<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX 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>F 000</td>
<td>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).</td>
<td>F 000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDERSUPPLIER I.D.
IDENTIFICATION NUMBER:

345439

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01
B. WING

NAME OF PROVIDER OR SUPPLIER
BROOKSHIRE NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
300 MEADOWLAND DRIVE BOX 1107
HILLSBOROUGH, NC 27279

(X4) ID TAG
ID PREFIX
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
COMPLETION DATE

K 000
K 000
INITIAL COMMENTS
This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a), using the Existing Health Care section of the LSC and its referenced publications. This building is Type V-III construction, one story, with a complete automatic sprinkler system.
The deficiencies determined during the survey are as follows:

NFPA 101 LIFE SAFETY CODE STANDARD

K 018
K 018
Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1% inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations in all health care facilities.

On 12/20/2012 The facility Maintenance Director inspected all fire doors and smoke partition doors for proper operation. The 600 Hall Fire Door latch assembly was repaired and returned to proper operational status. All Fire and smoke doors in the facility will continue to be inspected monthly for correct operation by the maintenance personnel.
<table>
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<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR L3G IDENTIFYING INFORMATION)</th>
<th>ID 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>
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<tbody>
<tr>
<td>K018</td>
<td>Continued From page 1 approximately 8:30 am onward, the following items were noncompliant, specific findings include; cross corridor doors on 600 hall did not close and latch for smoke tight seal.</td>
<td>K018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K025 SS=E</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</td>
<td>K025</td>
<td>On 12/20/2012, the Maintenance Director inspected all smoke and fire partition throughout the facility. All penetrations that were found were sealed appropriately. The Maintenance personnel were inserviced on checking the partitions anytime a service contractor has been in the attic. The Maintenance Director will continue to inspect the partitions on a monthly basis.</td>
<td>12/20/12</td>
</tr>
<tr>
<td>K045 SS=E</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency</td>
<td>K045</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
K045  Continued From page 2
lighting in accordance with section 7.8.)  19.2.8

This STANDARD is not met as evidenced by:
Based on observations and staff interview at
approximately 8:30 am onward, the following
items were noncompliant, specific findings
include: exit discharge on 100, 200 and 300 halls
only have single bulb fixture and would leave area
in darkness.

42 CFR 463.70(a)
NFPA 101 LIFE SAFETY CODE STANDARD

K056  SS=E
If there is an automatic sprinkler system, it is
installed in accordance with NFPA 13, Standard
for the Installation of Sprinkler Systems, to
provide complete coverage for all portions of the
building. The system is properly maintained in
accordance with NFPA 25, Standard for the
Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully
supervised. There is a reliable, adequate water
supply for the system. Required sprinkler
systems are equipped with water flow and tamper
switches, which are electrically connected to the
building fire alarm system.  19.3.5

This STANDARD is not met as evidenced by:
Based on observations and staff interview at
approximately 8:30 am onward, the following
items were noncompliant, specific findings
include: hot box at front of building did not have

K045
On 12/20/2012, all exit areas were
inspected by the Maintenance Director.
Multi-bulb fixtures were ordered to
replace the existing single bulb fixtures
where necessary. The light fixtures will be
inspected by maintenance personnel on a
weekly basis to ensure proper illumination
and operability.

K056
The sprinkler valves in the hotbox will have
an electrically-supervised switch installed
so that the fire alarm system will monitor
and detect any tampering with the
sprinkler valves. An electric heater will also
be installed to help regulate the
temperature in the hot box. The switch,
valves, and heater will be inspected by
facility maintenance personnel and by
Grinnell Fire Protection Systems as well.

K056
1/30/13
<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each deficiency must be preceded by full regulatory or legal identifying information)</th>
<th>ID Prefix 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>
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<tbody>
<tr>
<td>K056</td>
<td>Continued From page 3 heat source nor were the sprinkler valves electrically supervised at time of survey. 42 CFR 483.70(a)</td>
<td>K056</td>
<td></td>
<td></td>
</tr>
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