

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

PRINTED: 08/08/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/25/2013
NAME OF PROVIDER OR SUPPLIER  BRIAN CTR HLTH & REHAB BREVARD			STREET ADDRESS, CITY, STATE, ZIP CODE 115 N COUNTRY CLUB RD BREVARD, NC 28712	
(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 000	INITIAL COMMENTS  No deficiencies were cited as a result of the complaint investigation in this survey, Event ID #BUFB11.	F 000	<p><b><u>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</u></b></p> <p>F 253</p> <p><b><u>Criteria I</u></b> The following Corrective action for the alleged deficiency were completed by the Maintenance Director, Environmental Services Director and Designee by 8/22/13.</p> <ol style="list-style-type: none"> <li>Two outlet covers were replaced on the South Unit. Receptacle and outlet cover were replaced on outlet covered in black and yellow electrical tape.</li> <li>In Room 224 the drywall was repaired, the baseboard replaced, ceiling tile repaired, and the toilet base was cleaned and/or reset.</li> <li>In Room 225 the nightstand was replaced, the missing floor tile were repaired, the trim surrounding the PTAC unit was repaired, the toilet base was cleaned and/or reset, the ceiling exhaust fan and door frame was cleaned and the toilet paper holder was replaced.</li> </ol>	
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to keep resident rooms and unit hallways in good repair for 10 of 40 resident rooms and 2 of 3 unit hallways.  The findings included:  On 07/25/13 at 4:15 PM a tour of the facility commenced with the Maintenance Technician with the following environmental concerns observed:  a. In the resident hallway wrapping around the South unit nursing station was observed 2 electrical outlets without faceplates. Another electrical outlet in this hallway, located to the right of the Nourishment Room door, was observed covered in black and yellow colored electrical tape  b. In Room 224, located across from the bathroom door, an approximate 2 inch by 2 inch piece of baseboard and underlying drywall were missing. Between the doors to the room and bathroom a suspended ceiling tile was observed	F 253		

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

TITLE

(X6) DATE

*Donna Morgan-Kelley*

Administrator

8/16/13

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 180 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.





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F 253	Continued From page 1 popped from the tile track. In the bathroom, a black discoloration was observed on the floor around the base of the toilet c. In Room 225 alongside the bed located adjacent to the bathroom was observed a nightstand with an approximately 3 inch by 4 inch piece of veneer removed from the right lower base corner, exposing the underlying wood laminate. On this same nightstand was observed multiple scrapes and worn areas. Underneath the package terminal air conditioner and heat pump (P-TAC) unit in this same room was observed a row of missing floor tile. Around the P-TAC unit was observed cracked and gouged wood trim. In the bathroom, a black discoloration was observed on the floor around the base of the toilet, the ceiling exhaust vent cover was covered in dust and a brown color dried liquid was observed in a drip pattern down the door frame. The dowel in the toilet paper holder was missing with a roll of toilet paper resting on a grab bar. d. In Room 226, a brown stained suspended ceiling tile was observed in the bathroom. A black discoloration was observed around the base of the toilet. The dowel in the toilet paper holder was missing with a roll of toilet paper resting on a grab bar. In the bathroom was observed rusted metal framing of a commode booster seat. e. In Room 252, a gap between the wall and the P-TAC unit was observed, permitting visible outside light on the left side of the unit. Underneath the P-TAC unit was observed a row of missing floor tile. To the right of the P-TAC unit and resting on the floor was a sheet metal covering a valve and not attached to the wall. In the bathroom was observed rusted metal framing of a commode booster seat. A black discoloration was observed around the base of	F 253	d. In Room 226 the ceiling tile was replaced, the toilet base was cleaned and/or reset, the toilet paper holder was replaced, and the commode booster was replaced. e. In Room 252 the PTAC and surrounding equipment were repaired, the floor tile repaired, the commode booster was replaced, and the toilet base was cleaned and/or reset. f. Tile was replaced temporarily on West Wing in the intersection. Outside contractor appointment on 8/22/2013 to assess appropriate long term replacement of tile. g. In Room 302 the baseboard was repaired, the PTAC unit was cleaned, and the bathroom was deep cleaned to remove odors. h. The ceiling tile outside Room 305 was replaced. i. In Room 306 the sharp objects identified were removed. Glass panels were removed from metal cabinet behind door. j. In Room 307 the door was repaired to open and close freely. k. In Room 308 the baseboard was repaired. l. In Room 309 the Privacy Curtain was replaced, peeling paint was removed and repaired, the window track was cleaned and the bathroom was deep cleaned to remove odors.		

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F 253	Continued From page 2 the toilet. f. On the West (locked) unit, at the intersection of the short hallway and long hallway, was observed an approximately 2 inch by 8 inch missing piece of floor tile g. In Room 302, baseboard behind the headboard of the bed alongside the window was observed as pulled away from the wall. Baseboard was missing along the wall from the corner of the room to under the window. The P-TAC unit vent was covered in dust and debris. The bathroom was noted with a strong odor h. Outside Room 305 in the West unit long hallway, a broken suspended ceiling tile was observed with a missing triangular piece measuring approximately 3 inches along each side i. In Room 306, a black metal cover on the floor and under the P-TAC unit was observed protruding from under the unit on the right corner, exposing a sharp metal corner. An empty metal cabinet, built into the wall in the room to the right upon entering the room, was observed having glass panels in the metal door frames without marks designating the glass as tempered j. In Room 307, the door was observed as sticking in jam, requiring increased effort to open and creating noise k. In Room 308 was observed baseboard in the bathroom pulled away from the wall l. In Room 309, a brown stain was observed on the privacy curtain for the bed along the window, the stain measuring approximately 3 inches by 4 inches. Along the top of the P-TAC unit was observed areas of peeling paint, one area measuring approximately 3 inches long and the other area approximately 6 inches long. In the bathroom window track was observed accumulation of dust and debris. The bathroom	F 253	<u>Criteria 2</u>  All residents have the potential to be affected by this alleged deficient practice. All resident rooms were audited by the Maintenance Director or designee for needed repairs and maintenance with a focus on ceiling tile in need of repair, stained toilet bases, broken toilet paper holders, commode boosters with rust, missing floor tile, and ill fitting baseboards and PTAC units. A prioritized repair schedule will be developed by the Maintenance Director by 8/22/13. The Environmental Services Director or Designee will observe privacy curtains for stains and discard as identified, PTAC units will be observed for loose dirt and debris with cleaning as required, and resident bathrooms observed for lingering odors with deep cleaning for opportunities identified by 8/22/13  <u>Criteria 3</u>  All Staff will be re-educated by the Administrator, Maintenance Director, or Environmental Services Director on recognizing and reporting a Maintenance or Housekeeping request for needed repairs and cleaning. The Maintenance Director or Designee will randomly monitor 10 rooms weekly for 12 weeks to identify needed repairs and maintenance. The Environmental Services Director will randomly monitor 10 rooms weekly for 12 weeks to validate		



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F 253	Continued From page 3 was noted with a strong odor.  On 07/25/13 at 4:15 PM and during the facility tour, the Maintenance Technician was interviewed. He stated electrical outlets and light switches in the hallway wrapping around the South unit nursing station had faceplates removed the weekend before for painting. He stated upon removal the faceplates cracked, requiring the purchase of new faceplates and his complete order did not arrive, resulting in two of the outlets left without faceplates. He stated the electrical outlet covered in black and yellow electrical tape was cracked and its replacement was ordered. The Maintenance Technician stated the bedside table in Room 225 should not be missing veneer and should be replaced. He stated in bathrooms where black discoloration was observed on the floor that the toilets needed to be reset, grouted and, if indicated, flooring replaced. He stated when dowels come up missing from toilet paper holders that Housekeeping should report it so they can be replaced. He stated when old P-TAC units were removed, some rooms had accompanying plumbing removed, leaving bare spots under the new units requiring new floor tile, patching of the surrounding wall and new trim. He stated other rooms like Room 306 had this plumbing left in place, covered with its old black metal cover. He stated the black cover in Room 306 should be removed. He stated the wood trim surrounding the unit in Room 225 should not be split or gouged. The Maintenance Technician stated commode booster seats with rusted and chipped frames should be removed and replaced by Housekeeping. He stated missing floor tile in the West unit hallway was rubberized, requiring special ordering and replacement of the whole	F 253	cleanliness of privacy curtains, bathrooms are clean and odor free, PTAC units are clean and free of debris. The audits will be documented on the monitoring tool and opportunities will be corrected daily as identified.  <b><u>Criteria 4</u></b>  The results of the audits will be reported by the Maintenance Director and Environmental Services director during the monthly Quality Assurance Performance Improvement Committee Meeting for 3 months then quarterly. The committee will evaluate and make further recommendations as indicated. Date of compliance: 8/22/13		

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F 253	<p>Continued From page 4</p> <p>strip. He stated P-TAC units were checked monthly for dust and debris and cleaned if indicated. He stated stained privacy curtains were replaced by Housekeeping. He stated the strong odor in the bathroom for Room 309 was due to urine saturating the floor tile, requiring replacement of the flooring under the toilet. The Maintenance Technician stated where baseboard was missing or coming off, drywall was broken, ceiling tiles were broken or coming out of the track, and paint was peeling that these issues needed to be corrected. He could not determine if the glass panels in the metal door frames of the built-in cabinet in room 306 were tempered and he pushed a resident ' s wardrobe in front of it until determination was made to address the glass.</p> <p>On 07/25/13 at 5:05 PM a tour commenced of Rooms 226, 252 and 309 and interview conducted with the Housekeeping Supervisor. He stated Housekeepers were required to report stained privacy curtains and the facility conducted an audit on all curtains about once a month. He stated any nursing, housekeeping or leadership staff rounding on particular rooms as a part of their ambassador program should report rusted and chipped commode booster seats so Housekeeping could replace them.</p> <p>On 07/25/13 at 5:46 PM the Administrator was interviewed. She stated she was aware of missing electrical outlet faceplates and the need to replace another outlet due to special ordering of supplies. She stated the facility had new commode booster seats available to replace those rusted and chipped, with the expectation of staff to report this need to Housekeeping. She stated it was a challenge to keep P-TAC units</p>	F 253			



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F 253	Continued From page 5 clean and complete repairs of walls and floors surrounding these units. The Administrator stated her expectation of soiled or stained privacy curtains were to be taken down and replaced by Housekeeping.	F 253	<p><b><u>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</u></b></p> <p><b>F 281</b></p> <p><b><u>Criteria 1</u></b></p> <p>The Charge Nurse completed a Medication Variance Form regarding the administration of Lasix for resident # 139 on 7/24/13. The Physician was notified immediately and new orders were received by the Charge Nurse on 7/24/13.</p> <p><b><u>Criteria 2</u></b></p> <p>All residents have the potential to be affected by this alleged deficient practice. The Director of Nursing, Unit Managers or Designee will complete an audit of all Medication Administration Records for current residents to verify accurate transcription of Physician's orders by 8/22/13. Medication Variance forms will be completed as required.</p>		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to correctly transcribe a physician's order resulting in the administration of the wrong dose of a medication for 1 of 10 residents reviewed for unnecessary medications. ( Resident #139).  The findings included:  Resident #139 was admitted to the facility 03/20/13 with diagnoses including Alzheimer's dementia, congestive heart failure, and coronary artery disease. The latest Minimum Data Set assessed the resident with severely impaired cognition.  A review of Resident #139's medical record revealed a physician's order dated 06/24/13. The order requested Lasix (a diuretic used in the treatment of congestive heart failure) 20 milligrams (mg) be administered daily.  A review of Resident #139's Medication Administration Record (MAR) dated 06/01/13	F 281			

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F 281	<p>Continued From page 6</p> <p>through 06/30/13 contained Lasix 20 mg by mouth daily. This medication was initiated as administered 06/25/13 through 06/28/13.</p> <p>Continued medical record review revealed an additional physician's order dated 06/28/13. This physician's order was signed as noted by Nurse #3. This order specified to change the Lasix dosage to 40 mg daily. Continued review of the June MAR revealed Lasix 40 mg was initiated as administered 06/29/13 and 06/30/13.</p> <p>Review of the MAR dated 07/01/13 through 07/31/13 revealed Lasix 20 mg was initiated as administered 07/01/13 through 07/24/13. No documentation for Lasix 40 mg was observed on the July MAR. Dates on the July MAR indicated the medication orders were reviewed and checked for accuracy on 06/26/13 and 06/27/13.</p> <p>An interview was conducted with Nurse #2 on 07/24/13 at 10:42 AM. He stated he had administered Lasix 20 mg on this date and every time he worked on this unit the month of July. At this time, the blister pack containing the Lasix Nurse #2 had administered was observed. The blister pack contained Resident #139's name and identified the medication as Lasix 20 mg. Nurse #2 was unaware the Lasix dosage had been increased to 40 mg.</p> <p>An interview was conducted with Nurse #1 on 07/24/13 at 10:46 AM. She stated toward the end of each month the MAR for the following month was compared with the MAR and physician's orders for the previous month. Nurse #1 stated this procedure was to ensure accuracy and continuity of residents' medication administration. She explained 2 different nurses do these</p>	F 281	<p><b><u>Criteria 3</u></b></p> <p>The Staff Development Coordinator or Designee will re-educate all Licensed Nurses on the accurate transcription of Physician's orders to the Medication Administration Record including the process for Month End verification of accurate transcription of Physician's Orders, by 8/22/13. The Director of Nursing or Designee will review carbon copies of Physician's Orders 4 times per week for 12 weeks to verify accurate transcription to the Medication Administration Record. Opportunities will be corrected daily as identified.</p> <p><b><u>Criteria 4</u></b></p> <p>The results of the audits will be reported by the Director of Nursing during the monthly Quality Assurance Performance Improvement Committee Meeting for 3 months then quarterly. The committee will evaluate and make further recommendations as indicated. Date of compliance: 8/22/13</p>	
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F 281	Continued From page 7 checks. Nurse #1 added she had done the last check of the July MAR on 06/27/13. She noted the Lasix 40 mg order had not been received until 06/28/13.  An interview with Unit Manager (UM) #2 was conducted 07/24/13 at 1:56 PM. She stated Nurse #3 should have written the Lasix 40 mg order on the July MAR when the order was noted on 06/28/13. UM #2 explained the July MARs were available on the unit at that time.  An interview with Nurse #3 was conducted on 07/24/13 at 2:18 PM. She stated she did not add the Lasix 40 mg to the July MAR. Nurse #3 stated she did not think to do that and was unaware the July MARs were available on the unit.	F 281	<b><u>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</u></b>	
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to serve ham salad sandwiches, a cold potentially hazardous food, at temperatures of 41 degrees Fahrenheit or below.	F 371	<b>F 371</b>  <b><u>Criteria 1</u></b> The Ham Salad was discarded on 7/24/13 following identification of unacceptable temperature reading.  <b><u>Criteria 2</u></b> All residents have the potential to be affected by this alleged deficient practice.  <b><u>Criteria 3</u></b> The Dietary Services Manager will re-educate all Dietary Staff responsible for preparing and serving meals on the appropriate methods for storing and serving food at acceptable temperatures and acceptable methods for monitoring food temperatures including accurate documentation of food temperature monitoring logs, by 8/22/13. The Dietary Services Manager or Designee will review the Food Temperature Monitoring log 3 times per week for 12 weeks. The Dietary Services Manager or Designee will randomly observe and validate the accuracy of food temperatures obtained by the Dietary staff 3 times per week for 12 weeks. The audits will be documented on the monitoring tool and opportunities will be corrected daily as identified.	



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F 371	<p>Continued From page 8</p> <p>The findings included:</p> <p>Observations on 07/24/13 at 11:05 AM revealed dietary staff were preparing the tray line for the lunch meal. Dietary Aide #1 was observed placing a container of prepared ham salad sandwiches on the counter of the cold food table. The Cook was observed to use a thermometer to monitor the internal temperature of the ham sandwiches and found the sandwiches had an internal temperature of 60 degrees Fahrenheit (F). Dietary Aide #2 was observed to report to the Cook that he had removed two ham salad sandwiches from the container and placed them in the cold food table in preparation for serving them to residents. On 07/24/13 at 11:41 AM Dietary Aide #2 stated he had placed one of the ham salad sandwiches on a resident's meal tray and the tray was in the food cart designated for serving residents on a hall in the facility. On 07/24/13 at 11:45 AM the facility's Registered Dietician (RD) was observed to utilize a thermometer to measure the internal temperature of the ham salad sandwich that was removed from the resident's meal tray. The RD found that the ham salad sandwich's internal temperature was 56 degrees F. The RD then pulled all of the ham salad sandwiches off the tray line. The RD acknowledged the required temperature for serving cold potentially hazardous foods, including ham salad sandwiches, should range within 2 degrees of 41 degrees F.</p> <p>An interview with Dietary Aide #1 on 07/24/13 at 1:38 PM revealed she prepared the ham salad sandwiches on 07/24/13 with a new jar of mayonnaise that was stored in the dry food storage area. Dietary Aide #1 further stated she did place the sandwiches in the cooler after</p>	F 371	<p><b><u>Criteria 4</u></b></p> <p>The results of the audits will be reported by the Dietary Services Manager during the monthly Quality Assurance Performance Improvement Committee Meeting for 3 months then quarterly. The committee will evaluate and make further recommendations as indicated. Date of compliance: 8/22/13</p>	

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NAME OF PROVIDER OR SUPPLIER  BRIAN CTR HLTH & REHAB BREVARD			STREET ADDRESS, CITY, STATE, ZIP CODE 116 N COUNTRY CLUB RD BREVARD, NC 28712		
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F 371	Continued From page 9 making them, but they were not in the cooler long enough to allow them to reach the desired temperature of 41 degrees F. or below before being served to residents.  An interview was conducted with the facility's RD on 07/24/13 at 1:40 PM. The RD stated the ingredients that were utilized to make the ham salad sandwiches, including the mayonnaise, should have been placed in the cooler overnight by staff to ensure the sandwiches were at a temperature of 41 degrees F. or below when served to residents from the tray line.	F 371			