

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
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F 166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of Resident Council meeting minutes (April 25, 2016), facility policy review, staff interview, and resident interview, the facility failed to resolve grievances promptly and failed to follow their grievance policy for resident council concerns related to cold food. The findings included:</p> <p>The facility's grievance policy titled, " Truly Listening to Our Customers (TLC) Program" (revision date: June 2013), was reviewed. The policy read, in part:</p> <ul style="list-style-type: none"> - If a resident, a resident's representative, or another interested person has a concern, a staff member should encourage and assist the resident, or person acting on the resident's behalf to file a written concern with the facility. The concern can be documented using the Concern Form. - If the facility receives a concern orally, staff should document the concern using the Concern Form. - Very Important: Resident and/or family councils may also be an additional forum for voicing concerns. Concerns received during Resident and/or Family Council meetings should be resolved in accordance with this procedure. - Staff receiving the concerns should acknowledge receipt of concern and immediately 	F 166	<p>F 166</p> <p>A. Activity Director was reeducated on the grievance policy, related to Resident Council Meetings by the Administrator on May 12, 2016.</p> <p>B. Administrator reviewed Resident Council minutes for the past 60 days to ensure all resident concerns were addressed.</p> <p>C. The Activity Director will document all Resident Council concerns on a grievance form and forward to the Administrator for resolution. The Administrator will address all issues submitted by the residents in Resident Council. Facility Staff including Dietary, Housekeeping, Rehab, Nursing and Support Staff were reeducated on the grievance policy by the District Director of Clinical Services and the Director of Nursing. Any staff member not reeducated by May 27th, will receive reeducation prior to working their next shift.</p> <p>D. The Administrator will review the Resident Council minutes with the monthly QAPI committee monthly for three months. The Committee will review the minutes and concerns and make</p>	5/27/16	

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

TITLE

(X6) DATE

Electronically Signed

05/27/2016

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 166	<p>Continued From page 1</p> <p>address the concern if possible and document the resolution.</p> <ul style="list-style-type: none"> - Concerns must be forwarded to the Administrator within 24 hours of receipt or on the first business day following receipt. - Concerns must be addressed within 72 hours of receipt. - The Administrator and/or Department manager will contact the resident or person filing the concern as soon as possible but not longer than within 72 hours of receipt of the concern to alert them that the concern has been resolved. - The Administrator will follow up with the individual filing the concern again within 7 days after the initial follow-up to assure that the concern is addressed to their satisfaction. <p>Review of the Resident Council meeting minutes dated April 25, 2016 revealed, "Several residents talk about cold food and food cart coming out late." The minutes indicated that Dietary Manager #1 was present at the meeting. Dietary Manager #1 reported at the meeting that he was going to check with dietary staff to see why the food cart had been late. The form utilized for the minutes had a section that indicated if a Concern Form was going to be completed for a specific concern. There was no indication that a Concern Form was going to be completed for any dietary concerns from the April 25, 2016 Resident Council meeting.</p> <p>The list of Resident Council members who attended the April 25, 2016 meeting included Resident #6. An interview was conducted with Resident #6 on 5/11/16 at 4:30 PM. She reported that cold food was a problem at the facility. She revealed that since they had discussed the concerns at the April meeting that she had not</p>	F 166	<p>changes to the plan as deemed necessary.</p> <p>E. May 27, 2016</p>		

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F 166	<p>Continued From page 2</p> <p>seen a change. Resident #6 reported that facility staff had not followed up with her after the meeting regarding the cold food concerns. She indicated that Dietary Manager #1 was no longer at the facility and a new dietary manager started a few days ago. She stated she was hoping things were going to improve with the new dietary manager.</p> <p>An interview was conducted on 5/11/16 at 6:20 PM with the District Manager of Healthcare Services. He indicated he was not aware of any concerns regarding cold food discussed at the Resident Council meeting in April. He stated he expected the dietary manager to follow up on any dietary concerns reported by the Resident Council. He indicated that Dietary Manager #1 was no longer working at the facility as of 5/6/16. Dietary Manager #2 began working at the facility on 5/9/16.</p> <p>An interview was conducted on 5/12/16 at 8:50 AM with the Activities Director. She indicated she was responsible for coordinating the Resident Council meetings and completing the minutes. She stated that concerns shared in the Resident Council meetings were to be written up on Concern Forms and given to the Administrator who would then follow up with the appropriate department. She indicated she was responsible for completing the Concern Forms. The Resident Council meeting minutes from April 25, 2016 were reviewed with the Activities Director. She indicated that several residents had complained about their food being cold. She stated that Dietary Manager #1 was present at the meeting and reported to the residents in attendance that he was going to follow up with his dietary staff regarding the cold food concerns. The Activities</p>	F 166			

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F 166	<p>Continued From page 3</p> <p>Director revealed she had not completed a Concern Form on the cold food concerns. She indicated that she should have written a Concern Form as that was the normal procedure.</p> <p>A phone interview was conducted on 5/12/16 at 9:30 AM with Dietary Manager #1. He indicated he recalled the cold food concerns that were discussed at the April 25, 2016 Resident Council meeting. He stated he spoke with the Director of Nursing (DON) following the meeting to inform her of the cold food concerns that were shared. He indicated he had discussed the concerns with his dietary staff and reviewed the temperature logs. He stated there were no concerns with the temperature logs at that time. He indicated he had not written up a Concern Form regarding the cold food concerns. He reported the Activities Director typically wrote up Concern Forms. He stated he had not been given a Concern Form to document his investigation and resolution. He indicated he had not heard of any additional concerns regarding cold food and he thought the issue was resolved.</p> <p>An interview was conducted on 5/12/16 at 10:00 AM with the DON. She indicated she began working at the facility on April 21, 2016 as the interim DON. She stated that she was not familiar with the facility's grievance policy. The grievance policy regarding concerns reported in Resident Council meetings was reviewed with the DON. She indicated her expectation was for staff to follow the policy and complete a Concern Form. She revealed that she was unaware of the cold food concerns. She stated that Dietary Manager #1 had not discussed the concerns with her.</p>	F 166			

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F 309 F 309 SS=D	Continued From page 4 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to follow the wound doctor's recommendation for the treatment of the diabetic ulcer on the right great toe for 1 (Resident # 8) of 3 sampled residents with wounds. The wound doctor had recommended to treat the ulcer on the right great toe with Santyl ointment (debriding agent) on 4/8/16 and the recommendation was not implemented until 5/1/16. Findings included: Resident #8 was admitted to the facility on 2/2/16 with multiple diagnoses including Diabetes Mellitus and chronic ulcer right foot. The quarterly Minimum Data Set (MDS) assessment dated 4/26/16 indicated that Resident #8 had severe cognitive impairment and with diabetic foot ulcer. The care plan dated 4/26/16 was reviewed. One of the care plan problems was resident has a diabetic foot ulcer on the right great toe. The approaches included weekly treatment documentation to include measurement of each area of skin breakdown with length, width and depth, type of tissue and exudate and any other notable changes or observation.	F 309 F 309	F309 A.The attending Physician was contacted on May 11, 2016 and clarification orders obtained for resident #8, by the ADON. B.A facility audit was conducted for current residents on May 12th, by the DON and ADON, to ensure residents with skin issues were identified and orders implemented. C. Licensed Nurses were reeducated to ensure that physician recommendations and orders are received and transcribed accurately. Facility Licensed Nurses not reeducated by May 27th, will be educated prior to the next shift worked. Weekly audits are being conducted to ensure that physicians' recommendations and orders are received and transcribed accurately. Audits are being conducted by the Director of Nursing or Designee weekly times four weeks and monthly times two months thereafter. D.The Director of Nursing will present the audits to the QAPI Committee monthly times three months. The Committee will	5/27/16	

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F 309	<p>Continued From page 5</p> <p>The doctor's progress notes for Resident #8 were reviewed. The notes dated 3/25/16 indicated that the resident had an arterial ulcer on the right great toe. The treatment plan was skin prep daily. The notes dated 4/8/16 indicated that the resident had an arterial ulcer on the right great toe. The ulcer had eschar measuring 1.1 x (by) 0.8 centimeter (cm). The treatment plan was Santyl ointment. The notes dated 4/29/16 indicated that the resident had an arterial ulcer to the right great. The ulcer had an eschar measuring 1 x 0.5 x 0.1 cm. The treatment plan was Santyl ointment. The notes dated 5/6/16 indicated that the resident continued to have an arterial ulcer to the right great toe. The ulcer was a full thickness wound measuring 1 x 0.5 x 0.1 cm with 75% slough. The treatment plan was Santyl ointment.</p> <p>The doctor's orders for Resident #8 were reviewed. On 3/25/16, there was an order for skin prep daily to the right great toe. On 4/30/16, there was an order to clean the area on the right great toe with normal saline and apply silver gel (antimicrobial) and cover with dry dressing daily. The Treatment Administration Records (TARs) for Resident #8 were reviewed. The TARs for March, 2016 revealed that the ulcer on the right great toe was treated with skin prep. The TARs for April revealed that the ulcer was treated with skin prep until April 29th. On April 30, the ulcer was treated with Silver gel. The TARs for May 1-10 revealed that the ulcer was treated with Santyl ointment.</p> <p>5/11/16 at 3:35 PM, Resident #8 was observed during the dressing change. Nurse #1 was observed to clean the ulcer to right great toe with normal saline, Santyl ointment was applied and was covered with dry dressing.</p> <p>On 5/11/16 at 3:40 PM, the Assistant Director of</p>	F 309	<p>review the audits and make changes to the plan as indicated.</p> <p>E.May 27, 2016</p>		

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F 309	<p>Continued From page 6</p> <p>Nursing (ADON) was interviewed. She stated that she was responsible making wound rounds with the wound doctor once a week. She was responsible writing the order for the treatment as recommended by the doctor during the rounds. She added that she forgot to write the order for the Santyl on 5/1/16. She added that she didn't know who wrote the order for the Silver gel but she had called the doctor on 5/11/16 and he wanted to continue using Santyl. The ADON further indicated that she started making rounds with the doctor 2-3 weeks ago and the previous DON was responsible before then. She was not aware that the doctor had recommended Santyl since 4/8/16.</p> <p>On 5/12/16 at 9:10 AM, the clinical nurse consultant was interviewed. She stated that the ADON was responsible making wound rounds with the doctor and she was expected to write the treatment order the doctor had recommended during rounds. She was aware that there was no order written for the Santyl but the doctor was called on 5/11/16 and he wanted to continue treating the ulcer with Santyl. The clinical nurse consultant indicated that she was new to the facility and the administrator and the DON were also new to the facility.</p> <p>On 5/12/16 at 10:25 AM, the Director of Nursing (DON) was interviewed. She stated that she was an interim DON and started about 3 weeks ago. She indicated that the ADON was responsible in making wound rounds with the doctor and she was responsible writing treatment orders as recommended by the doctor during the rounds. The DON further indicated that the doctor made rounds once a week and he assessed the wounds. The DON stated that she had assessed the wound of Resident #8 once on 5/6/16 since</p>	F 309			

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F 309	Continued From page 7 she started working at the facility. She indicated that she was not aware that the doctor was not assessing the wounds on a weekly basis.	F 309			
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced	F 356		5/27/16	

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F 356	Continued From page 8 by: Based on record review, observation and staff interview, the facility failed to post the nurse staffing information accurately and on a daily basis for 2 of 2 days observed. Findings included: On 5/11/16 at 10:10 AM, the administrator was interviewed and stated that the resident census for the skilled unit was 27 residents. The nurse staffing posting was observed on 5/12/16 at 10:05 AM. The posting was located on the second floor where the skilled unit was located. The posting was dated 5/11/16 and the census was 62 residents. The posting had no total number and actual hours worked by a Registered Nurse (RN). On 5/12/16 at 10:10 AM, the Assistant Director of Nursing (ADON) was interviewed. She stated that she was the RN on the floor. She stated that the medical record person was responsible in posting the nurse staffing information daily. She stated that she was not aware that the nurse staffing information had not been posted yet for 5/12/16. On 5/12/16 at 10:30 AM, the medical record person was interviewed. She stated that she was not responsible for the nurse staffing information. She stated that the administrator was responsible posting the nurse staffing information. On 5/12/16 at 10:45 am, the administrator was interviewed. She stated that she was not responsible in posting the nurse staffing information. She indicated that the previous administrator might have been responsible in posting the staffing information in the past. She added that she would have the night shift nurse to fill out the staffing form and post it on a daily basis. She also stated that the census was wrong. The census was supposed to be	F 356	F356 A. The Administrator implemented a staffing sheet which included the facility name, the current date, total number and actual hours worked for Registered Nurses, Licensed Practical Nurses and Certified Medication Aides and Certified Nursing Assistants on May 12, 2016. The Staffing sheet is posted at the entrance of the facility hallway accessible to residents and visitors. B. The District Director of Clinical Services and the Director of Nursing reeducated Licensed Nurses and Certified Medication Assistants on proper completion of the staffing form May 16, 2016. Facility licensed Nurses or Certified Medication Aides not reeducated by May 27th, will receive education prior to the next shift worked. C. The 11-7 Charge Nurse is responsible for completion and posting of the form, seven days per week. The staffing posting will be monitored for compliance and accuracy daily for four weeks and weekly thereafter for four weeks by the Administrator or Designee. D. The results of the audits will be presented to the QAPI committee monthly for three months. The committee will review the sheets and revise the plan as deemed necessary. E. May 27, 2016		

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F 356	Continued From page 9 reflecting only the census on the skilled unit which was 27 residents and not the assisted living unit. The administrator also stated that she would revise the form to include the information for the RN.	F 356			
F 364 SS=D	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on review of Resident Council meeting minutes (April 25, 2016), resident interview (Resident #6), and staff interview, the facility failed to provide food at residents' preferred temperature. The findings included: 1a. Review of the Resident Council meeting minutes dated April 25, 2016 revealed, "Several residents talk about cold food and food cart coming out late." An interview was conducted on 5/12/16 at 8:50 AM with the Activities Director. She indicated she was responsible for coordinating the Resident Council meetings and completing the minutes. The Resident Council meeting minutes from April 25, 2016 were reviewed with the Activities Director. She indicated that several residents had complained about their food being cold. She stated that Dietary Manager #1 was present at the meeting and reported to the residents in	F 364	5/27/16		
			F364 A.Resident #6 was interviewed by the Dietary Manager on May 26, 2016 and resolved on May 27, 2016. B.Facility Administrator and DON interviewed Interview able residents on May 13 to ensure that residents concerns related to timely meal delivery and food temperatures has been addressed. C.The Dietary Manager will complete observation of trays to monitor temperature and delivery time on various shifts. The observations will be conducted five times weekly for four weeks, weekly for four weeks and monthly for one month. Nursing Staff were reeducated on prompt delivery of trays and keeping cart doors closed between rooms. Dietary Staff were reeducated on Food Temperatures and meal delivery times. Any staff member not reeducated by May		

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F 364	<p>Continued From page 10</p> <p>attendance that he was going to follow up with his dietary staff regarding the cold food concerns.</p> <p>An interview was conducted on 5/11/16 at 6:20 PM with the District Manager of Healthcare Services. He indicated that he was not aware of any concerns regarding cold food discussed at the Resident Council meeting in April. He stated he expected the dietary manager to follow up on any dietary concerns reported by the Resident Council. He indicated that Dietary Manager #1 was no longer working at the facility as of 5/6/16. Dietary Manager #2 began working at the facility on 5/9/16.</p> <p>1b. Resident #6 was admitted to the facility on 3/3/16. Her admission Minimum Data Set Assessment dated 3/10/16 indicated she was cognitively intact.</p> <p>An interview was conducted on 5/11/16 at 4:30 PM with Resident #6. She reported that cold food was a problem at the facility. She stated that she ate her meals in her room. She indicated that she was one of the first residents on the hall to be served as her room was right outside of the dining room. She revealed her food was frequently not warm. She stated that her coffee was not warm that morning (5/11/16) and her breakfast was cold. She indicated they had recently discussed the cold food concerns in the Resident Council meeting. She stated that she had not yet noticed a change in the temperature of the food when it is served. She indicated that Dietary Manager #1 was no longer at the facility and a new dietary manager started a few days ago. She stated that she was hoping things were going to improve with the new dietary manager.</p>	F 364	<p>27th will be educated prior to working their next shift.</p> <p>D.To monitor this practice, the Dietary Manager will present the test tray results monthly for three months. To the QAPI Committee monthly meeting. The committee will review and make changes to the plan as indicated.</p> <p>E.May 27, 2016</p>		

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(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 364	Continued From page 11 An interview was conducted on 5/11/16 at 6:20 PM with the District Manager of Healthcare Services. He indicated that he was not aware of any ongoing concerns regarding cold food. He stated he expected the dietary manager to follow up on any dietary concerns. He indicated that Dietary Manager #1 was no longer working at the facility as of 5/6/16. Dietary Manager #2 began working at the facility on 5/9/16.	F 364			