

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

PRINTED: 11/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2014
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/HE			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 DON JUAN ROAD HERTFORD, NC 27944		
(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	F 000			
F 242 SS=D	<p>No deficiencies were cited as a result of the complaint investigation Event 4WN611.</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews, resident, family and staff interviews, the facility failed to honor the choice to take a whirlpool bath for 1 of 1 resident. (Resident #78)</p> <p>Findings included:</p> <p>Resident #78 was admitted to the facility on 04/09/14. Diagnoses included Cardio-Vascular Accident, Hypertension, Dementia and Paresis. The last Minimum Data Set (MDS) dated 09/20/14 indicated that Resident #78's cognition was moderately impaired. Resident #78's functional status was documented as total dependence with extensive assistance.</p> <p>On 09/22/14 an interview with Resident #78's family member indicated that Resident #78 received bed baths but preferred a whirlpool or Jacuzzi bath and was scared of showers. The family member indicated that she had visited the</p>	F 242	<p>Resident #78 was discharged from the facility on 10-1-14.</p> <p>On 9-22-14 the facility Maintenance Director determined that the facility Supine Tub Stretcher Lift, for the facility whirlpool tub, needed to be replaced. On 9/25/14 a Supine Tub Stretcher/Lifter was ordered for the facilities whirlpool tub, with expected delivery date of 10/24/14 by Facility Administrator.</p> <p>The interdisciplinary team that consist of the Resident Care Manager, Social Worker, Director of Nursing and Assist Director of Nursing completed resident or family interviews with each of facilities current residents. The interviews were conducted to determine each resident preference related a tub bath or shower bath. The interviews were conducted on</p>	10/24/14	

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

TITLE

(X6) DATE

Electronically Signed

10/17/2014

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.

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F 242	<p>Continued From page 1</p> <p>facility prior to placing Resident #78 there and part of the tour included the shower rooms. One shower room had a whirlpool tub in it which was introduced as currently broke. The family member indicated that the staff person that conducted the tour indicated the facility had ordered a part to fix the whirlpool tub and then it would be an option for Resident #78 to use if she came to the facility. The family member stated "This was a main attraction for picking this facility, (Resident #78) loves a Jacuzzi or whirlpool because her head stays above water. She was living with me and I had a Jacuzzi that was used regularly for her bath. I have asked several times about when the whirlpool is going to be repaired and staff tell me it has not been used since last October. We have been here since April and she still has not had a whirlpool bath."</p> <p>On 09/24/14 at 8:40 am, an interview with Nurse Assistant (NA) #1 indicated that it was her understanding that the straps had been lost to the lift that places residents in the whirlpool bath. She indicated that the whirlpool has been out of use "since around last October."</p> <p>On 09/24/14 at 9:00 am, an interview with Nurse #3 indicated that she did not know what was wrong with the whirlpool but it was not in use.</p> <p>On 09/25/14 8:35 am, an interview with NA #2 indicated that something was wrong with the whirlpool lift, and she was told it was not safe.</p> <p>On 09/25/14 8:00 am, an interview with Nurse #1 indicated that the whirlpool worked, but the lift was not working. Nurse #1 stated "We have not had anyone in the whirlpool since around a year ago."</p>	F 242	<p>9/25/14 and documented on resident interview form.</p> <p>Residents identified as preferring tub bath were instructed that the facility whirlpool tub was not in working order currently but that it was expected to be in working order after the 10-24-14 and documented on a resident education form. All residents/families will be notified after the lift/stretchers is installed and inspected for use by the Administrator. All new residents will be interviewed by Admission Coordinator to determine bathing preferences and enter this information into the Kardex. Each resident identified as preferring a tub bath were given option of using the facility shower using a shower stretcher or chair or bed bath.</p> <p>Residents identified as preferring tub bath will be informed when the whirlpool supine lift/ stretcher has been installed by Administrator. Each of the resident Kardex will then be updated to reflect tub bath as their preferred preference by members of the Care Plan team (Director of Nursing, Assistant Director of Nursing, Resident Care Manager Director, or Admissions Coordinator). On admission resident's bathing preference will be documented on the resident kardex by a member of the care plan team or admission coordinator.</p> <p>The members of interdisciplinary team (Director of Nursing, Assistant Director of Nursing and Resident Care Manager)</p>		

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F 242	<p>Continued From page 2</p> <p>On 09/25/14 at 2:55 pm, an interview with the Assistant Director of Nursing (ADON) indicated that she knew Resident #78 was scared of showers because her family had told her. The ADON revealed that Resident #78 had not had a shower since her return from the hospital a few days ago, and the NA was waiting for the family who wants to help with the shower. The ADON stated "There is a whirlpool but the lift is broke."</p> <p>On 9/25/14 at 3:45 pm, an interview with the Director of Nursing (DON) indicated that in October 2013 she did not feel the lift to the whirlpool was safe. The DON stated, "It was old and wobbly and lifted residents into the water at an angle so I put it out of use and put in a request for a safer lift to the whirlpool." The DON indicated that she was not sure what the hold-up was on the lift; she had not asked recently but recalled that another request was sent sometime in June 2014. She indicated that approval of the request depended on what the corporate administrators decided the needs of the facility were.</p> <p>On 09/25/14 at 5:00 pm, in an interview with the District Senior Administrator (DSA) revealed that the whirlpool lift was unsafe for resident use. The DSA presented a document titled "Capital Purchase Acquisition Request Approval" (CPAR) dated 09/27/13 requesting a "360 lb. (pound) Supine Tub Stretcher/Lifter." The CPAR included documentation of three corporate approvals dated in October 2013 with a pending approval of the Division President. The CPAR revealed a corporate communication dated 06/06/14 titled "Request for Additional Information" that read, "This is an important replacement piece for us.</p>	F 242	<p>reviewed and updated each resident care plan and kardex to reflect each residents' preferred bath type on 9/25/14.</p> <p>The Facilities Direct care staff (licensed nurses and Resident Care Specialist) were provided education regarding residents' preferences to including honoring residents' preferences related to bath type. (shower, bed bath or tub bath)The Facilities Direct Care staff were also instructed to refer to the residents' Karedex to determine residents' preferred bath type(shower, tub bath or bed bath) The education was completed by the facility Assisted Director of Nursing on 9/26/14. The facility newly hired direct care staff will receive the education during orientation.</p> <p>The facility staff were provided education regarding procedure if resident bathing preference changes on 9/26/14 by Director of Nursing/ Assistant Director of Nursing. The facility procedure would consist of staff member completing in house communicator and placing in the Director of Nursing box. The Director of Nursing or Resident Care Manager would review the resident kardex to reflect new bathing preference. Newly hired facility staff will receive the education during orientation.</p> <p>The Facility Director of Nursing will complete resident or family interviews and update kardex, to ensure that residents bathing references being honored weekly times four and bi- monthly times one. The</p>		

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F 242	Continued From page 3 We have no way to bathe a resident without it. It is also an important element for marketing the building. Please consider this CPAR." The DSA stated, "This request was somehow lost in corporate changes. The new Division President was notified yesterday via fax and phone. He will now follow up on the whirlpool lift request."	F 242	interviews will be documented on resident interview form. The Director of Nursing will report the results of the interviews to the Quality Assurance Committee(QAPI) meeting weekly times four weeks and monthly times ninety days. Any findings pertaining to residents preferences and choices not being honored will be corrected by the administrator or Director of Nursing. Additional Education will be provided to staff as needed by the facility Assistant Director of Nursing. Additional interventions will be implemented as recommended by the QAPI committee with ongoing evaluation of effectiveness.		
F 249 SS=B	483.15(f)(2) QUALIFICATIONS OF ACTIVITY PROFESSIONAL The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the State in which practicing; and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or is a qualified occupational therapist or occupational therapy assistant; or has completed a training course approved by the State. This REQUIREMENT is not met as evidenced	F 249		10/24/14	

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F 249	<p>Continued From page 4</p> <p>by: Based on record reviews, observation and staff interviews, the facility failed to provide a qualified professional to direct the facility's activities program.</p> <p>The findings included:</p> <p>On 09/24/14 at 10:00 am, an observation of Nursing Assistant (NA) #2 revealed the NA was engaging in conversation with three residents in the activity room. An observation of the activities calendar indicated daily activities were scheduled with four activities scheduled for evenings on the September 2014 calendar.</p> <p>Review of August and September Activity Logs revealed two logs. One log contained documentation of one-to-one resident activities and the other log contained documentation of group activities. Both logs were up-to-date. Activities received by residents' and residents' participation were recorded.</p> <p>On 09/25/14 at 9:15 am, an interview was held with NA #2 she stated, "I have been filling in for activities for three months, ever since the Activity Director left." The NA indicated she had no training in activities and had no training in providing activities for cognitively impaired residents. The NA revealed the Director of Nursing (DON) developed the calendar and she made sure the activities were provided to residents. The NA stated. "One to one activities were provided Monday through Friday to those residents that were in their rooms. Different residents received visits on different days. In-room activities included reading, conversation and touch. The in-room activities are provided by</p>	F 249	<p>Certified Activity Manager was hired and began facility orientation on September 30, 2014. (Course NUR3264 completed in 1995)</p> <p>The facility residents' activity assessments and care plans were reviewed by facilities activity director and our senior sister facility activity director on 7/14/14. The review was to ensure that residents' needs, preference and choices of activities were reflected on their assessment and care plans.</p> <p>The facility activity manager and senior sister facility activity manager reviewed current activities being provided. The facility activity calendar was revised to reflect activities to meet the interest of the resident in the facility on 10/01/14.</p> <p>The newly hired facility Activity Director was provided education regarding the development of a resident's activity care plan based on resident assessment of the interest, preference and ability of the resident to participate in the activity program on 10/1/14 by Resident Care Manager Director. This education included the interviews of residents and/or family member with current and past activity/hobby interest for all residents and the procedure for documentation of the individual providing the information of the resident's preferences. This also included the company policies and forms for documentation as well as the participation records for each resident. The education</p>		

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F 249	<p>Continued From page 5</p> <p>volunteer groups and are recorded." The NA revealed that, weekend activities included church and Bingo. The NA stated, "If you didn't enjoy church or Bingo on weekends, there were no other activities provided." The NA indicated if a resident was unable to determine their own activities, there would be nothing for them to do.</p> <p>On 9/25/14 at 10:40 am, an interview was held with the DON who stated "The Activities Director left abruptly on July 8, 2014. She e-mailed me on July 7th that she had taken another job and came in July 8th, handed in her keys to someone and there has been no communication since. I decided to keep July's activity calendar going by teaching others the little bit I knew about activities. So, in the interim of finding a new Activities Director, activities have been assigned to staff, mainly NA's." The DON revealed that she had not received specialized training as an Activity Director and no one in the facility was certified for the role of Activities Director. The DON indicated that she had called the corporate office for direction and she was directed to call other corporate facilities to get advice from their Activities Director. The DON stated, "I called another facilitie's Activity Director a few times for input and advice and she came a few times to review the calendar and see what activities had been planned." The DON indicated that activities were provided to residents and divided between her, the Social Worker, the Minimum Data Set Nurse and a Resident Care Specialist who is a Nurse Assistant (NA).</p>	F 249	<p>provided also included documentation of resident participation in activity programs. In addition the Activity Director was sent out of the facility on October 23, 2014, for specialized training on the activity role in long term care. This training included:</p> <p>Assessment, planning, included the interests, physical and mental/psychological needs of the residents for development of 1:1 visits. In addition, the training also included in room visits/activities, sensory stimulation for the lower functioning and dementia residents, group activities and outings. Mentoring and preceptor ship will be conducted by a senior facility Activity Manager.</p> <p>The senior sister skill nursing facility activity director will complete 2 sampled resident activity assessments, participation grids and care plans times four weeks and monthly 90 days for accuracy.</p> <p>The senior sister skill nursing facility activity Director will review and assist with development of the activity calendar monthly times three.</p> <p>The facility Administrator will conduct three resident observations of activities being provided for compliance as well as diversity on off shifts and weekends. These audits will be completed weekly times four and monthly times 90 days.</p> <p>The administrator will report the results of the interviews to the Quality Assurance Committee (QAPI) meeting weekly times</p>		

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F 249	Continued From page 6	F 249	four weeks and monthly times ninety days. Any findings pertaining to residents' preferences and choices not being honored will be corrected by the administrator or Director of Nursing. Additional Education will be provided to staff as needed by the facility Assistant Director of Nursing. Additional interventions will be implemented as recommended by the QAPI committee with ongoing evaluation of effectiveness.		
F 272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications;</p>	F 272		10/24/14	

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F 272	<p>Continued From page 7</p> <p>Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews, family and staff interviews, the facility failed to assess preferences for routines and activities for one of one resident (Resident #78) reviewed for activities for the cognitively impaired.</p> <p>Findings included:</p> <p>Resident #78 was admitted to the facility on 04/09/14. Diagnoses included Cardio-Vascular Accident, Hypertension, Dementia and Paresis. Resident #78's Minimum Data Set (MDS) dated 04/16/14 Resident #78's functional status as total dependence with extensive assistance. Resident #78's cognitive skills for daily decision making was severely impaired. The section titled "Preferences for Customary Routine and Activities" was completed by the Activities Director and revealed that resident #78 was unable to complete an interview, a family interview was not conducted and a staff assessment was not completed.</p>	F 272	<p>Resident #78 discharged on 10/1/14</p> <p>The facility interdisciplinary team (Director of Nursing, Social Worker, MDS Coordinator, Assistant Director of Nursing, and Resident Care Specialist) completed an audit of each resident's Activity Assessment/History form and care plans for the past 3 months to ensure that activity assessment, family interview (if indicated) staff interviews and MDS were reviewed for completeness prior to submission on 10/20/14.</p> <p>The newly hired facility Activity Director was provided education regarding the development of a resident's activity care plan based on resident assessment of the interest, preference and ability of the resident to participate in the activity program by Resident Care Manager Director on 10/1/14. This education included the interview process for all</p>		

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F 272	<p>Continued From page 8</p> <p>On 09/25/14 at 10:00 am, an interview with the MDS nurse revealed that she was responsible for reviewing each section of the MDS for completeness prior to submission. The MDS nurse stated, "I do see that the family interview was not done and the Staff Assessment was not completed or coded correctly. I am not sure why these were not completed." The MDS nurse indicated that she did not realize the MDS would "go through" when key areas were not completed. The MDS nurse revealed that incomplete documentation on the Resident Assessment Instrument (RAI) could affect the Care Area Assessment (CAA) from triggering care areas on the MDS.</p> <p>The Activities Director was no longer employed and not available for an interview.</p>	F 272	<p>residents and the proper documentation of the individual providing the information for the resident's preferences. The education provided also included documentation of resident participation in activity programs. In addition the Activity Director was sent out of the facility on October 23, 2014, for specialized training on the activity role in long term care. This training included:</p> <p>assessment, planning, included the interests, physical and mental/psychological needs of the residents for development of 1:1 visits. In addition, the training also included in room visits/activities, sensory stimulation for the lower functioning and dementia residents, group activities and outings.</p> <p>The Resident Care Manager Director will review 3 sampled residents activity assessments for all new admissions, annuals, and significant changes for accuracy and MDS completeness prior to submission to ensure the residents needs and preferences related to activities are reflected. These audit will be completed 3 times per week times 4 weeks and monthly times 90 days. Audits will continued to be monitored randomly with each new admission, annual, significant change submission. Any corrections that are needed will be discussed with the Activity Manager prior to submission by the Resident Care Manager Director and all information will be corrected in the medical record according to policy.</p> <p>The Resident Care Manager</p>		

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F 272	Continued From page 9	F 272	Director will report the results of the interviews to the Quality Assurance Committee (QAPI) meeting. Any findings pertaining to residents preferences and choices not being honored will be corrected by the Director of Nursing. The Director of Nursing will update the resident's Kardex to reflect the resident's preferences and choices. Additional Education will be provided to staff as needed by the facility Assistant Director of Nursing. Additional interventions will be implemented as recommended by the QAPI committee with ongoing evaluation of effectiveness.		
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to maintain a medication error rate of less than 5%. The facility's medication error rate was 7.7% with 2 errors in 26 opportunities for 2 of 4 residents (Residents # 46 and Resident # 50) observed during medication administration. Findings included: 1. Nurse # 1 was observed on 9/25/14 at 8:40 AM preparing medications for Resident # 46. As the nurse prepared the medications, she placed	F 332	Resident #48 attending physician was notified on 9/26/14 by Director of Nursing of the medication variance of administration of Potassium Chloride. Resident #50 attending physician was notified on 9/25/14 by Director of Nursing of the medication variance of Systane eye drops. The Director of Nursing and Assistant Director of Nursing completed 100% audit all resident current months Medication	10/24/14	

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F 332	<p>Continued From page 10</p> <p>Potassium Chloride (a medication given to residents who either have a low potassium level or who receive a diuretic medication) into a cup with other medications. The medications were crushed, mixed with applesauce and administered to Resident #46.</p> <p>The nurse was interviewed on 9/25/14 at 8:45 AM. Nurse #1 stated she had crushed the potassium with the resident's other medications. The nurse reviewed the Medication Administration Record (MAR) and read the entry for Potassium Chloride. The nurse acknowledged the entry read, "Do Not Crush". She stated she had not seen that sentence. Nurse #1 also stated a "do not crush" list could be found on the front of the MAR. Upon review, potassium was found on the "do not crush" list.</p> <p>An interview was held with the Director of Nursing (DON) on 9/25/14 at 8:54 AM. She stated the MARs contained instructions for medications including "do not crush" if applicable. Additionally, on each MAR a do not crush list for medications could be found. The DON stated the danger of crushing potassium chloride included the possibility of a reaction because the potassium chloride was enteric coating and extended release. Crushing would make the medication immediate release.</p> <p>2. On 9/23/14 at 4:55 PM, Nurse #2 was observed preparing and administering medications to Resident #50. Medications included administering Systane eye drops. The nurse placed one drop into each of the resident's eyes.</p> <p>Review of the September 2014's physician's</p>	F 332	<p>Administration Records and physician orders, on 10/3/14, to ensure all specific instructions were highlighted.</p> <p>The facility licensed nurses were provided re-education on prevention of medication errors by Regional Pharmacy Registered Nurse and Assistant Director of Nursing on 10/15/14 with the contents of the in-service including: The five rights of the resident during med-pass, prevention of medication errors, preventing of errors during transcribing, identify specific instruction of medication (highlighting) professional standards related to a medication pass. Newly hired nurses will receive the education during orientation.</p> <p>The facility Director of Nursing will review 2 sampled medication records weekly times four and monthly 90 days to ensure that all specific instruction are highlighted. The audit will be documented on daily resident census.</p> <p>The facility Director of Nursing will report results of the medication pass observations and audits to the Quality Assurance Committee (QAPI). Additional Education will be provided to staff as needed by the facility Assistant Director of Nursing. Additional interventions will be implemented as recommended by the QAPI committee with ongoing evaluation of effectiveness.</p>		

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2014
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/HE			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 DON JUAN ROAD HERTFORD, NC 27944		
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F 332	<p>Continued From page 11 order indicated Sytane, 1 drop, should be applied to the right eye only.</p> <p>A telephone interview was held with Nurse # 2 on 9/24/14 at 9:25 AM. She recalled the medications she had given Resident # 50. The nurse stated she had given 1 drop of the Systane into each of the resident's eyes. She stated she was unaware the order called for the right eye only and thought she had followed the Medication Administration Record.</p> <p>The Director of Nursing (DON) reviewed the MAR for Resident #50 on 9/24/14 at 9:45 AM and stated per the physician's order the resident should have received Systane 1 drop only in the right eye.</p>	F 332			