STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345232	A. BUILDING _____ B. WING _____	C 07/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CTR HEALTH & REHABI HICK	3031 TATE BOULEVARD SE HICKORY, NC 28602

(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 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 interview the facility failed to provide a nutritional supplement to 1 of 3 sampled residents with medications reviewed. (Resident #1) The findings included: Resident #1 was admitted to the facility 05/06/16 with diagnoses which included acute kidney failure, altered mental status, dehydration, malaise, anemia and dementia without behavioral disturbance. The admission care plan dated 05/18/16 for Resident #1 included the problem area, Weight loss/nutritional risk potential related to dementia. Approaches to this problem area included provide supplements. A note by the dietician for Resident #1 dated 05/24/16 noted, Underweight, elderly debility with a goal to maintain current weight and/or gain up to ideal body weight of 100 pounds to 110 pounds over the next six months. The recommendation of the dietician was for MedPass 2.0, 4 ounces daily to help supplement diet and maintain body weight. On 05/24/16 a Fax'd order was written by the Nurse Practitioner responsible for the care of Resident #1 for MedPass 2.0, 4 ounces daily. A copy of the Fax'd order was located in the nurses note section of the medical record of Resident #1.	F 281	F 281 1- The Director of Nursing transcribed the order to resident #1's Medication Administration Record. A medication variance was completed by the Dir. of Nursing on July 14, 2016. 2- Facility residents who received new orders for Med pass 2.0 have the potential to be affected by this alleged deficient practice. The DON/ADON/Unit Manager will audit new orders for Med Pass 2.0 for the past 30 days to ensure it is transcribed on the Medication Administration Record. 3- The DON/ADON/Unit Manager will re-educate all licensed nurses on accurately transcribing new orders into PCC. The DON/ADON/Unit Manager audit new orders 3 times per week for 4 weeks and then weekly for 2 months to ensure all orders have been entered into PCC. 4- The results of the audits will be brought to the monthly Quality Assurance Performance Improvement meeting for three months. The committee will evaluate and make further recommendations as indicated	8/11/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/05/2016

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F 281	Continued From page 1 Review of the May 2016 Medication Administration Record (MAR) for Resident #1 noted the MedPass 2.0 was transcribed on the May 2016 MAR and given to Resident #1 from 05/26/16-05/31/16. Review of the June 2016 and July 2016 MAR for Resident #1 noted the MedPass 2.0 was not included with medications and was not given to Resident #1. Review of the June 2016 monthly recap of physician orders noted the MedPass was not included with other medications ordered for Resident #1. Review of handwritten physician orders in the medical record of Resident #1 noted the 05/24/16 Fax order for MedPass 2.0 was not transcribed on the facility physician orders. On 07/14/16 at 3:00 PM the unit manager (over the unit Resident #1 resided) and the Director of Nursing (DON) reviewed the medical record of Resident #1 and verified the MedPass should have been given as ordered by the Nurse Practitioner. The DON stated it appeared the nurse that took the Fax'd order transcribed it on the May 2016 MAR for Resident #1 but forgot to transcribe the Fax order onto the facility order sheet. The DON explained changes in orders on the monthly recap of physician orders and MARs were generated by orders in the resident medical record. The DON stated Nurse #1 that took the Fax'd order on 05/24/16 no longer worked at the facility and contact information was not available. The DON noted Nurse #2 did the end of month reconciliation of orders and should have identified the concern when the May 2016 MAR was compared with the June 2016 MAR and physician orders.	F 281		

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F 281	Continued From page 2 On 07/14/16 at 6:18 PM Nurse #2 stated his practice was to compare the prior month MAR to the current MAR and confirm any changes in orders with the physician order sheet. Nurse #2 reviewed the May and June 2016 MARs for Resident #1 along with the physician order sheets and stated he probably didn't pick up on the omission of the MedPass on the June 2016 MAR because there was not an order written for the MedPass on the facility physician orders.	F 281		
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 interview the facility failed to clean ice scoop holders used to provide ice to residents on 3 of 4 halls within the facility. The findings included: On 07/14/16 at 9:45 AM observations were made of an ice scoop holder attached to the rolling cart located on the 100 hall. The rolling cart housed the insulated chest used to hold ice for distribution to residents. The ice scoop holder	F 371	F 371: 1 The Administrator immediately removed the ice chest from the hall on July 14, 2016 and they were sent to Dietary for cleaning by the Dietary Manager. 2 Facility residents are at risk for being affected by this same alleged deficient practice. New ice scoop holders were placed on each ice cart on July 14, 2016,that would keep the scoop from touching the bottom of the holder.	8/11/16

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F 371	Continued From page 3 extended off the cart, was made of hard white plastic and had a flip top opening. The ice scoop was observed inside the holder with the base of the scoop against the bottom of the holder. The ice scoop was removed and there was specks of blackened matter on the bottom of the holder where the base of the scoop was stored. On 07/14/16 at 10:00 AM observations were made of an ice scoop holder attached to the rolling cart located on the 300 hall. The rolling cart housed the insulated chest used to hold ice for distribution to residents. The ice scoop holder extended off the cart, was made of hard white plastic and had a flip top opening. The ice scoop was observed inside the holder with the base of the scoop against the bottom of the holder. The ice scoop was removed and there was red tinged matter on the bottom of the holder where the base of the scoop was stored. The largest red tinged area measured approximately 1" X 1". On 07/14/16 at 10:08 AM observations were made of an ice scoop holder stored on the bottom shelf of a 3 tiered cart on the 200 hall. The rolling cart housed the insulated chest used to hold ice for distribution to residents. The ice scoop holder was a clear plastic (shoe box sized) container which was stored uncovered. The ice scoop was stored inside the holder with the base of the scoop against the bottom of the holder. The ice scoop was observed inside the holder with the base of the scoop against the bottom of the holder. The ice scoop was removed and there was water observed on the bottom of the holder in addition to black matter where the base of the scoop was stored. On 07/14/16 at 10:22 AM the administrator	F 371	3 The Administrator and DON re-educated all Dietary and Nursing on processes for cleaning ice chests daily and as needed and validating the ice chest have been cleaned. The Unit Managers and or Shift Supervisor will observe the ice chest 3 times per week for 12 weeks to validate daily cleaning. 4 The results of the audit will be presented monthly for 3 months to the Quality Assurance Performance Improvement committee. The committee will evaluate and make further recommendations as indicated.	

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F 371	Continued From page 4	F 371		

observed the conditions of the ice scoop holders on the 100, 300 and 200 hall. At the time of the interview the administrator stated she was aware the ice scoop holders were brought to the kitchen for cleaning but she wasn't aware who was responsible for delivery of the ice scoop holders to the kitchen. At the time of the interview the administrator observed the ice scoops and holders on the 100, 200 and 300 hall. A wet, black residue was easily removed with light pressure when a finger was run across the bottom of the ice scoop holder on the 200 hall. A slimly residue was easily removed with light pressure when a finger was run across the bottom on the of ice scoop holder on the 300 hall. The administrator stated she understood the problem and would address the issue.

On 07/14/16 at 10:45 AM the administrator stated there was a misunderstanding between departments on who was responsible for bringing the ice scoops and holders to the dietary department for cleaning. The administrator stated she would put a plan in place to ensure the ice scoops and holders were routinely cleaned and sanitized.

On 07/14/16 at 11:10 AM the Food Service Director stated she had only worked at the facility six weeks and wasn't sure who was responsible for bringing the ice scoops and holders to the kitchen for cleaning.