussed during the next three monthly Safety Committee meetings. Continued checks and reviews will continue quarterly thereafter until next annual survey. Correction date of</td>
<td>3/2/15</td>
</tr>
<tr>
<td>K 047</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</td>
<td>K 047</td>
<td>Correction for the alleged deficient practice noted as the facility has incomplete directional signage from the hallway near the laundry looking to the 200 and 100 hallways. With the doors closed there are not two exit directional signs visible from that location. To install exit directional signs in those two locations. The Maintenance Director and Facility Engineer will survey the remainder of the building to determine any further need and determine that each resident room has two exit directional signs visible from each room with smoke doors closed. All findings will be presented to and discussed at the next three Safety Committee meetings with further continued review quarterly until next</td>
<td>3/2/15</td>
</tr>
<tr>
<td>(X4) ID</td>
<td>PREFIX</td>
<td>TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES</td>
<td>(X5) COMPLETION DATE</td>
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<td>K 052</td>
<td>SS=E</td>
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<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
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<td>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</td>
<td></td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:

42 CFR 483.70 (a)

Based on observations on 2/20/2015 at approximately 11:00 AM onward, the following deficiencies were noted:

The facility has a smoke damper that did not operate properly with activation of the fire alarm system.

The smoke damper above the cross corridor doors near room 219 did not reopen after closing with activation of the fire alarm system.

This deficiency affects 1 of 4 such smoke walls in building one of the facility.

Ref: 2000 NFPA 101 Section 5.3.5.2

Correction for the alleged deficient item noted as the smoke damper above the cross corridor doors near 219 did not reopen after closing with activation of the fire alarm system. Will be to have the damper repaired or replaced as needed. The Maintenance Director will survey the remainder of the building to locate all other smoke dampers and check for proper operation during general alarm for the next three months. All findings will be presented to and discussed during the next three monthly Safety Committee meetings with checks and reviews to continue quarterly until next annual survey.