BRAN CENTER HLTH & REHAB 1308 SOUTH KING STREET WINDSOR, NC 27983 MAID PRETX 1260 SUMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) IP IP IP IP COORSECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPECTION (EACH CORRECTION (EACH CORRECTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPECTION (EACH CORRECTION DEFICIENCY) COMPECTION (EACH CORRECTION (EACH CORRECTION DEFICIENCY) COMPECTION (EACH CORRECTION (EACH CO			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER International structure of percentrons International structure of percentrons BRIAN CENTER HLTH & REHAB International structure of percentrons International structure of percentrons International structure of percentrons OW ID International structure of percentrons WI DO INITIAL COMMENTS K 000 INITIAL COMMENTS K 000 A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the ath core section of the LSC and its referenced all deficiencies noted were discussed and acknowledged with administration. K 000 Strike: 1 Construction Type: V (111) Construction Type: V (111) Construction Type: V (111) Construction Type: V (111) K 012 Sinfee: 1 Total construction type and height meets one of the following: K 012 K 012 Sinfee: 1 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: K 012 The cealing for all the ceiling radiation dampers were observed as noncomplicat, the following: 10.116.2, 19.16.3, 19.16.4, 19.3.5.1 This STANDARD is not met as evidenced by: The cealing for all the ceiling radiation dampers were observed as noncomplicat, the spesoficin findings include: a. The cealing radiation re	345339			B. WING		07/13/2016	
BRIAM CENTER HLTH & REHAB WINDSOR, NC 27983 (M) ID PHEEK TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL (EACH ORRECTIVE ATON STOULD BE (EACH ORRECTIVE ATON STOULD BE CROSS-HEFEREMCED TO THE APPROPRIATE DEFICIENCY D PROVIDER'S PLAN OF CORRECTIVE (EACH ORRECTIVE ATON STOULD BE CROSS-HEFEREMCED TO THE APPROPRIATE DEFICIENCY 000 K 000 INITIAL COMMENTS K 000 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. K 000 Stories: 1 Construction Type: V (111) Constructed: 1990 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 82 Census = 67 K 012 K 012 SS=F Building construction type and height meets one of the following: 10.116.2, 19.16.3, 19.16.4, 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 diction dampers were observed as noncomplicati, the specific findings include: a. The celling radiation dampers were observed as enoncomplicati, the specific findings include: a. The celling radiation dampers were observed as enoncomplicati, the specific findings include: a. The celling radiation return damper throughout the building hall have dust/diffing include: a. The celling radiation return damper throughout the building hall have dust/diffing include: a. The celling radiation the device the twill affect the temperature at which the device release and close. K 012 <th>NAME OF PF</th> <th>ROVIDER OR SUPPLIER</th> <th></th> <th></th> <th>STREET ADDRESS, CITY, STATE, ZIP CODE</th> <th></th>	NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
WindSork, KC 27883 University of Derivative Statement of Definition of Definion Definion of Definition of Definition of Definion Definition of	BRIAN CE	NTER HI TH & REHAB			1306 SOUTH KING STREET		
iEACH ORDERCISENT MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION) PREFX TAG IEACH ORDERCITWE ACTION SHOULD BE CROSS-REFERENCE TO IT & APPROPRIATE DEFICIENCY) COMMENTS K 000 K 000 INITIAL COMMENTS K 000 K 000 K 000 K 000 K 000 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 reference all deficiencies noted were discussed and acknowledged with administration. K 000 Image: Construction Type: V (111) Construction Type: Total Certified Bed Count = 82 Cernsus = 67 K 012 7/22/16 K 012 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: 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 observicins, on Wedneday 7/13/2016 at approximately 8:30 AM onward, the following deficiencies were noted: K 012 SH The ceiling radiation dampers were observed as noncompliant, the specific findings include: a. The ceiling radiation dampers were observed as noncompliant, the specific findings include: a. The ceiling radiation return damper throughout the building hall have dustidir/think on the heat sensitive link on the device release and close. K 012 K 012	DRIANCE				WINDSOR, NC 27983		
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 evidence by: NFPA 101 LIFE SAFETY CODE STANDARD K 012 Stare Building construction type and height meets one of the following: 19.16.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 The celling radiation dampers were observed as noncompliant, the specific findings include: a. The celling radiation return damper 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 celling radiation dampers were checked and in need of other 7.24.16. All radiation dampers were checked and in need of cleaning. The celling radiation dampers were checked and in need of cleaning. The celling radiation dampers were checked and in need of other 7.28-16. All radiation dampers were checked and in need of cleaning. The celling not the back service hall was repaired with the 5/8 inch fire rated sheretock on 07.18/2016. The Maintenance Director was inserviced on Artis-16 by the administrator on the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
as per The Čode of Federal Register at 42CFR 483.70(hz) 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 evidence by: K 012 SFF Building construction type and height meets one of the following: 10. The ceiling radiation dampers were observed as noncompliant, the specific findings include: a. The ceiling radiation dampers were observed the building hall have dust/difficit not the heat sensitive link on the device that will affect the temperature at which the device release and close. K 012 Tradiation dampers were checked and in need of cleaning. The ceiling on the back service hall was repaired with the 5/8 inch fire rade sheetrock on 07/18/2016. The Maintenance Director was inserviced on 7.15-16 by the administrator on the	K 000	INITIAL COMMENTS		K 000			
Construction Type: V (111) Constructed: 1990 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 82 Census = 67K 0127/22/16K 012NFPA 101 LIFE SAFETY CODE STANDARDK 0127/22/16SS=FBuilding 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:K 012K 0121. The ceiling radiation dampers were observed as noncompliant, the specific findings include: as noncompliant, the specific findings include: a. The ceiling radiation return damper throughout the building hall have dust/dir/lint on the heat sensitive link on the device release and close.K 012The ceiling on the back service hall was repaired with the 5/8 inch sensitive link on the device release and close.K 012		as per The Code of F 483.70(a); using the 2 section of the LSC ar publications. In the e deficiencies noted we	ederal Register at 42CFR 2000 Existing Health Care ad its referenced exit conference all ere discussed and				
NOT MET as evidence by: K 012 NFPA 101 LIFE SAFETY CODE STANDARD K 012 7/22/16 SS=F 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: K 012 K 012 Based on observations, on Wednesday 7/13/2016 at approximately 8:30 AM onward, the following deficiencies were noted: K 012 The cleaning for all 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. K 012		Construction Type: A Constructed: 1990 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Co					
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:K 012 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 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.K 012 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	K 012	NOT MET as evidence	ce by:	K 012	2	7/22/16	
2. The ceiling in the back service hall was not dust/dirt/lint to ensure dampers would	SS=F	of the following: 19.1.6.2, 19.1.6.3, 19 This STANDARD is a Based on observatio 7/13/2016 at approxin following deficiencies 1. The ceiling radiation the ceiling radiation the building hall have sensitive link on the o temperature at which close.	0.1.6.4, 19.3.5.1 not met as evidenced by: ns, on Wednesday mately 8:30 AM onward, the were noted: on dampers were observed specific findings include: a. return damper throughout dust/dirt/lint on the heat device that will affect the the device release and		The cleaning for all the ceiling radiation dampers throughout the facility was started on 7-14-16 and is scheduled to completed on or before 7-28-16. All radiation dampers were checked and in need of cleaning. The ceiling on the ba service hall was repaired with the 5/8 in 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	be ck ch e	

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.

	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/12/20 FORM APPROVE OMB NO. 0938-03
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING 0	(X3) DATE SURVEY COMPLETED	
		345339	B. WING		07/13/2016
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE	
BRIAN CE	NTER HLTH & REHAB			306 SOUTH KING STREET VINDSOR, NC 27983	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETIO
K 012	Sheetrock to repair th thickness. NFPA 101: 19.1.6.2 This deficiency affect Failure to comply with	a 5/8 in fire rated sheetrock. The ceiling was 1/2 inch in ed the entire facility. In minimum standards as the risk of death or injury	K 012	close properly in the event of a fire an ensuring that all repairs ethier made internally or with the use of a contract be done according to life safety codes The maintenance director will monitor dust/dirt/lint on radiation dampers mon and clean if necessary. This audit will done monthly for six months and repo to the Monthly Safety Meeting for six months.	or the hthly be
K 061 SS=D	Automatic sprinkler sy attachments are insta integrity in accordance a signal that sounds a continuously attended remote facility when s impaired. 9.7.2.1, NF This STANDARD is r Based on observatio 7/13/2016 at approxir following deficiencies alarm was non-compl include: 1. The tamper alarm (PIV) located outside and/or audible signal tested. NFPA 101,2000 ed, S This deficiency affects Failure to comply with	A sections 4.6.12.1., 9.7.2.1	K 061	K061 The tamper alarm for the Post Indicati Value located outside that did not prov a visual and/or audible alarm was replaced on 7/25/2016. The maintena director was inserviced by the administrator on 7-15-2016 on the life safety code regarding the Post Indicat Valve. The Maintenance Director will a the function of the PIV on a monthly b for the next six months and then quart thereafter and report to the Safety Meeting monthly for six months.	vide nce tion audit asis
K 067	due to fire and/or smo NFPA 101 LIFE SAFE	oke.	K 067		8/19/16

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Facility ID: 922993

If continuation sheet Page 2 of 3

TATEMENT (S FOR MEDICARE & DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G 01 - MAIN BUILDING 01		B NO. 0938-039) DATE SURVEY COMPLETED	
		345339	B. WING				
	ROVIDER OR SUPPLIER	343339		STREET ADDRESS, CITY, STATE		07/13/2016	
	NOVIDEIN ON SUIT LIEN			1306 SOUTH KING STREET			
BRIAN CE	NTER HLTH & REHAB			WINDSOR, NC 27983			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETIO DATE	
K 067	Continued From page	e 2	КO	67			
 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: The following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include; 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, 4-2 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 			K067 The Shut down switch station that shuts dow was found to be not v is scheduled to be rep 8,2016 An access do duct protector located entrance hall has bee completed. The four the dampers has bee be completed by 08-1 ensure that all fusible and the damper is ful fully close in the even maintenance director the administrator on 7 safety code regarding dampers inspection director will also ensu damper test is added schedule. The mainte test the switches mor each fire alarm drill for report to the Monthly three months.	wn the HVAC system vorking properly and place on August or for the smoke d in the attic on the en installed and year inspection for n scheduled and will 19-16. This will links are removed ly operational and at of a fire. The was inserviced by 7-15-2016 on the life g the need for the . The maintenance ure that the four year to the preventive enance director will atthy and monitor with or three months and			

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 922993

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