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 and acknowledged with administration.

Stories: 1  
Construction Type: V (111)  
Constructed: 1990  
Fully Sprinkled - Yes  
At time of survey the:  
Total Certified Bed Count = 82  
Census = 67

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

K 012  SS=F  
NFPA 101 LIFE SAFETY CODE STANDARD  
Building construction type and height meets one of the following:  
19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1  
This STANDARD is not met as evidenced by:  
Based on observations, on Wednesday 7/13/2016 at approximately 8:30 AM onward, the following deficiencies were noted:

1. The ceiling radiation dampers were observed as noncompliant, the specific findings include:  
a. The ceiling radiation return damper throughout the building hall have dust/dirt/lint on the heat sensitive link on the device that will affect the temperature at which the device release and close.

2. The ceiling in the back service hall was not

The cleaning for all the ceiling radiation dampers throughout the facility was started on 7-14-16 and is scheduled to be completed on or before 7-28-16. All radiation dampers were checked and in need of cleaning. The ceiling on the back service hall was repaired with the 5/8 inch fire rated sheetrock on 07/18/2016. The Maintenance Director was inserviced on 7-15-16 by the administrator on the ensuring dampers are free from dust/dirt/lint to ensure dampers would

A. BUILDING 01 - MAIN BUILDING 01  
B. WING _____________________________  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  
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NAME OF PROVIDER OR SUPPLIER  
BRIAN CENTER HLTH & REHAB  
STREET ADDRESS, CITY, STATE, ZIP CODE  
1306 SOUTH KING STREET  
WINDSOR, NC  27983  
DATE SURVEY COMPLETED  
07/13/2016  
DATE SURVEY COMPLETED  
07/13/2016  
SUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  
K 000 INITIAL COMMENTS  
K 000  
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<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>
</tr>
</thead>
<tbody>
<tr>
<td>K 012</td>
<td>Continued From page 1</td>
<td></td>
<td>Properly repaired with 5/8 in fire rated sheetrock. Sheetrock to repair the ceiling was 1/2 inch in thickness.</td>
<td>K 012</td>
<td></td>
<td></td>
<td>Close properly in the event of a fire and ensuring that all repairs either made internally or with the use of a contractor be done according to life safety codes. The maintenance director will monitor the dust/dirt/lint on radiation dampers monthly and clean if necessary. This audit will be done monthly for six months and reported to the Monthly Safety Meeting for six months.</td>
<td>7/25/16</td>
</tr>
<tr>
<td>K 061</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
<td>Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72</td>
<td>K 061</td>
<td></td>
<td></td>
<td>The tamper alarm for the Post Indication Valve located outside that did not provide a visual and/or audible alarm was replaced on 7/25/2016. The maintenance director was inserviced by the administrator on 7-15-2016 on the life safety code regarding the Post Indication Valve. The Maintenance Director will audit the function of the PIV on a monthly basis for the next six months and then quarterly thereafter and report to the Safety Meeting monthly for six months.</td>
<td>8/19/16</td>
</tr>
</tbody>
</table>
K 067 Continued From page 2

SS=F

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer’s specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

This STANDARD is not met as evidenced by:

Based on observations, on Wednesday 7/13/2016 at approximately 8:30 AM onward, the following deficiencies were noted:

1. The HVAC unit at the Nurse station did not shut down with activation of the emergency shut down switch.
   
   NFPA 90A, 4-2
   
   NFPA 90A 4-4.1 Testing. All automatic shutdown devices shall be tested at least annually.

2. An access door for the smoke duct detector located in the attic on entrance hall was not provided for in order to clean inspect and maintain the device.

   NFPA 90A, 2-3.4.1

3. Facility at the time of the survey could not provide documentation that the radiation dampers were checked as defined in NFPA 90A: 3-4.7 Maintenance. "At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary"

This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.

K067

The Shut down switches at the nursing station that shuts down the HVAC system was found to be not working properly and is scheduled to be replace on August 8, 2016. An access door for the smoke duct protector located in the attic on the entrance hall has been installed and completed. The four year inspection for the dampers has been scheduled and will be completed by 08-19-16. This will ensure that all fusible links are removed and the damper is fully operational and fully close in the event of a fire. The maintenance director was inserviced by the administrator on 7-15-2016 on the life safety code regarding the need for the dampers inspection. The maintenance director will also ensure that the four year damper test is added to the preventive schedule. The maintenance director will test the switches monthly and monitor with each fire alarm drill for three months and report to the Monthly Safety Meeting times three months.