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|---|---|---|--|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345011 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/30/2015 |
| NAME OF PROVIDER OR SUPPLIER BRIAN CENTER NURSING CARE/LEXI | | | STREET ADDRESS, CITY, STATE, ZIP CODE 279 BRIAN CENTER DRIVE LEXINGTON, NC 27292 | | |
| (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 312 SS=D | <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews with staff and record review the facility failed to rinse a cleansing product during urinary and bowel incontinence care. This was evident in 1 of 3 sampled for urinary incontinence. (Resident #3) Findings included: Resident #3 was admitted to the facility on 1/28/15 with cumulative diagnoses which included aphasia and a stroke with paralysis. Review of the quarterly Minimum Data Set assessment form dated 5/1/15 revealed the resident with impaired cognition, incontinent of bladder and bowel and required total dependence on staff for toileting and bathing. Review of the care plan revised 5/6/15 revealed in part problems with incontinence related to Resident #3 diagnoses of a stroke and paralysis. The goal included incontinence episodes managed without complications of signs and symptoms associated with a urinary tract infection. The intervention included to provide perineal care (urinary and bowel incontinence care) daily and as needed. Observation of Resident #3 receiving perineal care on 6/29/15 at 4 pm by Nursing Assistant #1 (NA) was conducted. NA #1 wet a wash cloth at the bathroom sink and then pumped hand soap from the dispenser onto the corner of the wet</p> | F 312 | <p>1) Resident # 3 received the incontinent care using an appropriate cleansing product per the aide. NA #1 was provided 1 to 1 re-education regarding incontinence care technique on 6-29-15 specifically relating to use of product (hair and body wash) and rinsing of residents skin after cleansing.</p> <p>2) Audits were conducted to ensure appropriate product (hair and body wash) was available and being utilized for incontinent care.</p> <p>3) A mandatory in-service has been conducted with all nursing staff related to ADL and Incontinence care. Compliance Rounds will be conducted by the DON and/or designee, daily x 2 weeks, weekly x 4 weeks, then monthly thereafter, to ensure ongoing compliance with Incontinence Care. Audits will be documented utilizing the skills validation tool.</p> <p>4) The QAPI Committee will monitor and evaluate for the effectiveness of the above plan to ensure ongoing</p> | 7/24/15 | |

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

TITLE

(X6) DATE

Electronically Signed

07/15/2015

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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| F 312 | Continued From page 1 wash cloth. The soiled brief was removed and Resident #3 was noted to have experienced a urine and bowel incontinent episode. NA #1 cleansed the perineal area and the skin areas between the resident ' s legs with the soapy portion of the washcloth and then dried the skin with a towel. Another wash cloth was wet with the hand soap at the bathroom sink to cleanse the resident ' s rectum. The hand soap was not rinsed off the resident ' s skin. Interview with NA #1 on 6/29/15 at 4:15 pm an inquiry was made about her routine for providing perineal care. When asked about rinsing the skin NA #1 had no response. Interview and record review of the manufacturer ' s label and instructions for the hand soap (used for perineal care) was conducted on 6/29/15 at 4:30 pm with the Director of Housekeeping (DOH). Record review revealed the directions included to lather and rinse hands thoroughly. | F 312 | compliance. "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." | | |