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

PRINTED: 07/06/2012 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/SPRUC STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMMOND TO THE APPROPRIATE DEFICIENCY) COMMOND DEFICIENCY)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
NAME OF PROMIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/SPRUC CAN ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ((EACH DEFICIENCY) MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRIEFIX PROMISERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) PRIEFIX TAG PROMISERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) PRIEFIX TAG F 000 INITIAL COMMENTS F 000 F281 F 281 F 281 F 281 F 281 F 281 F 281 F 281 F 281 F 281 F 281 The services provided or arranged by the facility must meet professional standards of quality. F 281 This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to follow a physician order for one (1) of fifteen (15) sampled residents reviewed for medication administration. (Resident # 198) made administration. (Resident # 198 was admitted to the facility with diagnoses including Gastric Ulcer Disease and Gastrointestinal Hemorrhage. A review of Resident #198's medical record revealed the admission orders dated 6/41/2012 included an order for the resident to have hemocult stools. A 7 review of all sections of the medical record revealed on the admission orders dated 6/41/2012 included an order for the resident to have hemocult stools. A 7 review of all sections of the medical record revealed on the admission orders dated 6/41/2012 included an order for the resident to have hemocult stools. A 7 review of all sections of the medical record revealed on the presence of blood in stool). A review of all sections of the medical record revealed on the presence of blood in stool). A review of all sections of the medical record revealed on the presence of blood in stool). A review of all sections of the medical record revealed on the presence of blood in stool). A review of all sections of the medical record revealed on the presence of blood in stool). A revi					A. BUILDING		С		
PRIAN CTR HEALTH & REHAB/SPRUC 216 LAUREL CREEK COURT SPRUGE PINE, NC. 2877 PRIEFIX CROSS-REFERENCE COURT PRIEFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE COMMENTS PRIEFIX PRIEFIX PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE COINS SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE COMMENTS PRIEFIX PR	345270		B. WN	G_		06/2	21/2012		
F 000 INITIAL COMMENTS F 000 INITIAL COMMENTS F 000 No deficiencies cited as a result of complaint investigation survey of 06/21/2012. Event ID #ZPSC11. F 281 SS=D The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to follow a physician order for one (1) of fifteen (15) sampled residents reviewed for medication administration. Resident # 198 was admitted to the facility with diagnoses including Gastric Ulcer Disease and Gastrointestinal Hemorrhage. A review of Resident #198's medical record revealed the admission orders dated 6/11/2012 included an order for the resident to have hemoccult stool). A review of all sections of the medical record revealed to do documentation the			PRUC		2	218 LAUREL CREEK COURT			
No deficiencies cited as a result of complaint investigaion survey of 06/21/2012. Event ID #ZPSC11. F 281 483.20(k)(3)(f) 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 medical record review and staff interviews the facility failed to follow a physician order for one (1) of fifteen (15) sampled residents reviewed for medication administration. (Resident # 198) The findings are: Resident # 198 was admitted to the facility with diagnoses including Gastric Ulcer Disease and Gastrointestinal Hemorrhage. A review of Resident #198's medical record revealed the admission orders dated 6/11/2012 included an order for the resident to have hemoccult stool)s. A review of all sections of the medical record revealed no documentation the	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	(X5) COMPLETION DATE	
investigation survey of 06/21/2012. Event ID #ZPSC11. F 281 A83.20(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 medical record review and staff interviews the facility failed to follow a physician order for one (1) of fifteen (15) sampled residents reviewed for medication administration. (Resident # 198) The findings are: Resident # 198 was admitted to the facility with diagnoses including Gastric Ulcer Disease and Gastrointestinal Hemorrhage. A review of Resident #198's medical record revealed the admission orders dated 6/11/2012 included an order for the resident to have hemoccult stools x 3, (test for the presence of blood in stool). A review of all sections of the medical record revealed no documentation the	F 000	INITIAL COMMENTS		F	000			7-13-2012	
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In Requirement is not met as evidenced by: Based on medical record review and staff interviews the facility failed to follow a physician order for one (1) of fifteen (15) sampled residents reviewed for medication administration. (Resident # 198) The findings are: Resident # 198 was admitted to the facility with diagnoses including Gastric Ulcer Disease and Gastrointestinal Hemorrhage. A review of Resident #198's medical record revealed the admission orders dated 6/11/2012 included an order for the resident to have hemoccult stool). A review of all sections of the medical record revealed no documentation the MD notified with new orders received on 6/22/12 to obtain hemoccult stools x 3. Resident # 198 had hemoccult stool testing on 6/24/12, 6/26/12, and 6/27/12 with negative results from all three stools. RCS (CNA) were informed about the need for stool specimen for testing via vital sign assignment sheets daily until testing was completed. Communication between nurses was accomplished by writing need for stool specimen on the 24 hour report sheet to be passed on to the oncoming staff nurses.		must meet profession	al standards of quality.			in regard to the alleged defi practice relating to resident	cient #198.		
Resident # 198 was admitted to the facility with diagnoses including Gastric Ulcer Disease and Gastrointestinal Hemorrhage. A review of Resident #198's medical record revealed the admission orders dated 6/11/2012 included an order for the resident to have hemoccult stools x 3, (test for the presence of blood in stool). A review of all sections of the medical record revealed no documentation the RCS (CNA) were informed about the need for stool specimen for testing via vital sign assignment sheets daily until testing was completed. Communication between nurses was accomplished by writing need for stool specimen on the 24 hour report sheet to be passed on to the oncoming staff nurses.		by: Based on medical record review and staff interviews the facility failed to follow a physician order for one (1) of fifteen (15) sampled residents reviewed for medication administration.				MD notified with new ord received on 6/22/12 to obta hemoccult stools x 3. Resident # 198 had hemoccutesting on 6/24/12, 6/26/12, 6/27/12 with negative results.	ers in cult stool , and		
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blood in stool). A review of all sections of the medical record revealed no documentation the sheet to be passed on to the oncoming staff nurses.		revealed the admissio included an order for t	n orders dated 6/11/2012 he resident to have			Communication between maccomplished by writing nations stool specimen on the 24 h	eed for our report		
		blood in stool). A reviewed record revealed	ew of all sections of the ed no documentation the			oncoming staff nurses.			
On 6/21/2012 at 1:40 PM Licensed Nurse (LN) #3 was interviewed and resident #198's chart and Medication Administration Record (MAR) reviewed. LN #3 revealed there was no documentation the hemoccults had been done or		was interviewed and r Medication Administra reviewed. LN #3 reve	esident #198's chart and tion Record (MAR) aled there was no			affected by this alleged de	ni to be ficient		

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: ZPSC11

Facility ID: 952989

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| Specification | Page 1 of 3

BY:_

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		I R WNG			1/2012		
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/SPRUC			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			JLD BE	(X5) COMPLETION DATE		
F 281	attempted and confirm informed by anyone of hemoccult tests had be	The Nurse management of the facility completed as audit of all charts from Jun 1, 2012 forward to June 21, 2012 to identify any orders for hemoccult stools. In 6/21/2012 at 1:50 PM LN #4 was interviewed The Nurse management of the facility completed as audit of all charts from Jun 1, 2012 forward to June 21, 2012 to identify any orders for hemoccult stools.			s from June 12 to ult stools.		
	and resident # 198's to LN #4 revealed Reside and bedside commod documented there had opportunities to collect order was received. It procedure was to let to know when a hemocolect would save the stool should use the onsite of perform the test. LN anable to find docume had been done and stoken when the hemocolect was unavailable. On 6/21/2012 at 2:00 with Resident # 198, reversed the staff mental order was unavailable.	owel record was reviewed. ent #198 used the bedpan e and the records d been at least four (4) t a stool specimen since the .N #4 stated the facility he Nursing Assistant's (NA) ult was ordered and they specimen for the nurse who acility equipment and #4 confirmed she was entation the hemoccult tests ated the staff just did not were ordered. LN #4 hber who had received the		alleged deficient practice does include (by June 20,2012) The DON/designee will re-edu nursing staff on following MD hemoccult stools. (completed and 7/3/12). Nurses will communicate to R via assignment sheets q shift of special needs (ie stool specime resident) The DON/designee will rando 5 charts weekly for period of 4 identify follow up needs of he stools. The results of this monitoring reported in the monthly Qualit (QA) Committee meeting for then quarterly as needed. The	not recur lecate orders for on 7/2/12 CS (CNA) f any en for mly monitor weeks to moccult will be ry Assurance months	e	
	confirmed she had do other residents and the the charge nurse to the sheet and that had no Resident #198 was we and had to be helped. On 6/21/2012 at 2:05 (DON) was interviewed expectations were the staff when a specimer and follow the facility part of the staff when the staff when a specimer and follow the facility part of the staff when a specimer and follow the facility part of the staff when a specimer and follow the facility part of the staff when a specimer and follow the staff when a specimer and follow the staff when a specimer and spec	ne them in the past with e usual procedure was for II her or write it on the work t been done. NA #1 stated eight bearing as tolerated to the bathroom. PM the Director of Nurses		then quarterly as needed. The will evaluate and make further recommendations as indicated Preparation and/or execution of correction do not constitute or agreement by the provider of the facts alleged or conclus forth in the statement of deficit plan of correction is prepared executed solely because feder law requires it.	of this plan admission of the truth ions set iencies. The and/or		

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F 281	Continued From page stated communication		F 281			