

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/13/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS This 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. This building is Type II(111) construction, one story, with a complete automatic sprinkler system utilizing special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count = 40 NF out of 80 total beds Census = 29 NF	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 0 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: Based on observations, on Tuesday 9/6/16 at approximately 9:00 AM onward, the following deficiencies were noted: The soiled linen storage was non-compliant, specific findings include:	K 029	K029 Correction for the alleged deficiencies will be to: 1. Immediately remove soiled linen barrels from shower room and store in	10/14/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/23/2016

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/06/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029	Continued From page 1 1. Soiled linens barrel used for resident room were found stored in the shower room in place of the soiled linen room. 2. In the mechanical/boiler room there are holes and penetrations in the ceiling assembly that were not sealed in order to maintain the required rating of the ceiling. NFPA 101: 19.3.2 This deficiency affected one of three smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	soiled linen room as needed. The Maintenance Director and Administrator will survey the remainder of the facility to determine any other like circumstance and remedy upon discovery if needed. Daily checks will continue for the next eight weeks to provide continued compliance and provide immediate one on one staff education as needed upon discovery of any infraction. 2. Immediately make repairs to the mechanical/boiler room ceiling with approved sealant to restore ceiling to required fire rating of assembly. The Maintenance Director will survey the remainder of the facility to identify any other like instances and make any needed repairs upon discovery. Weekly checks will continue for this and other areas for the next eight weeks to insure continued compliance and reliability of approved sealant application. A summary of any negative findings, repairs, and results for both above items (1.) and (2.) 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 October 14,2016.		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observations, on Tuesday 9/6/16 at	K 038	K038	9/6/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/06/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 038	Continued From page 2 approximately 9:00 AM onward, the following deficiencies were noted: Thewas non-compliant, specific findings include: 1. The release mechanism located on the inside of the walk-in refrigerator was would not operated that could result in an individual being locked in the unit. NFPA 101: 19.2.1 This deficiency affected one smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 038	Correction for the alleged deficiency was to immediately make necessary repairs to the release mechanism for the walk in refrigerator door. The Maintenance Director will test and verify proper operation of same type of release located on the walk in freezer door and make any adjustments or repairs as necessary. The Maintenance Director will continue with daily checks of both release mechanisms for the next eight weeks to insure continued reliable operation. Any negative findings will be repaired immediately if needed. If proper repair cannot be obtained, release mechanism will be removed immediately until reliable repair can be made. 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 6, 2016.		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13	K 056		10/14/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/06/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 056	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations, on Tuesday 9/6/16 at approximately 9:00 AM onward, the following deficiencies were noted: The sprinkler coverage was non-compliant, specific findings include: 1. The exit discharge canopy at the employee exit on 200 hall is greater than 48 inches in depth and is not provided with sprinkler coverage. NFPA 101: 19.3.5 Ref: 2000 NFPA 101 Section 19.3.5 1999 NFPA 13 Section 5-13.8.1 CMS S&C 13-55-LSC (Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in depth per NFPA 13 section 5-13.8.1.) This deficiency affected one of three smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 056	K056 Correction for the alleged deficiency was to install the sprinkler head at 200 hall employee exit as needed to cover exit discharge canopy over 48 inches. The Maintenance Director will survey the remainder of the facility exits to verify each area has proper sprinkler coverage as required and have additional sprinkler heads installed if needed. The Maintenance Director will do weekly checks of these areas for the next four weeks to verify all areas are covered and to identify any further issues. A summary of all findings and their results will be presented to and discussed at the facility monthly Safety Committee meetings for the next three months. Completion date of October 14, 2016.		
K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observations, on Tuesday 9/6/16 at approximately 9:00 AM onward, the following deficiencies were noted: The tamper alarms on the backflow preventors was non-compliant,	K 061	K061 Correction for the alleged deficiency was to engage fire alarm contractor to reprogram fire panel as needed to initiate	10/14/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/06/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 061	<p>Continued From page 4 specific findings include:</p> <p>1. The tamper switches on the backflow preventors issued a trouble alarm in place of a supervisory signal at the fire alarm panel. Tamper alarms will need to provide a supervisory trouble audible/visual signal for that can not be permanently silenced at Fire Alarm Control Panel. The supervisory audible/visual trouble signal for the sprinkler control valves can not be silenced until the valves are restored back to the normal position.</p> <p>2000 NFPA 101, 9.7.2.1 NFPA 72</p> <p>This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p> <p>This deficiency affected one of three smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 061	<p>supervisory signal in place of a trouble alarm when backflow/sprinkler valve tamper switches are engaged. The system will also be equipped with an audible tamper alarm as needed that cannot be silenced. The fire alarm contractor and Maintenance Director will test and verify proper tamper/supervisory operation at time of reprogram. The Maintenance Director will continue with weekly checks of sprinkler valve tamper switches and alarms for the next eight weeks, and follow up with monthly checks thereafter during monthly fire drills. A summary of all findings and their results will be presented to and discussed at the facility monthly Safety Committee (QAPI) meetings for the next three months with continued reviews quarterly thereafter until next annual survey. Completion date of October 14, 2016.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 K 062 SS=E	Continued From page 5 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: Based on observations, on Tuesday 9/6/16 at approximately 9:00 AM onward, the following deficiencies were noted: The Sprinkler system testing was non-compliant, specific findings include: 1. Based upon review of documentation a three flow test, a 5 years internal inspection and the five sprinkler gauges replacement or recalibration ha not been performed. 1a. A full flow trip test is required for dry pipe sprinkler systems every 3 years [see NFPA 25(98), Sec. 9-4.4.2.2.1 or NFPA 25(02), Sec. 12.4.4.2.2.2]. 42 CFR 483.70 (a) 1b. A five year internal inspection was not available. NFPA 101 19.7.6, 4.6.12, 1999 NFPA 13, NFPA 25, 9.7.5 Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062 K 062	K062 Correction for the deficiencies noted as: 1.- 1a- and 1b. (1) Was to engage sprinkler contractor to replace out of date sprinkler system gauges as required every five years. (1a) Was to engage sprinkler system contractor to perform the required three year full flow trip test on the sprinkler system. (1b) Was to engage sprinkler system contractor to perform the required five year internal inspection. The Maintenance Director will retain these records on site in the facility Life Safety inspections booklet for future reference, and also scan these documents electronically for entry and storage in the TELS record keeping system for future retrieval as needed. The Maintenance Director will verify proper dating of gauges upon installation and verify dates at each annual sprinkler system inspection on an ongoing basis. A summary of all findings and their results will be resented 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 October 14, 2016.	10/14/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/06/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Tuesday 9/6/16 at approximately 9:00 AM onward, the following deficiencies were noted: The smoke duct detector was non-compliant, specific findings include:</p> <p>1. An access door for the smoke duct detector located in the attic above the kitchen was not provided for in order to clean inspect and maintain the device.</p> <p>NFPA 90A, 2-3.4.1</p> <p>This deficiency affected one of three smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 067	<p>K067</p> <p>Correction for the alleged deficiency was to install an access door in ductwork above kitchen area to provide proper access to duct detector for inspection and cleaning. The Maintenance Director will survey the remaining HVAC units in the facility to determine location of all duct detectors and verify each is equipped with an access door as needed. The Maintenance director will do a weekly check of these access doors for the next eight weeks to insure proper fit and function as needed. Further checks will then continue during annual fire alarm recertification and duct detector testing. 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 October 14, 2016.</p>	10/14/16	
K 144 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Tuesday 9/6/16 at</p>	K 144	<p>K144</p>	10/14/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/06/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 144	Continued From page 7 approximately 9:00 AM onward, the following deficiencies were noted: Thewas non-compliant, specific findings include: 1. The Emergency Generator when tested did not crank and transfer load from normal to emergency power in 10 seconds. Time to transfer from normal to emergency connected load was approximately 12 seconds. NFPA 110: 3-4.1 NFPA 99 3-4.1.1.8 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.	K 144	Correction for the alleged deficiency was to engage generator service contractor to inspect and adjust transfer switch timer to enable unit to crank and transfer to connected load within the 10 seconds or less as needed. Generator service contractor and Maintenance Director will verify transfer times at time of adjustment. The Maintenance Director will do all regular scheduled weekly generator tests under load for the next eight weeks using the transfer switch breaker to simulate power failure and verify ten seconds or less transfer and connect to load, and provide documentation in generator logs. A summary of all these 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 October 14, 2016.		