STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345169	A. BUILDING _____ B. WING _____	C 01/19/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CTR HEALTH & REHAB/GASTO	**969 COX ROAD GASTONIA, NC 28054**

(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 000	INITIAL COMMENTS An amended Statement of Deficiencies was provided to the facility on 02/02/17 to correct a typographical error that was in the original CMS 2567 report. Event ID #CLXR11.	F 000		
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS (b) Comprehensive Assessments (1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion	F 272		2/3/17

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

Electronically Signed | 02/02/2017

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 272	Continued From page 1 of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to assess 1 of 6 sampled residents (Resident #2) for section C related to cognition, section D related to mood, and section Q related to resident participation and goal setting on the Minimum Data Set (MDS). The findings included: Resident #2 was admitted to the facility on 12/24/16. His diagnoses included cellulitis of lower limb, displaced fractures in the right foot, major depressive disorder and mental retardation. The admission Minimum Data Set dated 12/31/16 coded him as sometimes being understood and sometimes understanding. Section C which assessed his cognition was completed with dashes for both the resident's interview and the staff assessment. Section D which assessed his mood was completed with dashes for both the	F 272	Assessment for Resident #2 completed specifically related to MDS Section C, Section D, and Section Q. All Residents identified as being at risk to be affected. Audit of most recent MDS, Section C, Section D, and Section Q for all current Residents completed by Director of Nursing to identify other Residents with incomplete assessments. Education provided to SW#1 and SW#2 by MDS Coordinator (RN) to ensure understanding of completing Resident Assessments specifically related to MDS Section C, Section D, and Section Q. MDS Monitoring Tool, specifically related to MDS Section C, Section D, and Section Q completion, implemented to ensure	

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F 272	Continued From page 2 resident's answers and the staff evaluation. Section Q which coded if the resident or family participated in the assessment and the goal setting was also completed with dashes. Interview with Social Worker (SW) #2 on 01/19/17 at 2:28 PM revealed that SW #2 completed the MDS for SW #1. SW #2 stated that when she went to complete Section C, including the Brief Interview for Mental Status, Resident #2 would not answer any of the questions. The family was present in the room at this time. She stated she returned after family left and Resident #2 still would not participate in the assessment. SW #2 stated Resident #2 would not answer any mood questions (Section D) either. SW #2 stated she had been instructed to put dashes in the sections that he did not participate. She further stated that she did not ask family, who visited daily about section Q goal setting. She did not know that the resident's participation in other sections, such as answering questions related to pain and activity preferences should have been captured in Section Q about participation in the assessment. She stated she did not answer yes or no in the participation section and thought putting dashes was sufficient. On follow up interview on 01/19/17 at 3:46 PM, SW #2 stated that she had spoken to staff relating to the areas she did not complete but since she put dashes for the resident's participation in Section C and D she thought she had to dash the staff's assessment in those areas. She further stated she did not know that the resident's participation in any part of the MDS was to be captured in Section Q and did not know how to determine if he participated in the other sections of the MDS.	F 272	compliance. Monitoring Tool to be completed by MDS Coordinator on all MDS Assessments for 12 weeks. Monitoring Tool incorporated into Monthly Quality Assurance and Performance Improvement Meeting to ensure compliance and evaluate effectiveness.	

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F 272	Continued From page 3 Interview with the Administrator on 01/19/17 at 3:50 PM revealed SW #2 was fairly new and was going to be receiving training in the coming months.	F 272		