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
	345232	A. BUILDING _____ B. WING _____	C 04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CTR HEALTH & REHABI HICK	3031 TATE BLVD SE HICKORY, NC 28602

(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 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident interview and staff interviews, the facility failed to ensure 1 of 12 sampled residents who required assistance with toileting, was treated with dignity and respect (Resident #2). The findings included: Resident #2 was admitted to the facility on 07/23/11 with diagnosis which included end stage renal disease, diabetes, neuropathy and peripheral vascular disease. The most recent annual Minimum Data Set (MDS), dated 06/29/12, indicated that Resident #2 was cognitively intact. The MDS further indicated Resident #2 was totally dependent on staff for transfers and required extensive assist with toileting and hygiene and was occasionally incontinent of bowel. The MDS also stated that personal preferences were very important to resident. During an interview on 04/10/13 at 12:15 PM, Resident #2 stated that "it makes me angry (Nurse Aide #1) will not help get me off the bed pan." She further stated she had been left on the bed pan and had fallen asleep without receiving	F 241	This Plan of Correction is the facility's credible allegation of compliance. It is the practice of this facility to provide care in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. It is the practice of this facility to provide assistance with toileting in a manner that treats the resident with dignity and respect. Resident #2 has and will continue to be provided assistance with toileting in a manner that is dignified, respectful, and in full recognition of her individuality and preferences for care. Care Planning was completed on April 16th, 2013 with Resident #2 and the facility Administrator to develop a plan of treatment for assistance with toileting in which Resident #2 expressed her preferences and was in admittance that this plan of treatment would provide care for her in a manner that was dignified and respectful. Resident #2 indicated that her preference is to be placed on the bedpan and for staff to assist with toileting after 30 minutes unless she alerts staff via the usage of her Call bell for more timely assistance. Care Planning was completed again on April 24th, 2013 with the facility Interdisciplinary Team in attendance to review the prior established treatment plan. On this date Resident #2 did indicate that her preference is to continue with the treatment plan that was initiated on April 16th. Resident #2 acknowledged that the plan was working appropriately, and that care and services were provided to her in a manner that was in recognition 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 laws.	

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

Ashley L Smithey — Administrator — 5/3/13

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.

ORIGINAL SIGNATURE DATE: 4-26-13

DHSR Regional Office Received MAY 06 2013 by: PAM

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F 241	Continued From page 1 assistance to have the bed pan removed. Resident #2 had spoken to Nurse Aide (NA) #2 about being left on the bed pan for extended periods. During an interview on 04/11/13 at 11:50AM, NA #2 stated that she was aware of Resident #2 concerns about being left on bed pan for extended periods by NA#1. NA #2 further stated that she could not remember for sure but she usually told Nurse #4 about resident concerns. During an interview on 04/11/13 at 11:57 AM, Nurse #4 stated that she was aware of a former employee who had left resident on bed pan for an extended period but that she was not aware of any current employees who had left Resident #2 on the bed ban for an extended period of time. She stated she was unaware of any other concerns regarding Resident #2. During an interview on 04/11/13 at 2:15 PM with NA #1, she stated Resident #2 may ask for the bed pan 3-4 times during her shift. "It's not uncommon for her to stay on the bed pan for 1-2 hours. I leave her on it until she rings for me to come and take her off of it." NA #1 stated that she does not wake Resident #2 if she has fallen asleep on the bedpan. NA #1 reported at first when she began working with Resident #2 she would go back and check on her but now "I just wait on her to ring." NA #1 denied any knowledge of Resident #2 voicing concerns about being on bed pan too long. NA #1 reported that most every day Resident #2 had a bowel movement and used her bed pan. In an interview on 04/11/13 at 2:50 PM, Unit	F 241	of her individual preferences, dignified, and, respectful. Other residents requiring assistance with toileting have the potential to be affected by the same alleged deficient practice. Facility members of Nursing Management inclusive of the Director of Nursing, Assistant Director of Nursing, and Resident Care Management Director and Coordinator will review all residents to identify those that require assistance with toileting. All residents will be provided care and treatment in a manner that is specific to their individual preferences and rendered in a manner that enhances each resident's dignity and respect. Facility nursing staff will be provided education by the Staff Development Coordinator on delivering care in a manner that promotes each resident's dignity and respect and is in full recognition of his or her individual preferences. Members of Nursing Administration inclusive of the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, and Nursing Designee will conduct a total of five interviews and/or care delivery observations weekly to ensure that all residents requiring assistance with care are receiving treatment in a manner that promotes dignity and respect in accordance with the residents individual preferences. These observations will be completed for a total of four weeks with five observations per week. Observations will then be reduced to three observations per week for a total of eight weeks. Ongoing observations will then continue as a component of the Quality Assurance and Performance Improvement committee. 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 laws.	

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F 241	Continued From page 2 Manager #3 stated it was her expectation for nurse aides to go back and check on residents within 5 minutes when they used the bedpan. If they were not finished she expected them to go back again in 5-10 minutes and check again. After 10 minutes if there were no results they should question did they really need to be on the bed pan. Unit Manager #3 said, "An hour is totally unacceptable." During an interview on 04/11/13 at 3:00 PM, the Director of Nursing (DON) stated her expectation was when residents were assisted on bed pans, staff should check on the resident in 5-10 minutes. If the resident had no results in 15 minutes, staff should offer to take them off the bed pan because "of pressure." The DON further stated that even if the resident was asleep, staff should go back and assist the resident off the bed pan. The DON stated "No, its not good practice to leave a resident on a bed pan for 1-2 hours."	F 241	Director of Nursing will report to Quality Assessment and Performance Improvement with identified trends or patterns. The identified trends or patterns will be reported to Quality Assessment and Performance Improvement weekly for four weeks and then monthly for three months. The Quality Assurance and Performance Improvement Committee will evaluate the effectiveness of the plan based on trends identified, and adjust the plan if negative trends are identified. If negative trends are identified, additional months of close observation and interview for the delivery of care and services with dignity and respect will occur with additional staff education. Date of Completion: May 6, 2013	May 6, 2013