

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

PRINTED: 07/16/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/02/2012
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NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB HICKORY VIEWMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVE PLACE NW HICKORY, NC 28601
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(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
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F 325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews and record review the facility failed to provide a Physician ordered nutritional supplement for a resident with weight loss for one (1) of three (3) sampled residents (Resident #3).</p> <p>The findings are:</p> <p>Resident #3 was admitted to the facility on 1/7/10 with diagnoses that included chronic debilitation, Parkinson's disease and weight loss. The most recent Minimum Data set dated 5/9/12 specified the resident had short and long term memory impairment and moderately impaired cognitive skills for daily decision making. The MDS also specified the resident was fed by staff and had significant weight loss that was not Physician prescribed. Resident #3's care plan updated on 5/10/12 specified the resident had the potential for weight loss secondary to an acute illness and outlined interventions such as a fortified ice</p>	F 325	<p>F 325 MAINTAIN NUTRITION SATUS UNLESS UNAVOIDABLE</p> <p><u>Criteria 1</u></p> <p>Corrective action for alleged deficient practice relevant to Resident #3 was completed on date of July 2, 2012. Resident was provided nutritional supplement per physicians order and documented on the medication administration record per facility policy by the charge nurse responsible for the resident. Additionally the nutritional supplement "frozen nutritional treat" was added to resident tray card to ensure delivery at mealtime on the resident's tray effective July 2 2012.</p> <p><u>Criteria 2</u></p> <p>In order to ensure no other residents were affected by this area of alleged deficient practice a complete audit of all resident dietary orders and resident tray cards was completed on July 7<sup>th</sup> 2012 by the Certified Dietary Manager. All residents continue to receive appropriate therapeutic diets and nutritional supplements as ordered by the physician.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jeffrey R Barba TITLE: Nursing Home Administrator (X5) DATE: 7/23/2012

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

**RECEIVED**  
JUL 25 2012  
BY: \_\_\_\_\_

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F 325	<p>Continued From page 1 cream with meals.</p> <p>Review of Resident #3's medical record revealed a Physician's order dated 11/16/11 for the fortified ice cream to be served with meals due to inadequate intake of food. Further review of the medical revealed the resident's weights were:</p> <table border="0"> <tr> <td>3/6/12</td> <td>145.0 pounds (lbs)</td> </tr> <tr> <td>4/3/12</td> <td>137.5lbs</td> </tr> <tr> <td>5/1/12</td> <td>139.0lbs</td> </tr> <tr> <td>6/8/12</td> <td>146.0lbs</td> </tr> </table> <p>On 7/2/12 at 12:35 p.m. Resident #3 was observed in the dining room for lunch. His meal tray was served to him that did not include a fortified ice cream. Nurse aide (NA) #1 was observed feeding the resident. The resident was observed to finish his lunch meal. His tray card was observed and revealed it did not specify the resident was to have fortified ice cream with meals.</p> <p>On 7/2/12 at 12:55 p.m. NA #1 was interviewed and reported the resident did not receive a fortified ice cream with his lunch meal and added that when she had fed the resident in the past he had not received fortified ice cream with meals. She added that she would know to feed him fortified ice cream by reading his tray card.</p> <p>On 7/2/12 at 12:50 p.m. licensed nurse (LN) #1 assigned to care for Resident #3 was interviewed and reported the resident had a history of weight loss and was ordered to receive fortified ice cream with meals. She added that the fortified ice cream was given to the resident on his meal trays from the kitchen.</p>	3/6/12	145.0 pounds (lbs)	4/3/12	137.5lbs	5/1/12	139.0lbs	6/8/12	146.0lbs	F 325	<p><u>Criteria 3</u> The DON or designee will re-educate all Licensed Nurses on the utilization of the Dietary Communication Form to ensure physicians orders for nutritional supplements and diets are communicated appropriately with the Dietary Department to ensure the individual tray cards are updated accurately.</p> <p><u>Criteria 4</u> To assure ongoing and continued compliance, the facility will implement a complete audit of resident dietary orders written by the physician monthly by the CDM or designee to assure all supplements and therapeutic diets are correctly reflected on the individual tray cards. These audits will be completed monthly for three months. Additionally, the Registered Dietician will complete an audit monthly for 3 months on a minimum of 10 residents to assure all residents are receiving therapeutic diets and supplements as ordered by the physician. The CDM or designee will randomly monitor 5 tray cards weekly for 12 weeks to verify delivery of ordered supplements on the residents meal tray. The results of audits will be reported in monthly QAPI</p>		
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*JBunch NAA*

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F 325	Continued From page 2  On 7/2/12 at 1:00 p.m. the Dietary Manager (DM) was interviewed and reported that Physician ordered nutritional supplements were communicated to the dietary department via communication slips that were created by the licensed nurse. She stated that then she was responsible for updating the tray card with the information. The DM stated she was aware that Resident #3 was to have fortified ice cream with his meals because the resident had lost weight. The DM reviewed Resident #3's tray card and confirmed it did not specify fortified ice cream with meals as ordered by the Physician. She stated it was an oversight and was unaware the fortified ice cream had been omitted from the tray card. She also reported that she audited the tray cards for accuracy every six months and added her last audit had been done 6 months ago.	F 325	meetings for three months and then quarterly thereafter. The committee will evaluate and make further recommendations as needed.  Date of Compliance July 30th 2012.  "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."	
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*J. B. ... NHA*