F 000 INITIAL COMMENTS

The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).

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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.
BRIGHTMOOR NURSING CENTER

**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 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

**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, 4.8.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by:

Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliance, specific findings include:

1. Per sprinkler contractor inspection report sprinkler system has not having a 5 year obstruction investigation in past 5 years.
2. Also, 3 year full flow test.
3. Sprinkler heads under canopy have corrosion on heads.
4. No sprinkler wrench provided in box sprinkler box.

**NOTE:** This item is waived until 1/31/2014

42 CFR 483.70(a)
<table>
<thead>
<tr>
<th>ID PREFIX 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>
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NAME OF PROVIDER OR SUPPLIER: BRIGHTMOOR NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 610 WEST FISHER STREET, SALISBURY, NC 28145

DATE SURVEY COMPLETED: 09/24/2013

Provider ID: 345140

Building: 01 - Main Building 01

Wing: B.