

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345149	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 11/6/2014
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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
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F 157	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>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).</p> <p>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.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff and family interview, the facility failed to notify the interested family member when a resident was transferred to the hospital for 1 (Resident #164) of 1 sampled resident. Findings included:</p> <p>Resident #164 was admitted to the facility on 7/18/14 with multiple diagnoses including Congestive Heart Failure (CHF), prosthetic mitral valve recently treated for endocarditis, Atrial Fibrillation and Clostridium (C) Difficile. The resident was transferred to the hospital on 7/22/14.</p> <p>Review of Resident #164 records revealed two emergency contact persons.</p> <p>The nurse's notes were reviewed. The notes dated 7/22/14 at 12:30 PM revealed that Resident #164 was lethargic, responded to verbal and tactile stimuli, respiration was even and unlabored and was sent to the hospital for treatment and evaluation. The notes did not indicate that the family was informed of the resident's transfer to the hospital.</p> <p>The Resident transfer form dated 7/22/14 was reviewed. The notes indicated the reason for transfer was " lethargic. " The form had a space to document the name of the contact person and the space was blank.</p> <p>There was a telephone order dated 7/22/14 to " send to hospital for treatment and evaluation. " The order form had a space to document that the resident/family has been notified of the above treatment change with</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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F 157	<p>Continued From Page 1</p> <p>the date and name of person contacted. The space for the date and the name of the person contacted were blank.</p> <p>On 11/4/14 at 5:50 PM, administrative staff #2 was interviewed. She stated that the nurse was expected to document on the nurse's notes, transfer form or on the telephone order form, the date and the name of the person contacted for any treatment change including transfer to the hospital.</p> <p>On 11/4/14 at 6:00 PM, Nurse #4 was interviewed. He stated that he was the nurse of Resident #164 when he was transferred to the hospital. He stated that he called the family but did not document.</p> <p>On 11/5/14 at 11:10 AM, a family member was interviewed. The family member indicated that they (the two emergency contact persons) visited the resident and they were informed that the resident was no longer at the facility and that he was transferred to the hospital. The family member also indicated that there were no messages left on their telephone from the facility.</p>
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