

FEB 1 2013

Fax 9197338274

Feb 1 2013 02:59pm P002/005

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

PRINTED: 02/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/17/2013
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NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106
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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 157 SS=D 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)

A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).

The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.

The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, staff and Medical Director interviews, the facility failed to

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1. Corrective action could not be accomplished for the alleged deficient practice in regards to Resident #1 as he/she expired on 12/27/12.
2. Facility residents experiencing a significant change in condition have the potential to be affected by the same alleged deficient practice; therefore, the Director of Nursing, Assistant Director of Nursing, and/or Unit Coordinators review(s) 24-hour Nursing Reports and new physician's orders on a daily basis, Monday through Friday during morning meeting, to identify those residents who have had a significant change in condition, and assure notification of responsible party(ies) has been accomplished. The Director of Nursing or Assistant Director of Nursing has conducted an audit of the past 30 days of 24 hour reports to identify changes in condition that would warrant notification of Resident and/or Responsible Party. Any discrepancies will be corrected at the time of discovery.

2/14/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ruthie Smith</i>	TITLE Admin	(X6) DATE 02/08/13
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A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 accreditation participation.

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F 157	<p>Continued From page 1</p> <p>notify the physician and family members when resident (#1) had a temperature of 101.2 degrees Fahrenheit and vomited. This was evident for 1 of 3 residents sampled for notification.</p> <p>The findings are:</p> <p>Review of a facility form titled, "Change of Condition" dated 7/11. Instructions included to evaluate the resident, check vital signs, review the chart. The form also indicated to notify the RP (Responsible Party), change in resident status, RN (Registered Nurse) /LPN (Licensed Practical Nurse) evaluation and to notify the physician/ Nurse Practitioner (NP)/ Physician Assistant (PA) and document on the progress note.</p> <p>Review of the medical record indicate resident #1 was admitted on 11/7/12 to the facility with cumulative diagnoses which included CHF, (congestive heart failure), acute renal failure (kidney failure), atrial fibrillation (heart disease).</p> <p>Review of the admission assessment MDS (Minimum Data Set) dated 12/3/12 revealed Resident #1 was cognitively intact.</p> <p>Review of a "24 hour/change of condition report" dated 12/26/12 revealed Resident #1 at 9:00 PM had a temperature of 101.2 degrees Fahrenheit and vomited. Review of the medical record did not indicate the resident had vomited or had a temperature of 101.2 degrees Fahrenheit, and did not indicate in the Nurses notes that the physician or the family member had been notified. Review of the nurses' notes dated 12/27/13 at 4:35 am revealed Resident #1</p>	F 157	<p>3. Measures put into place to ensure that the alleged deficient practice does not recur include: in-service for licensed nurses regarding Notification of Change in Condition requirements, specifically, informing the resident; consulting with the resident's physician; and if known, notifying the resident's legal representative or interested family member listed in the demographic information when there is a significant change in the resident's physical, mental, or psychosocial status; attempts to contact responsible parties and/or interested family members are documented as part of the medical record. The Director of Nursing, Assistant Director of Nursing, and/or Unit Coordinator will review the 24-hour Nursing Report and new physician's orders on a daily basis, Monday through Friday, to identify residents who have experienced a significant change in condition. Based on this information, the DON or designee will audit the medical record to verify that notification of the appropriate persons was completed to ensure continued compliance.</p>	2/14/13

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F 157	<p>Continued From page 2 had expired.</p> <p>On 1/16/12 at 6:00 PM an interview with Nurse #1 who worked 11PM to 7AM on 12/26/12 stated that on 12/26/12 he was told about the resident having a temperature of 101.2 degrees Farenheit and vomited. He further stated that he placed Resident #1 on the "needs list" which is a list given to the NA's (Nursing Assistants) that were working. The NA was to obtain vital signs for dialysis residents and residents' that had a temperature/high blood pressure or abnormal findings during the day. He further revealed they would obtain the vital signs early for acute patients and again in the early morning. He further stated he did not document the vitals on the resident's chart or fill out a change of condition report, or notify the family or physician. On 1/16/12 attempts were made to interview the NA that was working on 12/26/12, 11PM to 7:00 AM.</p> <p>An interview was held with the DON, (Director of Nurses), Corporate Clinical Director and ADON (Assistant Director of Nurses) on 1/16/12 at 5:30 PM revealed the DON and the ADON stated if a resident vomits and had a temperature of 101.2 degrees Farenheit the physician and the family member should be notified. The DON continued that there was no record of physician or family member notification. The Regional Clinical Director and the DON indicated their expectation was that the physician and family member should be notified.</p> <p>Interview with the Medical Director on 1/17/13 at 11:15 AM revealed she should have been notified of the resident's vomiting and temperature of</p>	F 157	<p>4. The Director of Nursing or Assistant Director of Nursing will review data obtained during medical record audits, analyze the data and report patterns / trends to the QAPI committee monthly for three (3) months. The QAPI committee will evaluate the effectiveness of the above plan, and will add additional interventions based on outcomes identified 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>	2/14/13

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F 157	<p>Continued From page 3 101.2 degrees farenheit.</p> <p>On 1/17/12 at 3:00 PM an interview with the Administrator revealed that his expectation that at the nurses stations ' there was an "Interact" fom which indicates what to do when a change in status of a resident occur. The Administrator Indicated his expectation was that the staff would use the tool when there is a change of condition for any resident. He further stated that the family member should be notified as well as the physician.</p>	F 157		
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