

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

AMENDED

PRINTED: 09/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |  |   |   |
|---|---|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                            |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>345345 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br>C<br>08/24/2012 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BRIAN CENTER HEALTH & RETIREMENT/MONROE |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>204 OLD HIGHWAY 74 EAST<br>MONROE, NC 28112  |   |
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| F 000   | INITIAL COMMENTS<br><br>No deficiencies were cited as a result of the complaint investigation with this survey. Event ID # KGM111.  | F 000  |   |   |
| F 156<br>SS=C   | 483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES<br><br>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.<br><br>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.<br><br>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services. | F 156  | F 156<br><br>The facility listing of advocacy programs posted in the front entrance of the lobby which includes the Ombudsman name and phone number were updated on 8/24/12 by the Admissions Coordinator, to show the current Ombudsman name and phone number. The Admission coordinator updated the admission packet information regarding the current Ombudsman name and phone number on 8/24/12. The Activities director coordinated a Resident Council meeting on 9/6/12, to review the Ombudsman's name, phone number, and where the information is located in the facility.<br><br>The State client advocacy group will notify the facilities when changes occur, and the Administrator will assure those changes are updated on the facility posting and the admission packet. The Activities Director will coordinate monthly Resident Council meetings to keep the residents informed regarding resident rights and availability of State agency names and phone numbers.<br><br>The Administrator will review changes during monthly Quality Assurance and Assessment.<br><br>"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." | 9/21/12   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Caro Honey*

TITLE

*Administrator*

(X6) DATE

*9/19/12*

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.

SEP 20 2012

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| F 156  | <p>Continued From page 1</p> <p>including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:<br/>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These</p> | F 156   |   | 9/21/12   |

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| F 156  | <p>Continued From page 2</p> <p>requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observations, interviews with facility staff, and review of the facility's admission packet, the facility failed to include their county's ombudsman representative in the facility's posting of advocacy programs and in the facility's admission documents.</p> <p>The findings are:<br/><br/>An observation on 08/22/12 at 01:45 PM, 08/23/12 at 04:00 PM, and 08/24/12 at 07:50 AM of the facility's postings of advocacy programs revealed the incorrect name of their county's ombudsman representative was posted in the</p> | F 156   |   | 9/21/12              |   |

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| F 156  | Continued From page 3<br>front entrance of the facility.<br><br>An interview with the admission coordinator on 08/23/12 at 04:00 PM and review of the facility's admission packet revealed the incorrect county ombudsman representative was recorded. The admission's coordinator stated that she had prepared the documents for the admission packet using the same template for the past three years. She stated that the county's ombudsman representative listed in the admission documents and posted with the facility's advocacy programs was the contact person she had always used and she would expect the county ombudsman program to notify the facility if there were staff changes.<br><br>During an interview with the administrator on 08/23/12 at 04:25 PM, the administrator stated that he met the current county ombudsman representative and she had been to the facility multiple times. He further stated that the admissions coordinator was responsible to update the county ombudsman representative information in the facility's admission packet and maintain postings of facility advocacy programs up to date. | F 156   |   | 9/21/12              |   |
| F 309<br>SS=E  | 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br><br>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.   | F 309   |   |                      |   |

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| F 309   | <p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observations, record review and staff and resident interviews, the facility failed to administer medications per physician's order for three (3) of three (3) residents (Residents #74, 16 and 66) on days when these residents received hemo-dialysis.</p> <p>Findings include:</p> <p>1. Resident #74 was admitted to the facility in April 2012 with diagnoses of End Stage Renal Disease, Diabetes, and Hypertension.</p> <p>A plan of care dated 05/04/12 specified hemo-dialysis services three times a week on Tuesday, Thursday and Saturday with a goal of safe, accurate, appropriate care, assessments and interventions to be provided to improve resident outcome.</p> <p>Review of Resident #74's laboratory reports revealed a lab dated 07/12/12 recording a potassium level of 2.6 mEq/L. The normal potassium level range was 3.5-5.1 mEq/L.</p> <p>A quarterly Minimum Data Set assessment (MDS) dated 07/13/12 documented the Resident with intact cognition and requiring extensive assist with activities of daily living. The MDS also documented the Resident received hemo-dialysis.</p> <p>Review of a dialysis test requisition form dated 07/17/12 revealed a request for a renal panel and magnesium due to a diagnosis of Hypokalemia. A</p> | F 309  | <p>F 309</p> <p>The Director of Nursing (DON) and/or Unit Managers notified physician on 8/24/12 regarding residents #74,16 and 66 for clarification orders to change medication administration times to accommodate when residents are out of facility at dialysis and prior missed doses of medication. Clarification orders were written on 8/24/, 8/27/, 8/28/, and 8/31/12 by the licensed nurses for residents #74,16 and 66.</p> <p>The Director of Nursing (DON) identified residents that were receiving dialysis on 8/24/12.</p> <p>There were only three identified, which are residents #74, 16and 66. The DON and Staff Development Coordinator began in service education on 9/5/12, for licensed nurses regarding "Medication Management; Administering medications per physicians orders."</p> <p>The DON will identify new dialysis residents during the admission review process. The DON and Unit Managers will review Physician orders upon admission to assure medication times are scheduled to accommodate residents on</p> <p>" 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."</p> | 9/21/12              |   |

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| F 309   | <p>Continued From page 5</p> <p>dialysis communication record dated 07/17/12 documented stat potassium done today with a result of 2.4 milliequivalents per liter (mEq/L).</p> <p>Medical record review revealed a physician's order dated 07/18/12 for potassium 40 milliequivalents (mEq) one dose and recheck potassium level.</p> <p>A lab result dated 07/18/12 recorded a potassium level of 2.6 mEq/L. A lab dated 07/19/12 recording a potassium level of 3.1 mEq/L. A lab result dated 07/26/12 recorded a potassium level of 2.4 mEq/L.</p> <p>A physician's order dated 07/27/12 was written for potassium 20mEq twice daily with food.</p> <p>A physician's order dated 08/04/12 was written to increase potassium to 40mEq twice daily.</p> <p>Another physician's order dated 08/09/12 was written for potassium 80mEq every morning and potassium 40mEq every afternoon. A lab result dated 08/09/12 recorded a potassium level of 3.4 mEq/L.</p> <p>A physician's order dated 08/14/12 was written for potassium 40mEq in the morning and 20mEq in the afternoon.</p> <p>Review of Resident #74's July 2012 Medication Administration Record (MAR) revealed the following medications were not administered: one 8AM dose of Potassium 20mEq on 07/28 and five 8AM and 12PM doses of Renvela 800 milligrams (mg) on 07/05, 07/17, 07/19, 07/21, and 07/28 used to reduce phosphorus levels in the blood.</p> <p>Review of Resident #74's August 2012 MAR revealed the following medications were not</p> | F 309  | <p>dialysis treatment days. The DON and Unit Managers will review telephone orders and Medication Administration records (MAR) daily to identify orders for dialysis residents and assure medication administration times accommodate residents on dialysis treatment days. The DON, Unit Managers and SDC will conduct medication pass observations on two nurses per week for four weeks then four per month ongoing. The DON and Staff Development Coordinator began in service education on 9/5/12, for licensed nurses regarding "Medication Management; Administering medications per physicians orders."</p> <p>Director of Nursing to review and analyze data regarding Medication administration and following physician orders, identifying trends/patterns and report to Quality Assessment and Assurance Committee (QA&amp;A) weekly for four weeks then monthly.</p> <p>The QA&amp;A Committee will evaluate the effectiveness of the plan based on outcomes identified. The Committee will develop and implement additional interventions for negative trends to ensure continued compliance.</p> <p>"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."</p> | 9/21/12              |   |

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| F 309   | <p>Continued From page 6</p> <p>administered: seven 9AM doses of Wellbutrin, Vitamin D-3, Xanax, Aspirin, Miralax Nepro-vite, Lisinopril, and Metoprolol on 08/02, 08/04, 08/07, 08/14, 08/16, 08/18 and 08/23; eight 8AM and 12PM doses of Renvela on 08/02, 08/04, 08/07, 08/11, 08/14, 08/16, 08/18 and 08/21; two 9AM doses of Potassium 20mEq on 08/02 and 08/04 (discontinued 08/04/12); three 12PM doses of Potassium 20mEq on 08/15, 08/16 and 08/21; four 8AM doses of Potassium 40 mEq on 08/07, 08/16, 08/18, 08/23; one 12PM dose of Potassium 40 mEq on 08/12 and one 8AM dose of Potassium 80 mEq on 08/14.</p> <p>During an interview with Nurse #2 on 08/23/12 at 9:00 AM, Nurse #2 stated that Resident #74 left the facility for dialysis before the scheduled morning medication administration. Nurse #2 explained she did not administer his morning medications but documented on the MAR "OOF ". She further explained that this indicated that he was out of the facility and had not received the medications. The Nurse then stated that the missed medications were not given upon the Resident's return, but the next scheduled dose of medications would be given.</p> <p>During a telephone interview with the Nurse Practitioner (NP) at the Dialysis center on 08/23/12 at 9:35 AM, the NP stated that she would have expected Resident #74 to receive his potassium at the facility on dialysis days. She stated the medication times should have been adjusted at the facility to ensure administration of the Potassium. She further explained that the dialysis center was attempting to correct the Resident's hypokalemia and the lack of potassium doses would explain the length of time</p> | F 309  |   | 9/21/12              |   |

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| F 309   | <p>Continued From page 7</p> <p>it took to correct the problem. She also stated that his most recent potassium level was taken on 08/16/12 and was 3.7 mEq/L.</p> <p>An interview with Nurse #3, who was in a supervisory role, on 08/23/12 at 11:01 AM revealed Resident #74 typically left the facility at 6:00 AM for dialysis and returned around 1:00PM. She explained that the nurses were to place "OOF" on the MAR to indicate the Resident was out of the facility and had not received his medication or circle their initials. Nurse #3 then explained that when the Resident returned to the facility he was not administered those medication even if the mediation was a once a day dose. She further added that medications would only be administered at the scheduled times on the MAR.</p> <p>During an interview with the Medical Director (MD) on 08/23/12 at 12:51 PM, the MD explained he would have expected Resident #74 to have received his medications as ordered and the nursing staff to have communicated that the Resident was not receiving his medications on dialysis days. He stated that given the opportunity he could have changed the times of the medications on dialysis days to ensure administration. The MD further stated that certainly the failure to administer the Potassium could have effected the Resident's potassium levels but with the labs being monitored by dialysis and the current increase in Resident #74's potassium levels he felt no harm was done. He added that in regards to the other medication he did not feel that the Resident experienced any side effects due to the low dosage of the medications and the lack of any acute changes.</p> | F 309  |   | 9/21/12              |   |



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| F 309   | <p>Continued From page 8</p> <p>During an interview with the Director of Nursing (DON) on 08/23/12 at 1:03 PM, the DON explained when medications were not administered at dialysis she expected the nurses to administer medications upon return from dialysis or to at least notify the physician of the time conflict and get the medication times adjusted to ensure administration.</p> <p>During an interview with the Nurse Consultant on 08/23/12 at 5:15 PM, the Nurse Consultant stated that nurses were expected to administer medications according to the physician orders and if medications were not given the nurse was expected to discuss that with the physician in order to determine if an adjustment to the medications or scheduled times needed to be made.</p> <p>2. Resident #16 was admitted on August 2009 with diagnoses of End Stage Renal Disease, Diabetes, and Peripheral Vascular Disease. An annual Minimum Data Set assessment (MDS) dated 05/10/12 documented Resident #16 as cognitively intact and receiving dialysis services.</p> <p>A plan of care dated 06/11/12 specified dialysis three times a week on Monday, Wednesday and Friday with a goal of safe, accurate, appropriate care, assessments and interventions to be provided to improve resident outcome.</p> <p>Review of a laboratory result sheet dated 06/13/12 documented a phosphorous level of 2.8 milligrams per deciliter (mg/dL) with normal ranges of 2.5-5.0 mg/dL.</p> <p>Review of Resident #16's August 2012</p> | F 309  |   | 9/21/12              |   |

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| F 309   | <p>Continued From page 9</p> <p>Physician's Order Sheet revealed the following orders for: Phoslo 667mg one capsule for supplement between meals with a snack and Phoslo 667mg two capsules for supplement three times a day with meals used to reduce the phosphorus levels in the blood. Midorine 10mg one tablet with meals used to elevate the blood pressure.</p> <p>Review of a physician order dated 08/20/12 specified per dialysis to increase Phoslo 667mg to 3 capsules three times a day with meals. On 08/22/12 the 12PM dose of Phoslo 667mg 3 capsules was not administered.</p> <p>Review of Resident #16's August 2012 Medication Administration Record (MAR) revealed the following medications were not administered: three 12PM doses of Phoslo on 08/10, 08/13 and 08/15; four 1PM doses of Phoslo on 08/10, 08/13, 08/15 and 08/22 and six 12PM doses of Midorine on 08/08, 08/10, 08/13, 08/15, 08/17 and 08/22.</p> <p>During an interview with the Director of Nursing (DON) on 08/23/12 at 1:03 PM, the DON explained that if medications were not administered at dialysis she expected the nurses to administer medications upon return from dialysis or to at least notify the physician of the time conflict and get the medication time adjusted for administration.</p> <p>During an interview with Nurse #1 on 08/23/12 at 4:50 PM, Nurse #1 explained that medications scheduled when Resident #16 was at dialysis were not administered. She further explained that "OOF" was placed on the MAR indicating "out of</p> | F 309  |   | 9/21/12              |   |

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

PRINTED: 09/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

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| F 309 | <p>Continued From page 10 facility" or the nurse would circle their initials to document the medication was not administered. Nurse #1 also stated the medication times were not adjusted due to dialysis, but medications were administered at the scheduled times indicated on the MAR.</p> <p>During an interview with the Nurse Consultant on 08/23/12 at 5:15 PM, the Nurse Consultant stated that nurses were expected to administer medications according to the physician orders and if medications were not given the nurse was expected to discuss that with the physician in order to determine if an adjustment to the medications or scheduled times needed to be made.</p> <p>During an interview with the Medical Director (MD) on 08/23/12 at 5:20 PM, the MD stated he was not concerned with the doses of medications that Resident # 16 was not administered due to the absence of adverse signs and symptoms. The MD further explained that he would have expected the nurses to have reported to him the medications that were not being administered as ordered.</p> <p>3. Resident # 66 was admitted on January 2010 with diagnoses of End Stage renal Disease, Diabetes, Hypertension and Atrial Fibrillation. A quarterly minimum data set assessment (MDS) dated 07/25/12 documented Resident #66 as cognitively intact and receiving dialysis services.</p> <p>A plan of care dated 06/14/12 specified dialysis three times a week on Mondays, Wednesdays and Fridays with a goal of safe, accurate, appropriate care, assessments and interventions</p> | F 309 |  | 9/21/12 |
|-------|---|-------|--|---------|

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

PRINTED: 09/10/2012  
FORM APPROVED  
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| F 309 | <p>Continued From page 11 to be provided to improve resident outcome.</p> <p>Review of Resident #66 laboratory results dated 07/11/12 revealed a phosphorous level of 4.1 milligrams per deciliter (mg/dL) with the normal range being 2.5- 5.0 mg/dL.</p> <p>Review of Resident #66's August 2012 Physician Order Sheet revealed the following orders for:<br/>Phoslo 667mg one capsule for supplement between meals with snacks and<br/>Phoslo 667mg two capsules three times a day give every day, including dialysis days used to reduce the phosphorus levels in the blood.</p> <p>Vigamox drops one drop in left eye three times a day used to treat bacterial conjunctivitis. Albuterol sulfate 2.5mg one unit dose nebulizer four times a day used to prevent and treat wheezing, difficulty breathing and chest tightness.</p> <p>Review of Resident #66's August 2012 Medication Administration Record (MAR) revealed the following medications were not administered: seven 12PM doses of Phoslo on 08/08, 08/10, 08/13, 08/15, 08/17, 08/20 and 08/22; seven 1PM doses of Albuterol on 08/01, 08/03, 08/08, 08/10, 08/17, 08/20 and 08/22 and six 2PM doses of Vigamox on 08/01, 08/08, 08/10, 08/17, 08/20 and 08/22.</p> <p>During an interview with the Director of Nursing (DON) on 08/23/12 at 1:03 PM, the DON explained that if medications were not administered at dialysis she expected the nurses to administer medications upon return from dialysis or to at least notify the physician of the time conflict and get the medication time adjusted for administration.</p> | F 309 |  | 9/21/12 |
|-------|--|-------|--|---------|

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

PRINTED: 09/10/2012  
FORM APPROVED  
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| F 309   | Continued From page 12<br>During an interview with Nurse #1 on 08/23/12 at 4:50 PM, Nurse #1 explained that medications scheduled when Resident #66 was at dialysis were not administered. She further explained that "OOF" was placed on the MAR indicating "out of facility" or the nurse would circle their initials to document the medication was not administered. Nurse #1 also stated the medication times were not adjusted due to dialysis, but medications were administered at the scheduled times indicated on the MAR.<br><br>During an interview with the Nurse Consultant on 08/23/12 at 5:15 PM, the Nurse Consultant stated that nurses were expected to administer medications according to the physician orders and if medications were not given the nurse was expected to discuss that with the physician in order to determine if an adjustment to the medications or scheduled times needed to be made.<br><br>During an interview with the Medical Director (MD) on 08/23/12 at 5:20 PM, the MD stated that he was not concerned with the doses of medications that Resident # 66 was not administered due to the absence of adverse signs and symptoms. The MD further explained that he would have expected the nurses to have reported to him the medications that were not being administered as ordered. | F 309  |   | 9/21/12              |   |
| F 325<br>SS=D   | 483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE<br><br>Based on a resident's comprehensive assessment, the facility must ensure that a resident -<br>(1) Maintains acceptable parameters of nutritional   | F 325  |   |                      |   |

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

PRINTED: 09/10/2012  
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| F 325   | <p>Continued From page 13 status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on staff interviews and record review the facility failed to implement nutritional interventions to prevent further weight loss for one (1) of three (3) sampled residents (Resident # 74) at risk for weight loss.</p> <p>Findings include:<br/>Resident # 74 was admitted to the facility in April 2012 with diagnoses of End Stage Renal Disease (ESRD), Diabetes, and Hypertension.<br/>Review of Resident #74's physician orders revealed an order dated 04/25/12 specifying Nepro Liquid one can daily for supplement.<br/>A plan of care dated 05/04/12 for weight loss/nutritional risk related ESRD with hemo-dialysis documented an intervention to provide supplements as ordered.<br/>Review of a nutritional status review note dated 06/05/12 indicated that weights would be taken at dialysis.<br/>A quarterly Minimum Data Set assessment (MDS) dated 07/13/12 documented the Resident</p> | F 325  | <p>F 325</p> <p>The facility Registered dietician (RD) notified the dialysis RD on 8/21/12 to clarify recommendations for nutritional supplement for resident #74. RD notes in resident #74 chart indicates no changes at this time, continue current orders. On 8/31/12, the licensed nurse wrote an order to discontinue the Nepro supplement per dialysis RD recommendations. On 8/27/12, the facility RD recommended to begin House supplement 4 ounces twice a day and provide Frozen nutritional treat one cup daily. Licensed nurse verified recommendations with physician and orders were written on 8/27/12. On 9/11/12, Licensed nurses received recommendations from RD to start ProMod 30cc twice a day and discontinue house supplement due to resident refusal. Licensed nurse verified recommendations with physician and orders were written on 9/11/12. Post dialysis weights obtained from dialysis on 8/28/12 fluctuate from 199.3 to current weight of 196.9 on 9/13/12.</p> <p>Residents at risk for weight loss will be identified by the Director of Nursing (DON), RD, Speech therapist and Unit Managers by observing meal intake, supplement intake and reviewing residents weights on admission, weekly and monthly as ordered by physician. The DON, ST, Unit Manager, Dietary Manager (DM) and physician, will review residents identified at risk or with actual or gradual</p> <p>"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."</p> | 9/21/12              |   |

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

PRINTED: 09/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

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| F 325   | <p>Continued From page 14</p> <p>as cognitively intact and requiring extensive assist with activities of daily living. The MDS also documented the Resident with no weight loss and receiving dialysis.</p> <p>Review of the Dialysis communication record indicated Resident #74's weight was 206 pounds (lbs) on 07/19/12. Additionally the section entitled resident specific pre-dialysis information (completed by facility), under the area of meal provision read: "Nepro liquid one can - refused Nepro liquid." The dialysis fax communication also specified a new order to discontinue Nepro (not drinking) and start Ensure Plus one can daily plus one magic cup daily for a diagnosis of Hypoalbumin and malnutrition.</p> <p>On 08/11/12 the Resident's weight was recorded as 196 lbs. On 08/23/12 the Resident's weight was recorded as 193 lbs.</p> <p>Review of Resident #74's July 2012 physician orders and August 2012 physician order sheet indicated no new order for high calorie/high potassium liquid supplement and high calorie frozen supplement daily.</p> <p>During a telephone interview with the Dialysis Center's Registered Dietician (RD) on 08/23/12 at 9:27 AM, the RD revealed that she ordered a high calorie/high potassium liquid supplement and a high calorie frozen supplement for Resident #74 due to his weight loss and decreased potassium levels. She further explained that his previous supplement was discontinued because it was low in potassium and he was frequently refusing the supplement. Therefore, she ordered the high calorie/high potassium supplement to increase</p> | F 325  | <p>weight loss weekly. Appropriate interventions will be initiated per physician orders when identified and care plan will be updated. The DON and Staff Development coordinator (SDC) began in service education on 9/5/12, for nursing staff regarding implementation of nutritional interventions, meal intake documentation, supplement documentation and resident weights.</p> <p>DON, Unit Managers, ST and DM will review weights on admission, weekly and monthly to identify residents with gradual or actual weight loss. DON and/or Unit Managers will notify Physician and RD regarding weight loss for recommendations and interventions. Newly admitted residents and residents identified with gradual or actual weight loss will be weighed weekly and reviewed by the Interdisciplinary team (IDT) to determine continuation of weights and interventions. The IDT will update the residents' care plan as necessary with interventions and changes. The licensed nurse will write new orders for supplements as ordered per physician on the telephone order form and transcribe onto the Medication Administration record (MAR) to include amount consumed by resident. The DON and Unit Managers will review telephone orders daily to identify residents with orders for supplements and assure the supplements are transcribed onto the MAR with amount consumed documented. The facility RD will communicate with the dialysis RD at least</p> <p>"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."</p> | 9/21/12              |   |

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

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|  |  |  |   |
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|--------------------|--|---------------|---|----------------------|
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| F 325 | <p>Continued From page 15</p> <p>his potassium levels and the frozen supplement for increase caloric intake. She added that she still wanted Resident #74 to receive the high calorie/high potassium liquid supplement and the high calorie frozen supplement due to his weight loss and recent concerns with hypokalemia.</p> <p>Interview with Nurse #36, who functioned in a supervisory role, on 08/23/12 at 9:46 AM revealed orders received from dialysis were instituted by the nursing staff. Nurse #3 further explained that the order for Resident #74's supplement should have been processed and implemented but was missed.</p> <p>Interview with the Dietary Manager on 08/23/12 at 9:58 AM revealed that she was unaware of the order to change Resident #74's supplement. She stated that he was not receiving the high calorie frozen supplement because the nurses had not communicated to her the new order and that she was not responsible for the ordering or administration of the high calorie/high potassium liquid supplement. She further acknowledged Resident #74's weight loss but stated that the consultant Registered Dietician (RD) communicated monthly with the RD at the Dialysis center and the dialysis center was weighing the Resident three times a week.</p> <p>Interview with the consultant RD on 08/23/12 at 10:20 AM revealed she was unaware of the order from the Dialysis Center for a change in Resident #74's supplement. She continued to explain that typically the nursing staff would implement dialysis orders however, since the Ensure Plus was not a supplement that the facility carried she would have expected the nursing staff to have</p> | F 325 | <p>monthly to review supplement orders for the dialysis residents. The licensed nurse will notify the facility RD when a recommendation is received from the dialysis RD. The facility RD will communicate with facility physician regarding recommendations and orders. The DON and Staff Development coordinator (SDC) began in service education on 9/5/12, for nursing staff regarding implementation of nutritional interventions, meal intake documentation, supplement documentation and resident weights.</p> <p>DON/ and or designee will review audits and identify patterns or trends and report trends in QA&amp;A committee weekly x4 weeks, then monthly. QA&amp;A committee to evaluate the effectiveness of the plan based on trends identified and adjusts the plan if negative trends identified.</p> <p>"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."</p> | 9/21/12 |
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 325   | Continued From page 16<br>informed her of the order so she could have recommended an alternate high potassium supplement.<br><br>Interview with the Director of Nursing (DON) on 08/23/12 at 3:03 PM revealed she expected the nurses to have informed the physician (MD) as well as the RD of the order for supplements written by the dialysis center. She further added that it is the facility's process to notify the MD of any orders from the dialysis center, in order to receive approval before implementation and she would have expected the nurses to follow the process.   | F 325  |   | 9/21/12              |   |
| F 364<br>SS=E   | 483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP<br><br>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on a sampled test tray, dining observations, resident and staff interviews the facility failed to maintain food at palatable temperatures for six (6) of eight (8) sampled residents. (Residents #116, 28, 58, 37, 21, and 44)<br><br>The findings include:<br><br>1. Review of Resident #116's nursing admission assessment dated 08/17/12 revealed the Resident had the ability to understand others, | F 364  |   | 9/21/12              |   |

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

PRINTED: 09/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |  |  |                      |   |
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| F 364   | <p>Continued From page 17</p> <p>was able to make self understood and had no problems with cognitive patterns.</p> <p>On 08/20/12 at 10:18 AM an interview was held with Resident #116. The Resident reported the eggs served for breakfast were lukewarm. Resident #116 added the coffee was the only food item served hot. She further stated she had not informed staff of her concerns with the food temperature.</p> <p>Interview on 08/22/12 at 3:14 PM with Resident #116 revealed the grits and coffee were hot for breakfast today but the eggs were "lukewarm."</p> <p>2. Review of Resident #28's quarterly MDS dated 05/18/12 revealed this resident had the ability to understand others, was able to make self understood and had no problems with cognition.</p> <p>On 08/20/12 at 12:07 PM an interview was held with Resident #28. The Resident reported the food was barely warm and arrived to her cold. She further stated she had not informed staff of her concerns with the food temperature.</p> <p>3. Review of Resident #58's admission MDS dated 05/24/12 revealed this resident had the ability to understand others, was able to make self understood and had no problems with cognitive patterns.</p> <p>On 08/20/12 at 1:15 PM an interview was held with Resident # 58. The Resident reported the food was cold and arrived to her cold. She stated she didn't want to ask staff to reheat her meal and she had not informed staff of her concerns with the food temperature.</p> | F 364  | <p>F 364</p> <p>The Dietary manager interviewed residents # 116, 28, 58, 37, 21 and 44, on 8/28/12 to discuss resident preferences, likes and dislikes. The Dietary Manager (DM) and Director of Nursing (DON) provided in service education on 9/5/12 for dietary staff and nursing staff regarding serving palatable food and passing trays timely to keep foods at palatable temperatures.</p> <p>Current facility residents have the potential to be affected by the alleged deficient practice. The Dietary Manager (DM) and the DON provided in service education on 9/5/12 for the dietary staff and nursing staff regarding serving palatable food and passing trays timely to keep foods at palatable temperatures. The DM will conduct interviews with three interviewable residents weekly for two weeks then five monthly ongoing concerning food temperatures and palatability. The DM will conduct dining observations, which includes dining room area and passing of trays on the hallways weekly for four weeks then twice per month ongoing. The DM will conduct interviews with residents on admission, annually, significant change and as needed to discuss residents preferences, likes and dislikes.</p> <p>The Administrator and/or DM will review documentation from the observations and interviews to identify patterns or trends and will discuss at Quality Assurance and</p> <p>"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."</p> | 9/21/12              |   |

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

PRINTED: 09/10/2012  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                            |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>345345 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   |                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>08/24/2012 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BRIAN CENTER HEALTH & RETIREMENT/MONROE |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>204 OLD HIGHWAY 74 EAST<br>MONROE, NC 28112   |                      |   |
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| F 364   | Continued From page 18<br><br>4. Review of Resident #37's admission MDS dated 07/10/12 revealed this resident had the ability to understand others, was able to make self understood and had no problems with cognitive patterns.<br><br>On 08/20/12 at 3:25 PM an interview was held with Resident # 37. The Resident reported the breakfast eggs and bacon were cold. She made no statement regarding making staff aware of her concerns with the food temperature.<br><br>5. Review of Resident #21's quarterly MDS dated 05/17/12 revealed this resident had the ability to understand others, was able to make self understood and had no problems with cognitive patterns.<br><br>On 08/21/12 at 10:52 AM an interview was held with Resident #21. The Resident reported she has not received a hot meal and all the meals were cold. She further stated she had not informed staff of her concerns with the food temperature.<br><br>6. An observation occurred on 08/21/12 at 5:25 PM of the dinner meal. A cart was delivered from the kitchen to the 200 hall and contained meal trays for two residents. The meal trays were observed with a plate covered by an insulated dome lid. No insulated bottom was noted on the meal trays. One of the two trays was distributed to a resident at 5:31 PM. At 5:50 PM a second meal cart was delivered to the 200 hall and all the meals were distributed to residents. The remaining meal tray on the first cart sat on the cart until 6:07 PM. After forty-two minutes, NA #2 | F 364  | Assessment weekly for four weeks then monthly ongoing.<br><br>"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." | 9/21/12              |   |

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| F 364   | <p>Continued From page 19</p> <p>delivered the dinner meal tray to Resident #44, set-up the tray and the Resident was fed. NA #2 was not observed to offer to heat the food prior to assisting Resident #44 with her dinner meal. The food was observed congealed, with no evidence of steam coming from the food. Resident #44 accepted a few bites of her pureed meat, but did not complete her meal.</p> <p>During an interview with the Dietary Manager (DM) on 08/23/12 at 10:10 AM, the DM revealed the two meal trays delivered to the hall did not have an insulated bottom because the residents were scheduled to eat in the dining room. She explained residents whose meals were prepared for dining room service did not receive an insulated bottom, only an insulated dome lid. She stated the two trays on the cart must have been sent to the hall from the dining room. She further added meal trays delivered to the hall were to be placed on an insulated base with an insulated dome lid in order to maintain the hot food temperature for over an hour.</p> <p>7. On 08/22/12 at 7:08 AM residents trays were observed leaving the kitchen in an open-ended cart. The plates were covered with an insulated lid and bottom. At 7:10 AM an observation of the kitchen tray line at breakfast revealed the following. The temperature of the sausage was 180 degrees Fahrenheit (F); the grits were 200 degrees F and the scrambled eggs were 180 degrees F.</p> <p>A test tray was requested on 08/22/12 at 7:25 AM. The test tray was placed on the 200-hall cart along with the residents trays. The cart left the kitchen at 7:30 AM.</p> | F 364  |   | 9/21/12              |   |

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| F 364  | Continued From page 20<br><br>On 08/22/12 at 8:15 AM the last resident on the 200 hall received their breakfast tray. Observation of the food on the test tray revealed the bowl of grits to have steam rising from it when the plastic lid was removed. No steam or heat was noted to rise from the plated food items (eggs and sausage patty) when the domed lid was removed. The Dietary Manager (DM) and the surveyor tasted the test tray at 8:16 AM. All food items were tasted. The surveyor indicated that the scrambled eggs were hard and both the eggs and sausage were lukewarm. The DM agreed that the scrambled eggs and sausage were not hot.<br><br>The DM was interviewed on 08/22/12 at 8:20 AM and stated the food was not hot but felt it was an appropriate temperature for "this population." She added the elderly were at risk for burns and that the food temperature accommodated that concern<br><br>During a follow-up interview with the DM on 08/23/12 at 10:10 AM, the DM revealed the DM was aware of residents' complaints that food was cold and not hot enough. She further explained that residents who had complaints concerning food temperatures were delivered their meals by dietary staff. She felt this would ensure the food arrived to the resident's hot. | F 364   |   | 9/25/12              |   |
| F 431<br>SS=D  | 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS<br><br>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug  | F 431   |   |                      |   |

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| F 431   | <p>Continued From page 21</p> <p>records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, staff interview and facility record review the facility failed to discard expired medications from one (1) of one (1) medication storage refrigerator.</p> <p>The findings are:</p> | F 431  | <p>F 431</p> <p>Corrective action has been accomplished for the alleged deficient practice in regards to expired medications in medication refrigerator. All medications identified as expired were discarded on 8/22/12, according to policy. Residents with orders for medication have the potential to be affected by the alleged deficient practice. Director of Nursing (DON) provided in service education for licensed nurses beginning 9/5/12 regarding "Policy and Procedure: Dating, labeling and storage of medications and expiration dates for medications once opened." DON/SDC/Unit Managers will conduct daily audits of medication carts and medication refrigerator to assure medications are properly labeled, stored and discarded according to policy and procedure. Discrepancies identified will be corrected and reviewed in QAA weekly x 4 weeks then monthly. Monitors put into place to ensure the alleged deficient practice does not recur include: DON provided in service education for licensed nurses</p> <p>"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."</p> | 9/21/12   |

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| F 431   | <p>Continued From page 22</p> <p>Review of facility policy entitled Storage and Expiration Dating of Medications (dated 5/10/10) read in part: "Facility should destroy or return all outdated/expired or deteriorated medication in accordance with Pharmacy return/destruction guideline."</p> <p>Observation on 8/22/12 at 4:30 PM of the medication storage room refrigerator lock box revealed 8 sealed vials of Lorazepam with manufacturer expiration date of 10/01/11 and 12 sealed vials of Lorazepam with manufacturer expiration date of 5/22/12.</p> <p>Interview with the Director of Nursing (DON) at the time of the observation reported this was a prn (as needed) medication for two different residents. The DON reported the two residents did not receive any of the prn medication that had been ordered.</p> <p>Further interview on 8/22/12 at 8:45 AM with the DON revealed the licensed nurses are to check the expiration date of the vials before using and discard if expired according to manufacturer date. She reported the medication storage room refrigerator is checked daily by an assigned licensed nurse. When expired drugs are found a return to pharmacy sheet is filled out and medications are returned to pharmacy and replaced. The DON reported the expired medications would be returned to the pharmacy.</p> <p>The DON revealed all nursing staff was expected to check medication expiration dates and discard expired medications before giving medications to residents. The DON reported they have a contract with a Pharmacy that visits monthly and</p> | F 431  | <p>beginning 9/5/12 regarding "Policy and Procedure: Dating, labeling and storage of medications and expiration dates for medications once opened." DON/SDC/Unit Managers will conduct daily audits of medication carts to assure medications are properly labeled, stored and discarded according to policy and procedure. Discrepancies identified will be corrected and reviewed in QAA weekly x 4 weeks then monthly. DON/SDC will identify any trends or patterns identified during audits and bring to weekly QAA x 4 weeks then monthly. QAA committee to evaluate the effectiveness of the plan based on trends identified and adjusts the plan if negative trends identified.</p> <p>" 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."</p> | 9/21/12              |   |

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| F 431 | Continued From page 23<br>check for expired medications.<br><br>Review of the resident specific log on 8/22/12 at 5:00 PM revealed no Lorazepam had been given to either resident. | F 431 |  | 9/21/12 |
|-------|--|-------|--|---------|