| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 345343 | A. BUILDING _____ B. WING _____ | C 11/10/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO | 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534 |

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| F 000 | INITIAL COMMENTS<br><br>On 12/29/16, tag F315 was amended to make corrections. The 2567 was reposted in EPOC | F 000 | | |
| F 281 SS=D | 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS<br><br>The services provided or arranged by the facility must meet professional standards of quality.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview the facility failed to obtain a laboratory blood test for a Basic Metabolic Panel as ordered by the physician for 1 of 5 residents (Resident # 10) reviewed for unnecessary medications.<br>Findings included:<br>Medical record review revealed Resident #10 was admitted to the facility on 1/10/2015 with diagnoses which included Hypertension and Osteoarthritis. The Annual Minimum Data Set dated 8/26/2016 revealed Resident #10 was severely cognitively impaired.<br>A review of the signed and dated monthly Physician orders for November 2016 indicated Resident #10 had an order for a BMP (Basic Metabolic Panel) laboratory blood test to be obtained every 6 months due to Potassium supplements. Further review of the clinical medical record revealed Resident #10 had BMP results for 1/28/2016 and 9/1/2016. Resident#10 ' s Potassium levels were within normal limits.<br>An interview was conducted with the Director of Nursing (DON) on 11/10/2106 at 11:19 AM. The DON reported the Unit Managers used to complete the lab requisition slips and managed the labs for their specific units. The DON reported | F 281 | Resident #10 physician was notified on 11/10/16 of missing lab. No new orders given.<br><br>All facilities current resident physicians orders for last 30 days were audited by the assistant director of nursing beginning on 11/14/16 and completed on 11/16/16 to ensure all scheduled labs were obtained and reviewed by the physician.<br><br>The director of nursing provided re-education to the assistant director of nursing and clinical management team on 11/10/16 of their responsibility of maintaining monthly lab books for each unit.<br><br>In-servicing by the staff development coordinator or designee began on 11/14/16 and will be completed by 12/8/16 for current licensed nurses. Newly hired licensed nurses will be inserviced during new hire orientation and all other licensed nurses will receive the inservices prior to working their next shift. In-service will | 12/8/16 |

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

Electronically Signed | 12/08/2016

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| F 281 | Continued From page 1<br>there had not been any Unit Managers employed in the facility for the last few months and the task for scheduling labs had not actually been designated to anyone. The DON stated all resident ' s lab orders were supposed to be kept in a notebook on the units and the notebooks were updated by the Unit Managers when orders changed. The lab notebook for Resident #10 ' s unit was reviewed and there was no entry observed for Resident #10 for the month of July or August. The DON reported Resident #10 should have had a BMP drawn in July but she was unable to locate the requisition slip, the results or any other documentation which indicated the lab was drawn. The DON stated the facility was so fast paced she had not been able to address the need for a revised system due to the absence of the Unit Managers.<br>An interview was conducted with the facility Interim Administrator on 11/10/2016 at 2:49 PM. The Administrator stated the expectation was for labs to be obtained per the Physician orders and in the time frame per Physician orders. The Administrator stated the current system was obviously ineffective. | F 281 | include that the nurse is responsible for writing any lab orders received in the daily lab book to be obtained.<br><br>The director of nursing and assistant director of nursing will monitor labs ordered for completion weekly times 4, monthly times 2, then continous thereafter.<br><br>The director of nursing or designee will report findings of outcome of monitoring to the facility Quality Assurance and Performance Improvement committee weekly times four and monthly times two. The committee will evaluate the results and implement additional interventions as needed to ensure continued compliance. | |
| F 315 SS=D | 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER<br><br>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. | F 315 | | 12/8/16 |

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| F 315 | Continued From page 2<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, observation and staff and resident interview the facility failed to provide scheduled or prompted toileting in order to maintain or prevent decline of urinary incontinent episodes for 1 of 2 residents (Resident # 157).<br><br>Findings included:<br><br>Record review revealed Resident # 157 was admitted to the facility on 10/5/2016 with cumulative diagnoses which included Urinary Tract Infection and Hypertension.<br><br>Review of the Admission Minimum Data Set dated 10/12/2016 indicated Resident # 157 was moderately cognitively impaired and frequently incontinent of bladder.<br><br>Review of the Care Area Assessment dated 10/12/2016 revealed resident was frequently incontinent of bladder, required extensive assistance with toileting and had a history of urinary tract infections. The problem of urinary incontinence proceeded to care plan.<br>Review of the Care Plan dated 10/12 2016 included a problem of an elimination deficit related to episodes of bladder and bowel incontinence. One of the interventions listed was trial toileting for two weeks and staff to provide assistance as required for toileting trial.<br>An interview was conducted with Resident # 157 on 11/10/16 at 12:42 PM. The resident was in her room resting in bed. The resident was alert and oriented to person, place and time. The resident stated sometimes she did not remember to go to | F 315 | Resident #157 was monitored per physicians order on 11/10/16 for 72 hours. It was determined based on information documented that there was no decrease in incontinent episodes during the monitoring period.<br><br>Facility resident's care plans were reviewed 12/2/16 to identify if any other resident was on a prompted toileting schedule and that the care plan was being followed for any applicable resident.<br><br>The director of nursing and assistant director of nursing reviewed bowel and bladder assessments for the facility's current residents admitted for the past 30 days on 12/2/16 to evaluate if the resident had a need for prompted toileting.<br><br>A bowel and bladder assessment will be completed on all new admissions and within 72 hours will be reviewed by the interdisciplinary team to assess if the resident is appropriate for prompted toileting. Resident's will then be re-evaluated quarterly and as needed. A resident placed on prompted toileting will have an order entered in point click care so it can be reflected on the medication administration record for the nurse to monitor and the monitoring will be entered in point of care for the nursing assistant to toilet and document results. | |

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| F 315 | Continued From page 3<br>the bathroom and a lady talked to her about someone reminding her to go to the bathroom and she thought it would help. The resident stated when her family visited they reminded her.<br>An interview was conducted with NA #1 on 11/10/16 at 2:20 PM. NA #1 reported Resident #157 was on her regular assignment. NA #1 stated Resident #157 was continent at times. NA #1 stated the resident ' s family visited this week and the resident was continent all day because the family reminded the resident to go to the bathroom. NA #1 stated no one mentioned the resident was supposed to be on a toileting program. NA #1 stated when residents were on a toileting program they were toileted every two hours. NA #1 checked Point of Care (POC-the computer application used by the Nursing Assistants which contained residents individualized care information) for Resident #157 and a toileting program was not indicated.<br>An interview was conducted with Nurse #3 on 11/10/2016 at 2:45 PM. Nurse #3 reported Resident #157 would toilet herself at times. Nurse #3 stated the resident ' s family visited a few days ago and the resident toileted herself. Nurse #3 stated Resident #157 was usually incontinent but was able to get to the bathroom with a walker. Nurse #3 stated she was not notified of a toileting program for the resident.<br>An interview was conducted with the MDS nurse on 11/10/16 at 3:00 PM. The MDS nurse indicated she was responsible for Resident #157 ' s MDS assessments and Care Plan. The MDS nurse stated she interviewed Resident #157 and talked with her about continence. The MDS nurse stated the resident told her she knew when she needed to go to the bathroom. The MDS nurse stated she asked the resident if she would agree to a toileting program and the resident indicated | F 315 | In-servicing by the staff development coordinator or designee began on 12/2/16 and will be completed by 12/8/16 for current licensed nurses, current certified nursing assistants. Newly hired clinical staff will be inserviced during new hire orientation and all clinical staff will receive the inservices prior to working their next shift. In-service will include that a bowel and bladder assessment will be completed on all new admissions and within 72 hours will be reviewed by the interdisciplinary team to assess if the resident is appropriate for prompted toileting. Resident's will be re-evaluated quarterly and as needed. Inservice will also include that an appropriate resident will have order entered in point click care so it can be reflected on the medication administration record for the nurse to monitor and the monitoring will be entered in point of care for the nursing assistant to toilet and document results.<br><br>The director of nursing and the assistant director of nursing will monitor that all new admissions have a bowel and bladder assessment completed on admission and that the appropriate plan occurs for those residents who would benefit from prompted toileting weekly times 4, then monthly times 2, then continous thereafter.<br><br>The director of nursing or designee will report findings of outcome of monitoring to the facility Quality Assurance and Performance Improvement committee weekly times four and monthly times two. | |

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| F 315 | Continued From page 4<br>she would. The MDS nurse stated she felt it was important for the facility to prevent a decline in continence for any resident. The MDS nurse stated she reported the toileting trial to a nurse on the 7-3 shift and an NA on the 3-11 shift but did not remember which nurse or NA. The MDS nurse stated the information always went on the 24 hour report so initiation and implementation of the toileting program was communicated daily. The MDS nurse stated she was never trained on the toileting program in POC. The MDS nurse stated she did not know she was responsible for getting the toileting program information in POC prior to today. The MDS nurse stated she was unaware the communication system for the toileting program was changed prior to today.<br>An interview was conducted with the Administrator on 11/10/16 at 3:31 PM. The Administrator stated the expectation was a toileting program be initiated for any resident who would benefit and for any resident who was assessed with the need for scheduled toileting. | F 315 | The committee will evaluate the results and implement additional interventions as needed to ensure continued compliance. | |
| F 371 SS=E | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br>(2) Store, prepare, distribute and serve food under sanitary conditions<br><br>This REQUIREMENT is not met as evidenced by: | F 371 | | 12/8/16 |

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| F 371 | Continued From page 5<br>Based on observation and staff interviews, the facility failed to maintain a clean ice machine for one of two ice machines inspected.<br>Findings included:<br><br>On 11/10/2016 at 2:30 PM, the ice machine in the nourishment room near the 100/200 hall was noted to be dirty inside the machine. The white plastic shield hanging down from the inside rear of the upper opening had brown gritty film that could be wiped off with a paper towel. The white shield covered the inside top of the ice machine except for four inches at the very front of the ice machine. The exposed area of the top inside of the ice machine was metal sheeting and had condensation on the surface that was dark brown liquid. The metal also had rust spots.<br><br>On 11/10/2016 at 3:00 PM in an interview, the Nurse Manager stated the ice machine in the nourishment room near the 100/200 hall was used by all 5 halls to provide ice for the residents in their bedside pitchers.<br><br>The Maintenance Director stated in an interview on 11/10/2016 at 3:44 PM, that he did not keep a log of cleaning the ice machine, but tried to clean the ice machine every three months.<br><br>On 11/10/2016 at 3:47 PM, in an interview, the Administrator stated his expectation was the ice machine in the nourishment room would be clean. | F 371 | On 11/10/16, ice was removed from the ice machine and the ice machine was cleaned by the maintenance director. The maintenance director and the dietary manager were inserviced by the administrator on 11/11/16 of their responsibility to monitor and clean the ice machines on a monthly schedule and as needed.<br><br>The maintenance director and the dietary manager will monitor the ice machine in the kitchen and the ice machine located in the nourishment room for cleanliness weekly times 4, monthly times 2, then monthly thereafter.<br><br>The director of nursing or designee will report findings of outcome of monitoring to the facility Quality Assurance and Performance Improvement committee weekly times four and monthly times two. The committee will evaluate the results and implement additional interventions as needed to ensure continued compliance. | |
| F 520 SS=D | 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS | F 520 | | 12/8/16 |

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| F 520 | Continued From page 6<br>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.<br><br>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.<br><br>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.<br><br>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff and resident interviews and record review, the facility Quality Assessment and Assurance (QAA) Committee failed to maintain and monitor interventions that were put into place 12/10/2015. These interventions were in 2 areas originally cited in the recertification survey of 12/10/2015 and recited in the recertification survey of 11/10/2016. The deficiencies were in the areas of services to meet professional standards and food procurement, preparation, storage and distribution. The continued failure of the facility during two federal surveys of record show a pattern of the facility's | F 520 | The Quality Assurance and Performance Improvement (QAPI)committee met on 11/11/16 to discuss potential survey results to include discussion of repeat citations related to F281 and F371.<br><br>The committee met on 11/30/16 and discussed final results of the annual survey 11/6-11/10/16. Discussion included actions already taken to correct procedures involved in the citations and plan for alledging compliance. | |

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| F 520 | Continued From page 7<br>inability to sustain an effective QAA program.<br><br>Findings included:<br><br>This citation is cross referenced to:<br>1)F281-Based on record review and staff interview the facility failed to obtain a laboratory blood test for a Basic Metabolic Panel as ordered by the physician for 1 of 5 residents (Resident # 10).<br><br>The facility was cited during the 12/10/2015 recertification survey F281 for failing to follow fluid restriction as ordered by the physician. During the current survey, the facility was cited for failure to obtain a laboratory blood test as ordered by the physician.<br><br>2) F371- Based on observation and staff interviews, the facility failed to maintain a clean ice machine for one of two ice machines inspected.<br><br>The facility was cited during the 12/10/2015 recertification survey F371 for failing to maintain the temperature of a chilled salad made with mayonnaise at or below 41 degrees Fahrenheit. During the current survey, the facility failed to maintain a clean ice machine.<br><br>During an interview with the Administrator on 09/30/16 at 11:46 PM, the Administrator stated the QAA Committee met monthly and identified, developed and implemented plans of action to correct identified quality deficiencies. The Administrator stated he was currently the Interim Administrator and was not present during the recertification survey of 12/10/2015. The | F 520 | The Division Director of Clinical Service and/or the Division Director of Operations will provide re-education to facility department managers and medical director regarding the Quality Assurance and Performance Improvement process on 12/7/16.<br>The Division Director of Clinical Service and/or the Division Director of Operations will attend QAPI meeting weekly times four and monthly times two if possible to ensure that plan of correction has been implemented and maintained. If either are unable to attend the meeting; minutes and supporting documentation will be emailed to them weekly by the administrator or director of nursing.<br><br>The facility QAPI committee will meet weekly times four and monthly times two to discuss results of audits related to the plan of correction. The committee will analyze and trend the data to determine if revision to the plan of correction is needed. | |

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| F 520 | Continued From page 8<br>Administrator reported the DON was new to her position and would not be able to provide insight into the cause of the QAA system breakdown. The Administrator stated the QAA committee met monthly and the facility was committed to ensuring quality issues were corrected. | F 520 | | |