

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

PRINTED: 07/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/17/2013
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHAB/WAYNESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 516 WALL STREET WAYNESVILLE, NC 28786	
(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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews, the facility failed to accurately complete a weekly skin assessment for 1 of 3 sampled residents reviewed for maintaining well being. (Resident #2).</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility 10/23/10 with diagnoses which included end stage renal disease, Parkinson's disease, and debility.</p> <p>A care plan dated 04/30/13 identified Resident #2 was at risk for skin breakdown. The goal was to keep skin patent through the next 90 day review. An intervention included skin checks weekly.</p> <p>An Annual Minimum Data Set (MDS) dated 05/17/13 indicated Resident #2 was moderately cognitively impaired and required extensive staff assistance with transfers, dressing, and toileting. The MDS coded the resident with no impairment of range of motion of hands or skin breakdown. A Care Area Assessment dated 05/17/13 identified Resident #2 was at risk for skin</p>	F 309	<p>F309</p> <p>Resident #2 was re-assessed, and a new head to toe skin assessment was completed on June 19, 2013 by a staff RN.</p> <p>The facility recognizes the potential for this alleged deficient practice to affect other residents.</p> <p>A full body skin assessment including hands was conducted on all residents per the weekly schedule. Any skin integrity concerns identified were addressed as appropriate.</p> <p>Licensed Nurses were educated by: The Staff Development Coordinator regarding the expectation that the weekly skin assessments are to be completed accurately, and are to include opening the resident's hands to observe the condition of the palm.</p>	

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

[Handwritten Signature]

TITLE

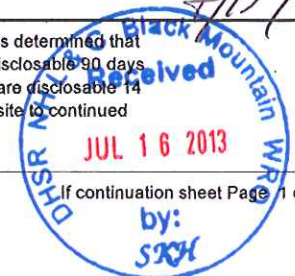
Administrative

(X6) DATE

7/15/2013

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 7/16/13 mh



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F 309	<p>Continued From page 1 breakdown but had none at this time.</p> <p>Medical record review revealed a document entitled Head to Toe Skin Checks contained Nurse #1's signature indicating she had completed skin checks on 06/05/13 and 06/12/13. On each date previously identified areas were noted on the resident's buttocks. The document specified treatments were in place for the identified areas. Further documentation review revealed no other skin breakdown was noted.</p> <p>An observation on 06/17/13 at 1:42 PM revealed Resident #2 lying in bed. The middle 3 fingers of the resident's right hand were observed folded into the palm of that hand.</p> <p>At 5:10 PM on 06/17/13 Nurse #1 was asked to open Resident #2's folded fingers on the right hand. Nurse #1 found the resident's fingers were difficult to straighten and caused pain to the resident. The nurse was observed to gently work with the fingers allowing them to relax and make the palm of the hand visible. Resident #2's right palm contained red colored imprints of the ring and middle fingernails. Dark red colored bruising the size of the end of the fingers was also noted in the resident's palm. The skin was observed to be intact.</p> <p>An interview was conducted with Nurse #1 immediately following this observation. Nurse #1 stated she did Resident #2's last 2 skin checks. She described skin checks as observing the resident's entire body head to toe for any breakdown or discoloration. Nurse #1 stated she does not recall observing Resident #2's right palm on 06/12/13. The nurse could not provide a</p>	F 309	<p>Education will be completed by July 15, 2013. Any nurse not completing the education by this date will be educated prior to next scheduled shift. Newly hired nurses will receive education during orientation.</p> <p>Members of Nursing Management will randomly observe 2 nurses weekly for 4 weeks then 1 weekly for 2 months performing skin assessments to ensure that skin assessment are completed accurately to include assessment of hands. re-education will be provided as necessary.</p> <p>The Director of Nursing will monitor and report a summary of results of the observations to the Quality Assurance Performance Improvement</p>		

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F 309	<p>Continued From page 2</p> <p>time line of how long the resident's right palm had been bruised. She stated she concentrated more on the resident's buttock area since skin breakdown was found there on 05/29/13.</p> <p>An interview with the Director of Nursing on 06/17/13 at 5:52 PM revealed her expectation was for skin checks to be completed accurately and include all parts of the body.</p>	F 309	<p>(QAPI) Committee for a minimum of three months, and then on a continuing schedule as recommended by the QAPI Committee. Date of Compliance 7/15/2013</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>	