STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation Event ID# T07G11.	F 000	F 273 1. Resident #261 had his Admission Minimum Data Set (MDS) completed on 5/10/12.	05/10/12
F 273 SS=D	483.20(b)(2)(i) COMPREHENSIVE ASSESSMENT 14 DAYS AFTER ADMIT A facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.) This REQUIREMENT is not met as evidenced by: Based on staff interview and document review, the facility failed to complete an Admission Minimum Data Set (MDS) within the required timeframe of 14 days for 1 of 7 residents (Resident #261). Findings included: Resident # 261 was admitted on 4/24/12 with diagnoses including dementia, chronic kidney disease Stage 3, Diabetes Mellitus, profound hearing loss and fall with femoral fracture status post left (L) Open Reduction Internal Fixation surgery on 4/21/12. Review of the Medical Record on 5/10/12 revealed the Admission MDS, due on 5/6/12, was not present. Interview with MDS Coordinator #1 on 5/10/12 at	F 273	2. The facility MDS department, along with assist from the Region Care Management Coordinator completed an audit of all MDS's to identify any residents that may have been affected by this alleged deficient practice. Any MDS's found needing to be completed will be completed. 3. The Interdisciplinary Team (IDT), including the Director of Nursing, Assistant Director of Nursing, MDS Coordinator, MDS Nurses, Social Services Director, Dietary Manager, Activity Director, will be in serviced by the Regional Care Management Coordinator regarding completion of Assessments timely. The Administrator will audit the MDS Due Roster Report, which includes the Reference Date, Completion Date and due date of admission, quarterly, annual, and significant change assessments based on the last assessment completed. The report will be audited weekly for 4 weeks, then every other week for 8 weeks, then monthly for 6 months, to identify that assessments are completed timely, within Federal guidelines. This audit will be **" 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 law."**	05/15/12 06/8/12 06/1/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 6/11/12

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 273	Continued From page 1 10 AM revealed the Admission MDS for Resident #261 had not been completed yet. She stated that they were behind on completing MDS assessments as one staff member had left. She stated that they were trying to get caught up but there were others that they were also behind on. MDS Coordinator #1 indicated they had not gotten caught up to Resident #261's admission date yet but would do his today if it was needed. Interview with the Director of Nursing on 5/10/12 at 3:35 PM revealed that she had not been informed the MDS assessments were behind schedule. She stated that she would take care of it.	F 273	reviewed by the Quality Assurance and Assessment Committee (QA&A) for trends. The Health Information Coordinator or Administrator will audit 5 randomly selected charts weekly for 4 for weeks, then every other week for 8 weeks, then monthly for 6 months, using an MDS Assessment Reference Date audit tool, to identify that assessments are completed timely and report audit findings to the QA&A Committee. 4. The QA&A Committee will meet weekly for 4 weeks, then monthly, to review results of the audit mentioned above, to monitor effectiveness of the plan and that compliance is maintained. Necessary adjustments or revisions will be developed and implemented based on trends identified to ensure compliance.	06/1/12 06/8/12 & ongoing
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to transcribe doctor's order to the MAR (Medication Administration Record) resulting to failure to follow the doctor's orders for 1 (Resident #113) of 10 sampled residents. The findings include: 1. Resident # 113 was admitted to the facility on 02/20/12 with multiple diagnoses including respiratory failure and gastro esophageal reflux disease (GERD). The admission Minimum Data Set (MDS) assessment dated 02/29/12 indicated that Resident #113 had no memory and decision	F 281	F 281 1.Resident #113 was discharged from the facility on 3/28/12. 2. A 100% Chart review of Physician Orders was completed by Assistant Director of Nursing (ADON), Regional Pharmacy Liaison, Divisional Director of Clinical Education, and two Staff Nurses, to identify any other resident having the potential to be affected by this alleged deficient practice. This Audit targeted **" 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 law."**	03/28/12 05/31/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 281	Continued From page 2 making problems, limited assistance with eating and weighed 199 lbs (pounds). Resident #113 was discharged on 03/28/12. On 02/27/12, the FSD (food service director) had screened Resident #113. She recommended 4 oz (ounces) of house supplement (med pass) due to poor po intake. On 3/01/12, there was a physician telephone order for "4 oz of house supplement twice a day x 30 days. Document % consumed on the MAR". Review of the MAR for March, 2012 revealed no documentation that Resident #113 had received the house supplement. On 05/10/12 at 12:31 PM, Nurse #1 was interviewed. He stated that he signed off the order but he gave a copy of the order to Nurse #2 to transcribe it to the MAR. He further stated that he had asked Nurse #2 and she was unable to remember that he gave her a copy of the order to be transcribed to the MAR On 05/10/12 at 12:45 PM, Nurse #2 was interviewed. She stated that she did not remember that Nurse #1 had given her a copy of the order to be transcribed to the MAR. She further stated that if the house supplement was not written on the MAR, it was not given to the resident.	F 281	transcription inaccuracies to the MAR/TAR. Any identified errors in transcription were clarified and corrected at this time 3. All Facility Licensed Nurses will be in serviced by the Director of Nurses (DON) or Pharmacy Liaison regarding Physician Orders Policy and Procedure. The ADON or PM RN Supervisor will review Physician Telephone orders daily, Monday – Friday to verify that they are transcribed correctly to the MAR/TAR. Daily Monday – Friday during Morning Meeting, the Interdisciplinary Team (IDT) will review new Physician Telephone Orders, to verify proper content of the orders and that the ADON or PM Supervisor review of the order transcription to the MAR / TAR was completed. The Director of Nursing (DON), ADON, or Regional Nursing Consultant will audit 5 randomly selected charts weekly for 4 weeks, then every other week for 8 weeks, then monthly for 6 months, to review that Physician orders have been transcribed properly and document findings on an Audit Tool. The findings will be reported to the QA&A Committee.	06/14/12 06/1/12 06/1/12 06/8/12
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical,	F 309	**" 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 law."**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 3 mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and document review, the facility failed to provide pain management interventions that addressed a resident's pain prior to care and treatment and did not monitor the pain management interventions to assure these were addressing the resident's pain for 1 of 4 residents (Resident #261). The facility also failed to transcribe the doctor's orders to the Medication Administration Record (MAR) correctly resulting to failure to follow the doctor's orders for 1 (Residents #266) of 10 sampled residents. The findings include: Findings included: 1. Resident # 261 was admitted on 4/24/12 with diagnoses including dementia, chronic kidney disease Stage 3, Diabetes Mellitus, profound hearing loss and fall with femoral fracture status post left (L) Open Reduction Internal Fixation surgery on 4/21/12. Review of the hospital 72 Hour MAR (Medication Administration Record Summary) revealed that during his hospital stay (4/21/12 - 4/24/12) the resident had orders for the following non-scheduled analgesic medications: Morphine 2 mg(milligram)/mL(milliliter) inj	F 309	4. The QA&A Committee will meet weekly for 4 weeks, then monthly to review results of the audits mentioned above, to monitor effectiveness of the plan and that compliance is maintained. Necessary adjustments or revisions will be developed and implemented based on trends identified to ensure compliance. F 309 1. Resident #261 was discharged on 5/17/12. Resident #266 had his physician order for Colace clarified and the MAR corrected to reflect BID PRN for constipation. 2. A 100% Chart review of Physician Orders was completed by Assistant Director of Nursing (ADON), Regional Pharmacy Liaison, Divisional Director of Clinical Education, and two Staff Nurses, to identify any other resident having the potential to be affected by this alleged deficient practice. This Audit targeted transcription inaccuracies to the MAR/TAR. Any identified errors in transcription were clarified and corrected at this time. Pain assessments completed by facility nurses, have been reviewed by the Director of Nursing, Assistant Director of Nursing, Regional Clinical Director, MDS **" 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 law."**	06/8/12 & ongoing 05/17/12 05/9/12 05/31/12 06/08/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 4 (injection) 1 mL syringe, 2 mg per 1 mL Injection IV every 30 minutes as needed for pain - this was given once on 4/21/12 at 8:45 AM. Hydrocodone-acetominophen 5mg - 325 mg tablet, 1 - 2 tablets every 4 hours as needed for pain. This was given on 4/21/12 at 6:55 PM, and 4/23/12 at 6:15 AM and 10:39 AM. Review of the Pain Evaluation dated 4/24/12 revealed Resident #261 was able to participate in the assessment and indicated that he had frequent pain and that it limited his day-to-day activities. The location of his pain was his L (left) femur and was described as an aching pain. At the time of the assessment Resident #261 rated his pain as 7 on a 0-10 scale (0 for no hurt, 9-10 for hurts worst). For "Worst Pain/Hurting Gets" the resident indicated a pain score of 10 and for "Best Pain/Hurting Gets" he indicated a pain score of 4. The things that relieved his pain were rest, positioning and medication administration. The things that contributed to his pain were: repositioning, exercise/mobility/range of motion, bathing, activities of daily living and rising from chair. Under the heading "Manner of Expressing Pain and Associated Symptoms" the following were checked: verbalization, grimacing and groaning. Review of the Initial Plan of Care dated 4/24/12 revealed the following goal: "(Name of Resident) will have pain alleviated with both pharmacological and non-pharmacological interventions with evidence of pain relief through both verbal and non-verbal indicators such as grimacing, groaning, crying through next review." The interventions checked off were: "observe for signs/symptoms of verbal and non-verbal	F 309	Nurse, Admissions Nurse, and/or the PM Nurse Supervisor, targeting pain identification and intervention, to identify any residents that may have been affected by this alleged deficient practice in regards to pain management. No trends were identified, however, the Medical Director will be consulted for the need for scheduled pain medications. 3. Directed Inservice will be scheduled and provided to the All Licensed Nurses by The North Carolina Board of Nursing or Area Health Education Center on: 1. Assessment of Demented Residents 2. Medication Administration 3. Assessing Pain 4. Pain Management System The Director of Nursing will in service Licenses Nurses and the Facility Interdisciplinary Team, including the Assistant Director of Nursing, MDS Coordinator, MDS Nurses, , Social Services Director, Dietary Manager, and Activity Director on Facility Pain Management System, including 1. Identifying Residents with pain 2. Confirm Physician Orders for pain medication 3. Review Resident Care Plans for pain **" 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 law."**	06/14/12 06/8/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 5 indicators of pain at each medication pass, and periodically", "provide diversion activities such as positioning, music, television", provide medications as ordered and document effective results of medication administration", and "notify MD (Medical Doctor) of unrelieved pain." Review of the Comprehensive Care Plan for profound hearing loss dated 4/25/12 revealed the following goal: "Resident will be able to make needs known and have needs met x (times) 90 days." The approaches checked were "provide devices to assist with communication (communication board, writing materials, etc)", "face resident and give time for appropriate form of communication", "provide patient compassionate care, anticipate needs of resident to reduce frustration levels." Review of the Comprehensive Care Plan for Behavioral symptoms of "yells out, curses at staff, hits out during care" dated 4/26/12 revealed the following goal: "(Name of Resident) will have decreased episodes of identified behaviors to no more than 1 times per day, 1 time per week through next review." The approaches checked off were: "use firm gentle voice, identifying self to individual prior to initiating care", "give simple clear directions, repeat as necessary", "ignore verbal outbursts", "check for discomfort, pain, redirect as needed", "notify MD (Medical Doctor) as needed", and "will explain all care prior to providing care." Review of the Comprehensive Care Plan for Pain completed on 5/10/12, revealed the following goal: "(Name of resident) will have reduced pain as measured by verbal expression and/or	F 309	4. IDT to review daily Monday – Friday any residents with new onset of pain 5. Care Management Risk Review meetings weekly to review resident's pain management program Daily Monday – Friday during Morning Meeting, the Interdisciplinary Team (IDT), including Director of Nursing, ADON, MDS Coordinator, Activity Director, Social Services Director, Dietary Manager, will review physician telephone orders and 72 hour reports for any indications of residents requiring new or increased pain interventions. Resident's identified will be assessed for assurance of adequate pain intervention and then reviewed weekly by the Care Risk Management Review Team, including, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, MDS Nurses, , Social Services Director, Dietary Manager, and Activity Director for adequate pain management. Facility Licensed Nurses were inserviced by the Director of Nursing (DON) or Pharmacy Liaison regarding Physician Orders Policy and Procedure. **" 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 law."**	06/8/12 06/8/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 6 decrease in behaviors associated with pain." The approaches checked off were: Positioning support Relaxation Administer analgesics as ordered See physician orders Implement pain management flow sheet Observe resident for signs and symptoms of pain, including verbal expressions and non-verbal expressions Notify physician if interventions are not consistently effective Medicate resident for pain prior to treatments and therapy if indicated Review of the Physician's Orders revealed an order dated 4/24/12 for Vicodin (hydrocodone-acetaminophen) 5mg (milligrams) - 500mg 1 tablet every six hours as needed for mild pain and hydrocodone-acetaminophen 5mg-500 mg 5mg-500mg 2 tablets every six hours for moderate pain. There was no specification with this order to give it prior to care or treatment. There was also an admission order dated 4/24/12 for lorazepam 0.5 mg twice daily before shower and as needed for anxiety. The order was clarified on 4/24/12 to read lorazepam 0.5 mg every 12 hours as needed for anxiety. Review of the Therapy and Progress note Update dated 5/1/12 for 4/25/12 - 5/1/12 revealed, in part, electrical stimulation was being utilized in physical therapy to decrease pain. It also read, in part, "pt (patient) has high anxiety with his left hip pain", "pt easily screams of pain in anticipation of feeling pain from the L leg." Review of the Psychiatric Consultant's note dated	F 309	Daily Monday – Friday during Morning Meeting, the Interdisciplinary Team (IDT), including Director of Nursing, ADON, MDS Coordinator, Activity Director, Social Services Director, Dietary Manager, will review new physician orders to verify proper content and that the ADON / PM Supervisor review of the order transcription to the MAR/Tar was completed. Any errors identified will be clarified and corrected by the DON, ADON, MDS Coordinator, Admissions Nurse, or PM supervisor. The Director of Nursing (DON), ADON, or Regional Nursing Consultant will audit 5 randomly selected charts weekly for 4 weeks, then every other week for 8 weeks, then monthly for 6 months, to review that Physician orders have been transcribed properly and document findings on an Audit Tool. The findings will be to the QA&A Committee. 4. The Quality Assurance and Assessment Committee (QA&A) will meet weekly for 4 weeks, then monthly to review results of the audits mentioned above, to monitor effectiveness of the plan and that compliance is maintained. Necessary adjustments or revisions will be developed and implemented based on trends identified to ensure compliance. **" 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 law."**	06/4/12 06/8/12 06/8/12 & ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 7 5/3/12 revealed, in part, "since arrival here, the staff report the patient can be resistive at times, agitated at others. They report yesterday for example, they had to do therapy with him in bed and was swinging trying to hit staff. He is very confused on interview." The consultant's recommendation included "Patient is agitated and interfering with his ability to receive PT (Physical Therapy). Will start Depakote 125 mg bid (twice a day)." Review of the medical record and Controlled Medication Utilization Record from 5/6/12 to 5/10/12 revealed: On 5/6/12 at 12:00 midnight the resident received 1 tablet of hydrocodone-acetaminophen 5mg-500 mg. The PRN Pain Medication Administration Record was not completed for this dose. The information left blank was: time of dose, initials of nurse, pre and post administration pain score, pre and post administration non-verbal indications of pain, and pre and post administration non-pharmacological interventions. The 5/6/12 9 AM nursing note revealed, in part, "Resident yelled loudly during am care." On 5/6/12 at 10 AM the resident received two tablets of hydrocodone-acetaminophen 5mg-500 mg. The PRN Pain Medication Administration Record was not completed for this dose. The information left blank was: time of dose, initials of nurse, pre and post administration pain score, pre and post administration non-verbal indications of pain, and pre and post administration non-pharmacological interventions. On 5/6/12 at 9 PM the resident received two	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 8	F 309		

tablets of hydrocodone-acetaminophen 5mg-500 mg. The PRN Pain Medication Administration Record was not completed for this dose. The information left blank was: time of dose, initials of nurse, pre and post administration pain score, pre and post administration non-verbal indications of pain, and pre and post administration non-pharmacological interventions.

On 5/7/12 at 8:30 AM the resident received two tablets of hydrocodone-acetaminophen 5mg-500 mg. The PRN Pain Medication Administration Record was not completed for this dose. The information left blank was: time of dose, initials of nurse, pre and post administration pain score, pre and post administration non-verbal indications of pain, and pre and post administration non-pharmacological interventions.

The 5/7/12 2:30 PM nursing note revealed, in part, "screams and combative with staff during care."

On 5/8/12 at 9 AM the resident received two tablets of hydrocodone-acetaminophen 5mg-500 mg. The PRN Pain Administration Record was completed and revealed a pre administration pain score of 8 with verbal complaints of pain, positioning and support was indicated as the non-pharmacological intervention used and the post administration pain score was 1 with no non verbal pain indicators.

The 5/8/12 2 PM nursing note indicated that the 9 AM dose of hydrocodone-acetaminophen has some effect.

Review of the Therapy and Progress note Update

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 9	F 309		

dated 5/8/12 for 5/1/12 - 5/8/12 revealed, in part, electrical stimulation was being utilized in physical therapy to decrease pain. It also read, in part, "Pt has decreased participation in therapy easily gets anxious (without) any movement of his B (bilateral) legs, body or exam B LE's (lower extremities, also has a lot of pain to L hip from his surgery."

Review of the PT and OT Progress Status dated 5/8/12 (no time noted) revealed Resident #261 participated in therapy on 5/8/12. The PT note read, in part, "easily screams with anticipation of pain to LLE (left lower extremity) with ther (therapeutic) ex (exercise)." The OT note read, in part, "sitting EOB (edge of bed) max (maximum) bed mob (mobility) patient yelling."

On 5/9/12 at 8:50 AM Resident #261 was overheard yelling loudly "don't touch me" "please leave me alone"; he was also overheard moaning from the hallway periodically from 9 AM to 11 AM.

On 5/9/12 at 8:50 AM the resident received two tablets of hydrocodone-acetaminophen 5mg-500 mg. The PRN Pain Administration Record was completed and revealed a pre administration pain score of 7 with verbal complaints of pain, positioning and support was indicated as the non-pharmacological intervention used and the post administration pain score was 1 with no non verbal pain indicators.

On 5/9/12 at 11:25 Nurse # 1 entered the room to check his blood sugar. Resident #261 was overheard to yell loudly "please leave me alone", "please, please leave me alone" and "ow ".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 10 On 5/9/12 at 12:57 NA # 1 was observed taking the resident's lunch tray into his room. Resident #261 could be overheard from the hall was moaning as he was repositioned by rolling up the head of the bed for lunch. On 5/9/12 at 1:03 PM NA # 1 was observed exiting Resident #261's room with his lunch tray. On interview at this time she stated the resident ate a couple of bites of the pasta and had a few sips sweet tea for lunch and then refused to eat anymore. On 5/9/12 at 1:55 PM the resident was given lorazepam 0.5 mg. The Behavior Monitoring Form - Anti-Anxiety Medications for Resident #261 was not in the Medication Administration book or on his medical record. Review of a blank Behavior Monitoring Form - Anti-Anxiety Medications revealed "Specify each target behavior in the space provided. For each shift, chart the number of episodes." "Identify intervention(s) used, outcome and any possible medication side effects observed." On 5/9/12 at 2:10 PM Resident #261 was overheard from the hallway repeatedly yelling "please leave me alone". The resident was then observed up in his wheelchair dressed in day clothes. On 5/9/12 at 2:30 PM Resident #261 was observed in his wheelchair in the Physical Therapy room. His eyes were closed and he was not actively participating in PT at this time. Interview with Physical Therapist #1 on 5/9/12 at	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 11	F 309		

2:30 PM revealed the resident's progress in Physical Therapy was complicated by the resident being hard of hearing and also by confusion, pain and anticipation of pain. He stated that on some occasions Resident #261 had been able to participate in therapy but on others he would yell out and seem to be in pain but that sometimes he would do it without even being touched.

The 5/9/12 2:30 PM nursing note read, in part, "Resident alert (with) confusion - yells out and combative with every touch - spoke slowly to explain patient care to him - he yells out 'Don't touch me'", "up in wheelchair with lift and 3+ assist to therapy - yells at intervals even if arms or other body part touched." The note also indicated that the 8:50 AM dose of pain medication had "some helpfulness" and that the 1:55 PM dose of lorazepam was given with "little help noted."

On 5/9/12 at 2:48 PM Resident #261 was observed in his wheelchair in the Physical Therapy room. His eyes were closed and he was not actively participating in PT at this time.

On 5/9/12 at 2:50 PM interview with NA #1 revealed Resident #261 yelled out frequently during care and sometimes when just approached but not touched. She indicated that she got him up daily in the afternoon for physical therapy and that the Nurse helped her get him in the wheelchair with the mechanical lift. She said that sometimes an extra person was needed because he would strike out at staff. NA #1 added that Resident #261 did not like being moved at all but that once he was in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 12 wheelchair or back in bed he was fine, as long as he wasn't moved. On 5/9/12 at 3 PM Resident #261 was observed in his wheelchair in the Physical Therapy room. His eyes were closed and he was not actively participating in PT at this time. The 5/9/12 3 PM nursing note read "refused to do therapy." Review of the PT and OT Progress Status dated 5/9/12 (no time noted) revealed Resident #261 went to therapy on 5/9/12. The PT note read, in part, "attempted w/c (wheelchair) to hat (with) slideboard but pt (patient) refusing and screams before he is even touched on any part of his body." On 5/9/12 at 3:55 PM Resident #261 was observed being wheeled back to his room by NA #2. The resident's eyes were closed at this time. NA #2 stated that he had refused to participate in therapy and he was yelling and distressing the other residents. NA #2 then approached the resident to remove his sweatshirt and put on a hospital gown. The moment she approached Resident #261 and touched his arm gently to wake him he yelled "ow". He continued to say "please leave me alone" and "ow" as she removed his sweatshirt and put on the gown. After this NA # 2 went to get NA #3 to help her use the mechanical lift to transfer Resident #261 back to bed. When they started to hook up the lift and when they started to lift him Resident #261 yelled out again "please stop", "please leave me alone" and moaned. Initially he would not let go of the arm of the wheelchair with his right hand so	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 13	F 309		

the lift could not proceed. NA #3 was unable to release his hand using gentle force so stopped trying until he relaxed and closed his eyes again. She then held his hand and the lift proceeded. Resident #261 continued to yell out "please stop" during the lift, he also clutched his left leg with his left hand and yelled "ow" louder than before every time his left leg moved slightly. Once in bed, NA # 1 and #2 rolled him onto his right side to perform incontinent care and remove his pants. He was grasping the bed rail and would not let go to be turned onto his left side to continue incontinent care. Resident #261 was repeatedly yelling "please stop", "leave me alone", "ow, ow, ow" and moaning loudly. Nurse # 2 then entered the room and asked the NA's "do you want me to him some pain medication and you can try again later?" NA #2 then said "we need to get this brief on him". Nurse #5 then talked to the resident in a calm, gentle, simple manner loud enough for his to hear and tried to get his cooperation. She also asked him where it hurts. Resident #261 responded "please leave me alone, you don't know how much it hurts." Nurse #5 replied "we're just trying to get this brief on you, then I'll give you some pain medication, ok." Resident #261 continued to yell "please leave me alone" and was holding on tightly to Nurse #5's fingers with his free hand. Nurse #5 wiggled her fingers free after he did not respond to her requests to let got of her hand. Nurse #5 then said "ok, we're going to leave him alone and you can come back and try again later. At that point the Administrator entered the room to see what was going on and suggested that Resident #261 be given pain medication. During this interaction with Resident #261 NA #2 and NA #3 both remained calm and explained what they were trying to do briefly and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 14 in simple terms. All staff present left the room at 4:30 PM. On 5/9/12 at 4:33 PM Nurse #5, NA #2, the Administrator and Administrative Nurse #2 entered Resident #261's room. The resident was overheard yelling "please leave me alone." On 5/9/12 at 4:36 PM Resident # 261 was observed with his brief already on and Administrative Nurse #2 was stroking his arm and asked him what hurt. Resident #261 responded "everything". Resident #261 was then positioned and yelled "ow" when his legs were raised slightly to float his heels on a pillow. On 5/9/12 at 4:40 PM the resident received two tablets of hydrocodone-acetaminophen 5mg-500 mg. The PRN Pain Administration Record was completed and revealed a pre administration pain score of 10 with facial grimacing and rubbing L hip, relaxation was indicated as the non-pharmacological intervention used and the post administration pain score was 0 with no non verbal pain indicators. The 5/9/12 5:45 PM nursing note revealed "during ADL's (Activities of Daily Living) res (resident) yelling "Leave me alone", "Get out". Staff provided relaxation time and res denies discomfort. Staff able to provide ADL care (after) relaxation. Res holding L hip yelling out "I hurt." PRN (as needed) lortab (hydrocodone-acetaminophen) given (with) results pending." On 5/10/12 at 10:15 AM the resident received two tablets of hydrocodone-acetaminophen 5mg-500	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 15 mg. The PRN Pain Medication Administration Record was not completed for this dose. The information left blank was: time of dose, initials of nurse, pre and post administration pain score, pre and post administration non-verbal indications of pain, and pre and post administration non-pharmacological interventions. The Admission Minimum Data Set (MDS) dated 5/10/12 revealed the resident had short and long term memory problems and was severely impaired in decision making. He also was coded as having moderate hearing impairment and as being usually understood and usually able to understand. The MDS indicated the resident exhibited physical, verbal and other behaviors directed towards others that put the resident and others at risk for physical illness or injury, significantly interfered with the resident's care and with his participation in activities. Resident #261 also rejected care according to the assessment. For bed mobility, dressing, toilet use and personal hygiene the MDS indicated Resident #261 required extensive assistance of 2 people and for locomotion and eating extensive assistance of 1 person. For transfers the assessment indicated the resident was totally dependent and required the assistance of 2 people. He was coded as having one sided limited range of motion of the lower extremity. The MDS indicated the resident received pain medications as needed and non-pharmacological interventions and that he had frequent pain that limited his day to day activities. According to the MDS the resident was unable to score his pain when interviewed. Interview with Nurse #4 on 5/10/12 at 10:20 AM revealed that Resident #261 was known to yell	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	260 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 16 out every time he was moved but he was generally fine once he was up. Nurse #4 also said she had previously observed Resident #261 participating in therapy by peddling the bike pedals without indications of pain. She added that the resident tended to anticipate pain and would yell out when approached even before he was touched. Nurse #5 acknowledged that on 5/9/12 Resident #261 seemed to be yelling more than he had before and really wouldn't let them do anything with him. She said that for pain management she always gave him prn pain medication in the morning, prior to morning care. She also indicated that the resident went to PT/OT in the afternoon. When asked why Resident #261 was still sent to PT despite how much he was yelling on 5/9/12, she stated it was because once he was up in his wheelchair he was generally fine. On 5/10/12 at 12:20 pm interview with the Social Worker revealed that she had a telephone care conference with the resident's Responsible Party (RP) on 5/9/12. She stated that Resident #261 only yells out when he has care and sometimes even when you just knock on the door. She added that his RP was aware of this and said that Resident #261 had always been like that and anxious since being in the war years ago. The Social Worker acknowledged that on 5/9/12 Resident #261 had yelled out more than he had before although she thought he was similar when he was first admitted. On further review of the Medical Record this information from the RP about the resident's behavior/anxiety/pain response prior to admission to the facility was not documented.	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 17 On 5/10/12 at 1:20 PM during interview with the Physician he indicated that prn analgesic may not be the most effective approach for a resident with dementia and that scheduled doses prior to care may be more appropriate. He also indicated that lorazepam can make residents with dementia more confused and this may have been the case on 5/9/12 for resident #261. On 5/10/12 at 1:50 PM interview with the Administrator and Director of Nursing (DON) revealed that they had not had an Interdisciplinary Meeting to discuss Resident #261's potential change in condition or pain response. The DON stated that Resident #261 anticipated pain and had anxiety and she did not necessarily think the yelling was pain related. She indicated that and given this, analgesic prior to care or treatment would not be indicated. When asked if the resident had been assessed to determine if he was in fact experiencing pain, or there was some underlying cause, they both indicated that his dementia and anxiety response made it difficult to assess. The DON stated that the orthopedic doctor had seen the resident and his leg was healing fine and that Resident #261 had been seen by psychiatry and started on new medications. The Administrator did acknowledge that given the extent of the resident's yelling to be left alone on 5/9/12, that Physical Therapy or Occupational Therapy could have attempted to treat him in his room at that time. On 5/10/12 at 2 PM interview with the Administrator revealed that every time prn analgesic was administered, Nursing staff were to complete the pre and post administration pain assessment on the PRN Pain Medication	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 18	F 309		

Administration Record. After reviewing the PRN Pain Medication Administration Records for Resident #261 and comparing the entries against the documentation in the Controlled Medication Utilization Record of hydrocodone-acetaminophen doses administered, he acknowledged the pain assessment was not consistently completed.

On 5/24/12 at 12:59 PM interview with the Responsible Party (RP) revealed that resident #261 had recently moved from the facility back to his Assisted Living Facility on 5/17/12, with hospice care, and passed away on 5/21/12. The RP stated that he had also witnessed the resident's behavior and pain type response to care at the facility and that he believed it was due to the resident's dementia and fear or pain. He stated that prior to the fracture, the resident was ambulatory and combative at times; maybe once every two weeks and also when he frist went to the ALF, but other than that he was happy. He also said that Resident #261 was very hard of hearing and generally read lips to know what someone was saying. The RP added that various medications had been tried for Resident #261's behaviors in the past but he would have reactions to them and nothing really worked. The RP said he had wanted Resident #261 back at the ALF as soon as possible because he had settled down there previously once he got used to the staff.

On 5/24/12 at 2:25 PM interview with the Rehabilitation Director revealed Physical Therapy had done Electrical-Stimulation therapy with Resident #261 for pain management with little improvement. She also stated that on 5/10/12 there was a new order for pain medication prior to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 309	Continued From page 19	F 309		

therapy so from then on the Therapists coordinated therapy times with the nurse so Resident #261 could be pre-medicated. She added that pre-medicating the resident was not that helpful and indicated that he still yelled out even prior to being touched, which she felt had to do with anxiety. The Rehabilitation Director also said that the RP had told them in the 5/9/12 Care Conference that Resident #261 had a diagnosis of post-traumatic stress disorder. This diagnosis was not present in the medical record on chart review during the survey.

2. Resident # 266 was admitted to the facility on 05/01/12 with multiple diagnoses including constipation. The admission orders revealed that Resident #266 was on Colace 100 mgs 1 capsule by mouth twice a day as needed (PRN) for constipation.

The MAR for May, 2012 was reviewed. Colace was transcribed to the MAR to be given twice a day as needed but the time of administration written was 0800 and 1600. The MAR had nurses' initials at 0800 and 1600 indicating that Colace was administered twice a day round the clock instead of PRN as ordered.

On 05/09/12 at 11:50 AM, Nurse #1 was interviewed. Nurse #1 acknowledged that he transcribed the Colace to the MAR incorrectly and therefore was not administered as ordered. He should have not written the time of administration (0800 & 1600) because it was a PRN order but he did so it was administered round the clock.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to maintain their medication error rate 5% or below by not following doctor's orders and the manufacturer's specification. Four errors (Residents # 280, & #259) of 50 opportunities were observed resulting to 8% medication error rate. The findings include: 1a. Resident #280 had a doctor's order dated 05/04/12 for Aspirin 325 mgs (milligrams) 1 tablet by mouth at bedtime for Coronary Artery Disease (CAD). The MAR was reviewed. Aspirin was written on the MAR to be given at 8:00 PM. On 05/09/12 at 8:14 AM, Resident #280 was observed during the medication pass. Nurse #3 was observed to prepare and to administer the resident's medications including Aspirin 325 mgs 1 tablet. On 05/09/12 at 8:30 AM, Nurse #3 was interviewed. She stated that it was a mistake, Aspirin should have been given at bedtime and not in the morning.	F 332	F 332 1.Resident #280 discharged on 5/10/12. Resident #259, discharged on 5/15/12. 2. A 100% Chart review of Physician Orders was completed by Assistant Director of Nursing (ADON), Regional Pharmacy Liaison, Divisional Director of Clinical Education, and two Staff Nurses, to identify any other resident having the potential to be affected by this alleged deficient practice. This Audit targeted transcription inaccuracies to the MAR/TAR. Any identified errors in transcription were clarified and corrected at this time. 3. All Facility Licensed Nurses will be inserviced by the North Carolina Board of Nursing or Area Health Education Center, the Director of Nursing or Pharmacy Liaison on Medication Administration Policy. All Facility Licensed Nurses will be provided with Medication Pass Observation by Pharmacy Personnel, DON, ADON, or Regional Nursing Team Members. Observations will be completed on all units, all shifts, including on weekends, and documented on our Pharmacy Medication Pass Observation Tool. **" 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 law."**	05/15/12 05/31/12 06/14/12 06/14/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 332	Continued From page 21 1b. Resident #280 had a doctor's order dated 05/04/12 for Vitamin B 12 1000 mcg. (microgram) by mouth at bedtime for Vitamin B12 deficiency. The MAR was reviewed. Vitamin B12 was written to be given at 8:00 PM. On 05/09/12 at 8:14 AM, Resident #280 was observed during the medication pass. Nurse #3 was observed to prepare and to administer the resident's medications including Vitamin B12. On 05/09/12 at 8:30 AM, Nurse #3 was interviewed. She stated that it was a mistake, Vitamin B12 should have been given at bedtime and not in the morning. 1c. Resident #280 had a doctor's order dated 05/04/12 for Ferrous Sulfate 325 mgs 1 tablet by mouth daily for Anemia. The MAR was reviewed. Ferrous Sulfate was transcribed to be given at 8:00 AM everyday. On 05/09/12 at 8:14 AM, Resident #280 was observed during the medication pass. Nurse #3 was observed to prepare and to administer the resident's medications. Nurse #3 was not observed to prepare or to administer Ferrous Sulfate to Resident #280. On 05/09/12 at 8:30 AM, Nurse #3 was interviewed. She stated that she missed to administer the Ferrous Sulfate to the resident. 2. Resident #259 had a doctor's order dated	F 332	The Director of Nursing (DON) will conduct random Observations of 3 Licensed Nurses weekly for 4 weeks, then every other week for 8 weeks, then monthly for 6 months, and report findings to the Quality Assurance and Assessment (QA&A) Committee using our Pharmacy Medication Pass Observation Tool. 4. The QA&A will meet on a weekly for 4 weeks, then monthly to review results of the audits and DON's random Observation Report mentioned above, to monitor effectiveness of the plan and that compliance is maintained. Necessary adjustments or revisions will be developed and implemented based on trends identified to ensure compliance. **" 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 law."**	06/8/12 06/8/12 & ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 332	Continued From page 22 04/30/12 for Advair 2 puffs inhaler twice a day for Chronic Obstructive Pulmonary Disease (COPD). On 05/10/12 at 8:14 AM, Resident #259 was observed during the medication pass. Nurse #2 was observed to prepare and to administer the resident's medications including Advair. Nurse #2 was observed to give the inhaler to the resident and the resident inhaled 2 puffs of Advair without waiting at least 30 seconds between puffs. The nurse was not observed to give instruction to the resident to wait in between puffs. On 05/10/12 at 8:19 AM, Nurse #2 was interviewed. She stated that she should have instructed the resident to wait at least 30 seconds between puffs but she didn't.	F 332		
F 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to transcribe the doctor's orders to the Medication Administration Record (MAR) correctly resulting to failure to follow the doctor's orders for 1 (Resident #266)of 10 sampled residents. The findings include: 1. Resident #266 was admitted to the facility on 05/01/12 with multiple diagnoses including	F 333	F 333 1.Resident #266 had his Physician order clarified and the MAR corrected to reflect the order. 2. A 100% Chart review of Physician Orders was completed by Assistant Director of Nursing (ADON), Regional Pharmacy Liaison, Divisional Director of Clinical Education, and two Staff Nurses. This Audit was completed on 5/31/12 to identify any other residents that may have been affected by this alleged deficient practice. Any identified errors in transcription were clarified and corrected. 3. All Facility Licensed Nurses were inserviced by the Director of Nurses or **" 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 law."**	05/9/12 05/31/12 06/14/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	260 BISHOP LANE CONCORD, NC 28025

(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 333	Continued From page 23 Hypertension. The admission doctor's orders revealed that Resident #266 was on Lopressor 25 mgs (milligrams) 1 tablet by mouth twice a day for Hypertension. The MAR for May, 2012 was reviewed. The MAR revealed that the Lopressor was transcribed to be given twice a day but the time of administration written was 8:00 AM only. The nurses had their initial at 8:00 AM indicating that it was administered only once a day instead of twice a day as ordered. On 05/09/12 at 11:50 AM, Nurse #1 was interviewed. Nurse #1 acknowledged that he transcribed the order for the Lopressor to the MAR incorrectly and therefore was not administered as ordered. The nurse added that the timing for twice a day should have been 0800 and 1600 but he only wrote 0800.	F 333	Pharmacy Liaison regarding Physician Orders Policy and Procedure. The ADON or PM RN Supervisor will review Physician Orders daily, Monday – Friday to verify that they are transcribed correctly to the MAR/TAR. Daily Monday – Friday during Morning Meeting, the Interdisciplinary Team (IDT) will review new Physician Telephone Orders, to verify proper content of the orders and that the ADON or PM Supervisor review of the order transcription to the MAR / TAR was completed. The Director of Nursing (DON), ADON, or Regional Nursing Consultant will audit 5 randomly selected charts weekly for 4 weeks, then every other week for 8 weeks, then monthly for 6 months, to review that Physician orders have been transcribed properly and document findings on an Audit Tool. The findings will be to the QA&A Committee.	06/1/12 06/1/12 06/8/12
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data	F 356	4. The QA&A Committee will meet weekly for 4 weeks, then monthly to review results from audits mentioned above to monitor effectiveness of the plan and that compliance is maintained. Necessary adjustments or revisions will be developed and implemented based on trends identified to ensure compliance. **" 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 law."**	06/8/12 & ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 356	Continued From page 24 specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to post current nursing staff information. The findings include: On 5/7/12 at 6:45 pm, the facility's daily staff posting was observed on the bulletin board across from the main nurses' station. The date on the posting was 5/3/12. On 5/7/12 at 6:55 pm, the Administrative Nurse #2 was interviewed. She stated that the scheduler posted the staffing every morning and that the Administrator monitors to ensure that it gets done daily. On 5/7/12 at 7:10 pm, the Administrator was interviewed. He shared that he doesn't necessarily check the staff posting daily for accuracy, because it hasn't been a problem.	F 356	F 356 1.The Nursing Staffing Data Posting was corrected and posted on 5/7/12. 2. All residents had the potential to be affected by this alleged deficient practice. 3. The Administrator inserviced the Staffing Coordinator and the Weekend Manager on the Nursing Staffing Data Posting requirements. The Administrator will audit daily Monday – Friday to ensure the correct data is posted. The Administrator has assigned weekend audit to the Manager on Duty (Facility Department Managers). The Manager on Duty Form has been modified to capture this information. The Administrator will verify that the correct data was posted on the weekends. 4. The QA&A Committee will meet weekly for 4 weeks, then monthly to review results of the audits mentioned above, to monitor effectiveness of the plan and that compliance is maintained. Necessary adjustments or revisions will be developed and implemented based on trends identified to ensure compliance. **" 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 law."**	05/7/12 05/7/12 05/18/12 06/4/12 06/8/12 & ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 05/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 356	Continued From page 25 However, when he spoke to the scheduler this evening about the posting not being changed, she expressed to him, that "It got away from her." The Scheduler was interviewed on 5/9/12 at 9:20 am. She stated that typically she posts the staffing Monday through Friday, while working in the building and does not post it on the weekend. Last Friday, 5/4/12, she worked but stated that somehow changing the posting was overlooked. She was unable to determine, why that occurred. She shared that she was unaware that it was a requirement to post staffing daily and acknowledged that she does not have a designee to post it on the weekends.	F 356		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING 01 - MAIN BUILDING 01 B. WING	05/24/2012

RECEIVED
JUN 11 2012
CONSTRUCTION SECTION

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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) COMPLETIO DATE
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 observation on Thursday 5/24/12 at approximately 10:00 AM onward the following was noted. 1) The exit door located on the service hall is equipped with a wonder guard device and would relock the door when in contact with transmitter during activation of fire alarm.	K 038	K038 1.The Service Hall door wander guard device was adjusted by contract vendor and now releases during activation of fire alarm system	5/31/12
			2. The Maintenance Director checked the remainder of the exit doors to ensure proper release during general alarm - no issues were identified.	5/31/12
			3. The Maintenance Director will check doors for proper release during the monthly fire drills for the next three months with all results reported to and discussed during the monthly Safety Committee meetings and quarterly thereafter until next annual survey.	6/15/12
			4. The Quality Assurance and Assessment Committee (QA&A) will review results of Maintenance Director door checks and Safety Committee reports to monitor effectiveness of the plan and that compliance is maintained. Necessary adjustments or revisions will be developed and implemented based on trends identified to ensure compliance.	6/27/12
K 052 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation on Thursday 5/24/12 at	K 052	K052 1. The horns on 400 were replaced and tested by contract vendor.	5/31/12
			2. The Maintenance Director and contract vendor will then survey the remainder of the building to locate any other affected devices and repair/replace as needed.	5/31/12
			3.The Maintenance Director will verify proper sounding of horns in all locations during regular monthly fire drills for the next three months with " 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 law."	6/15/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 6/8/12

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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) COMPLETIO DATE
K 052	Continued From page 1 approximately 10:00 AM onward the following was noted. 1) During testing of the fire alarm system on battery backup power there horns on 100 hall did not sound. 42 CFR 483.70(a)	K 052	~~all results reported to and discussed during~~ those monthly Safety Committee meetings and continue quarterly thereafter until next annual survey. 4. The Quality Assurance and Assessment Committee (QA&A) will review results of Maintenance Director check of horns and findings reported to the Safety Committee to monitor effectiveness of the plan and that compliance is maintained. Necessary adjustments or revisions will be developed and implemented based on trends identified to ensure compliance.	6/27/12
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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 observation on Thursday 5/24/12 at approximately 10:00 AM onward the following was noted. 1) Upon review of the annual sprinkler inspection report date 6/17/11 there are items noted as deficient that were not addressed. a) 10 year test for internal inspection. b) 5 year test for pitch of pipe. c) Sprinkler heads in the kitchen and front porch were corroded and need replaced. d) Quick and standard head mixed in 100	K 056	K056 1. Sprinkler Service Contractor was contacted to provide the needed inspections, and repairs/replacements noted: (a) 10 year test for internal inspection, (b) 5 year test for pitch of pipe (c) Sprinkler heads in kitchen and front porch were corroded and need replaced, (d) Quick and standard heads mixed in 100 hall 2. The Maintenance Director and Contractor will survey the remainder of the building to locate any like instances and replace or order new pendants upon discovery. 3. Results and progress of inspection and replacement of affected heads will be presented to and discussed during the next three monthly Safety Committee meetings and continue quarterly thereafter with regular quarterly sprinkler contractor inspection results reviewed until next annual survey. " 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 law."	5/31/12 7/6/12 6/15/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING 01 - MAIN BUILDING 01 B. WING	05/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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) COMPLETIC DATE
K 056	Continued From page 2 Hall. 42 CFR 483.70(a)	K 056	4. The Quality Assurance and Assessment Committee (QA&A) will review results of inspections and sprinkler head replacements and findings from the Safety Committee to monitor effectiveness of the plan and that compliance is maintained. Necessary adjustments or revisions will be developed and implemented based on trends identified to ensure compliance.	6/27/12
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation on Thursday 5/24/12 at approximately 10:00 AM onward the following was noted. 1) Based upon observation at the time of the survey the kitchen was experiencing a sever negative pressure. NFPA 96 (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations 1998 Edition) Section 5-3* Replacement Air. - " Replacement air quantity shall be adequate to prevent negative pressures in the commercial cooking area(s) from exceeding 0.02 in. water column (4.98 kPa). "	K 069	K069 1. The kitchen negative air pressure will be corrected by installation of a larger make up air unit capable of balancing kitchen air. The Maintenance director will engage contractor to schedule replacement and assistance in proper regulation of intake vs. exhaust air. 2. No other life safety issues with potential to affect residents in a like manner were identified. 3.The Maintenance director will then continue with weekly checks of Kitchen air pressure for the next three months to ensure continued compliance, with all results reported to and discussed during corresponding monthly Safety Committee meetings with quarterly reports thereafter until next annual survey.	6/15/12 6/8/12 6/15/12
K 076 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076	4. The Quality Assurance and Assessment Committee (QA&A) will review results of Maintenance Director check of kitchen air pressure and findings reported to the Safety Committee to monitor effectiveness of the plan and that compliance is maintained. Necessary adjustments or revisions will be developed and implemented based on trends identified to ensure compliance. **" 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 law."**	6/27/12

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 076	Continued From page 3 4.3.1.1.2; 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation on Thursday 5/24/12 at approximately 10:00 AM onward the following was noted. 1) At the outside oxygen storage area adjacent to the dinning room full and empty oxygen cylinders were stored together. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. [NFPA 99 4-3.5.2.2b(2)] (oxygen storage near the nurses station) 42 CFR 483.70(a)	K 076	K076 1. The segregation of oxygen cylinders was corrected. 2. No other life safety issues with potential to affect residents in a like manner were identified. 3. Maintenance Director installed proper signage clearly marked to designate empty or full cylinders. The facility will offer inservices for all staff regarding proper storage of oxygen cylinders to assist in notification. Maintenance Director will perform daily spot checks for the next 4 weeks to ensure continued compliance and then random spot checks for the following 8 weeks (total of 12). Results of checks will be presented to and discussed during corresponding monthly Safety Committee Meetings. Results of random spot checks will then be presented quarterly thereafter until next annual survey. 4. The Quality Assurance and Assessment Committee (QA&A) will review results of Maintenance Director check of oxygen storage and findings reported to the Safety Committee to monitor effectiveness of the plan and that compliance is maintained. Necessary adjustments or revisions will be developed and implemented based on trends identified to ensure compliance. " 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 law."	5/24/12 5/24/12 6/5/12 6/27/12