**Statement of Deficiencies and Plan of Correction**

**Date Survey Completed:** 09/06/2016

**Name of Provider or Supplier:** BRIAN CENTER SOUTHPOINT

**Address:** 6000 FAYETTEVILLE ROAD
**City, State, Zip Code:** DURHAM, NC 27713

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<td>K 000</td>
<td>INITIAL COMMENTS</td>
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<td>K 012</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
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**Summary Statement of Deficiencies**

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 and acknowledged with administration.

Stories: One
Construction Type: III (211)
Constructed: 1991
Fully Sprinkled - Yes
At time of survey the:
Total Certified Bed Count = 140
Census = 126

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

**K 012**
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:
42 CFR 482.41(a)

Based on the observations, and documentation review on 9/6/2016 at approximately 10:00 AM onward, the following deficiencies were noted:
The facility inspection fire rated dampers in the rated ceilings was non-compliant the specific items include:
The facility has air registers in the kitchen/dietary department that do not have a fire rated damper installed to protect the rating of the ceiling in that space.

**Correction for the alleged deficiency was to immediately contact the facility’s HVAC contractor to assess the affected registers, and order appropriate fire rated dampers as needed to restore the ceiling to the proper fire rating. The Maintenance Director will survey the remainder of the facility to locate any other like instances and initiate further repairs or installation of fire rated ceiling dampers as needed.**

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**Laboratory Director’s or Provider/Supplier Representative’s Signature**

Electronically Signed 09/23/2016

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*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.*
### Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:** Brian Center Southpoint  
**Street Address, City, State, Zip Code:** 6000 Fayetteville Road, Durham, NC 27713

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<th>Provider's Plan of Correction</th>
</tr>
</thead>
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| K 012 | Continued From page 1 | | Ref: 2000 NFPA 101 Section 19.5.2.1; 9.2.1, NFPA 90A  
This deficiency affected one of approximately ten smoke zones. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke. | K 012 | | | Maintenance Director will continue with weekly checks for the next six weeks to insure all fire rated dampers are in place and also perform visual checks for any apparent obstructions to proper function. Any negative findings will be reported immediately to the facility Administrator and remedied upon discovery. A summary of all findings and their results will be presented to and discussed during the facility monthly Safety Committee (QAPI) meetings for the next three months with continued reviews quarterly thereafter until next annual survey. Completion date of September 30, 2016. |