STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345169	A. BUILDING _____ B. WING _____	C 04/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CTR HEALTH & REHAB/GASTO	969 COX RD GASTONIA, NC 28054

(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
F 505 SS=D	483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS The facility must promptly notify the attending physician of the findings. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the facility failed to report a critical lab value to the Physician in a timely manner for one (1) of three (3) sampled residents. (Resident #2) The findings are: Resident #2 was admitted to the facility with diagnoses that included dementia and a history of anemia related to surgery in 2010. Review of the resident's medical record revealed there were an original Physician's orders dated 4/14/11 for laboratory work every 6 months that included a Complete Blood Count (CBC). Further review revealed a CBC was performed on 4/6/12 at 2:46 p.m. Resident #2's medical record revealed a document titled "Final Report" dated 4/7/12 that specified the resident had a critically low hemoglobin value of 5.2g/dL (grams per deciliter). The normal range for hemoglobin is 11.5 - 15.0g/dL. Additionally, the report specified the Hemoglobin results were called and reported to licensed nurse (LN) #1 on 4/7/12 at 12:35 a.m. A document titled "Change in Condition" specified LN #1 notified the on-call Physician's Assistant of Resident #2's critical hemoglobin on 4/7/12 at 8:05 a.m. An original Physician's order dated 4/7/12 specified to send resident to Emergency	F 505	This Plan of Correction is the facility's credible allegation of compliance. 1. Corrective action has been accomplished for the alleged deficient practice in regards to resident #2 by notifying the attending physician of critical lab result. 2. To insure alleged deficient practice does not occur again all residents with lab orders have the potential to be affected by the same alleged deficient practice; therefore the Director of Nursing(DON), Assistant Director of Nursing, or Nurse Supervisor has completed an audit of all lab orders for the last thirty days to identify those residents with lab orders to assure proper physician notification. 3. Measures put in place to ensure that the alleged deficient practice does not recur include: Staff Development Coordinator (SDC) or Director of Nursing will conduct in service training regarding the Policy and Procedure for critical labs as they pertain to physician notification. The Director of Nursing, Assistant Director of Nursing or Nurse Manager will audit all labs for the last thirty days for accurate physician notification and follow up. Director of Nursing, Assistant Director of Nursing and/or Nurse Manager with audit all lab orders daily for four(4) weeks then weekly there after for three months to ensure all orders are reported to physician in a timely manner. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 4-10-2012

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.

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MAY 11 2012
BY: MH

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F 505	Continued From page 1 Department for evaluation. The hospital History and Physical examination sheet dated 4/7/12 specified the resident was admitted for severe anemia and treated with 2 units of packed red blood cells and intravenous (IV) iron. The resident was discharged from the hospital back to the facility on 4/8/12 with orders for comfort measures. Further review of the discharge summary revealed the resident's hemoglobin was 8.3 after the transfusion. On 4/25/12 at 11:00 a.m. the Director of Nursing (DON) was interviewed and reported she was aware that LN #1 waited 7 ½ hours to notify the on-call Physician's Assistant of Resident #1's hemoglobin. The DON stated she would expect licensed nurses to notify the physician of a critical hemoglobin by the end of their shift if the resident was asymptomatic. On 4/25/12 at 11:45 a.m. the Physician's Assistant was interviewed and reported she was notified by LN #1 of Resident #2's hemoglobin the morning of 4/7/12. She stated that she was unaware the critical lab value had been identified and reported to LN #1 on 4/7/12 at 12:35 a.m. and added that she expected to be notified immediately of a critical hemoglobin. She reported that she ordered the resident to be sent to the Emergency Department for evaluation and treatment. On 4/25/12 at 12:45 p.m. LN #1 was interviewed and reported that on 4/7/12 around midnight she was notified by the company who performed the laboratory testing of Resident #2's critical hemoglobin. She stated she thought she could	F 505	4. The Director of Nursing and Administrator will review the data from audits and report findings to Quality Assurance Committee monthly for three months. The Committee will evaluate the effectiveness of the above plan, and will add additional interventions as needed. 5. Date of compliance May 11, 2012. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	

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F 505	Continued From page 2 wait to contact the Physician because Resident #2's vital signs were within normal limits and the resident appeared stable. She added that the Weekend Supervisor obtained a second set of vital signs that were within normal limits on the resident just prior to her discharge to the Emergency Department. On 4/25/12 at 3:20 p.m. the Physician was interviewed and stated he was not aware of Resident #2's critical hemoglobin. He added that ideally all critical laboratory values should be reported to a Physician right away but stated Resident #2 did not suffer from the LN waiting 7 ½ hours to notify the on-call Physician. The Physician stated the resident was not actively bleeding and experienced no negative outcome as a result of being sent to the Emergency Department on 4/7/12 at 8:05 a.m. He also added the course of treatment would have been the same.	F 505		