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 III (211)
Constructed: 1984
Fully Sprinkled - Yes
At time of survey the:
Total Certified Bed Count = 120
Census =114

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

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 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 maintained as the sprinkler head in that location was corroded and not well maintained.

Correction for the alleged deficiency noted as:

K062
**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 072**

**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:

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...
### SUMMARY STATEMENT OF DEFICIENCIES

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 072</td>
<td>Continued From page 2</td>
<td>The facility failed to have its required means of egress corridors clear of obstructions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>This deficiency affected the tracheostomy patient wing of the 300 hallway from room 304 - 313.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ref: 2000 NFPA 101 Section 7.1.5</td>
<td></td>
</tr>
<tr>
<td>K 072</td>
<td>that portion of the facility are protruding into the hallway at a height of six foot two inches.</td>
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<tr>
<td></td>
<td></td>
<td>Was to immediately relocate the monitors upward to a minimum height of six foot and eight inches to the bottom of the protrusion.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>The Maintenance Director will survey the remainder of the building corridors to locate any other protrusions and remove or relocate upon discovery.</td>
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<tr>
<td></td>
<td></td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>K 076</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(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</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7/10/15</td>
<td></td>
</tr>
</tbody>
</table>

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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**DATE SURVEY COMPLETED** 06/24/2015

**BRIAN CENTER HEALTH & REHAB/CH**

<table>
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</tr>
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<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
</tr>
</tbody>
</table>
**Summary Statement of Deficiencies**

- **Deficiency:** The facility failed to have properly stored oxygen bottles at the following locations:
  1. Treatment room "A"
  2. Treatment room "B"
  3. Respiratory manager's office

- **Incident:** The facility had three locations that had unsecured oxygen cylinders at the above locations. (Treatment rooms A, B, and respiratory managers office)

- **Correction:**
  - 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.

**Ref:** 2000 NFPA 99 Section 4-3.1.1.2
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<td>Continued From page 4</td>
<td></td>
<td></td>
<td>K 076</td>
<td></td>
<td></td>
<td>thereafter until next annual survey. Completion date of...</td>
<td></td>
</tr>
</tbody>
</table>