STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 157 SS=D	483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) (g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment	F 157		6/17/17

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

Electronically Signed | 06/16/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 157	Continued From page 1 as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by: Based on record review, staff, family and Physician interviews, the facility failed to notify the Physician of the unavailability of ordered medications upon admission to the facility which resulted in missed medication doses for 1 of 3 residents. (Resident #224) Findings included: Record review revealed Resident #224 was admitted to the facility on Saturday, 3/18/2017 with diagnoses which included Hypertension and Congestive Heart Failure. Review of Resident #224's nursing notes revealed an entry dated 3/18/2017 at 8:05 PM by Nurse #1. The note indicated Resident #224 was admitted to the facility from the hospital and was alert and oriented to person, place and time. The note further indicated the resident's Physician ordered medications were confirmed with the pharmacy and would be delivered to the facility within the 3 hour window. Review of the Physician orders dated 3/18/2017 revealed the medications were transferred to the Medication Administration Record (MAR) on 3/18/2017. A review of the electronic MAR revealed on 3/18/2017 a number "8" and Nurse #1's initials were documented at 9:00 PM for the following medications:	F 157	1. Resident 224 was discharged on March 22, 2017. All admissions since March 22 were reviewed by Nursing and verified that all medications were being administered as currently ordered. 2. All licensed nurses will be re-educated by June 17 that if medication has not been received by scheduled time of admission and is not available in the e-kit, to notify MD for further orders and notify DON or designee. 3. Medication orders from the previous day will be reviewed by an administrative nurse leader to ensure medications were received and administered as ordered. The DON or designee will follow up with any weekend admissions to ensure medications were received by the facility or the MD was notified. Conducted each weekend for four weeks and then monthly thereafter. 4. The DON will report findings to the QAPI committee monthly for 3 months. The committee will evaluate results and monitor to ensure continued compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 157	Continued From page 2	F 157		

Terazosin HCL 5 milligrams (mg) (a medication for Hypertension) every evening
Lamotrigine 25mg (a medication used for Bipolar Disorder, mood swings or seizures) every evening
Buspirone HCL 15 mg (a medication used for anxiety) twice a day
The electronic MAR codes revealed the number "8" signified a progress note had been completed.
Progress notes were reviewed for 3/18/2017.
Entries noted at 9:52 PM by Nurse #1 documented the pharmacy was to deliver medication.
Further review of the MAR revealed on Sunday, 3/19/2017 a number "8" and Nurse #2's initials were documented at 9:00 AM for the following medications:
Valsartan 320mg (a medication used for Hypertension) every morning
Buspirone HCL 15mg twice a day
Diltiazem HCL ER 360 mg (a medication used for Hypertension) every morning

Progress notes were reviewed for 3/19/2017.
Entries noted at 11:36 AM by Nurse #2 documented the medications were on order, call back up pharmacy and family was to bring the AM dose. No further documentation of the missed medications was noted.
Record review revealed Resident #224 was admitted to the facility on 3/18/2017 with diagnoses which included Hypertension and Congestive Heart Failure. Record review revealed Resident #224 was discharged to home on 3/22/2017.

An interview was conducted with Nurse #1 on 5/24/2017 at 8:45 AM. Nurse #1 reported she worked the weekend of 3/18/2017 but did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 157	Continued From page 3	F 157		

recall Resident #224 or the admission. Nurse #1 reported when the medications were entered into the electronic medical record, the pharmacy received notification of the orders and the medications were supposed to be delivered within 3 hours. Nurse #1 reported there was an Emergency Box in the Medication Room and the nurses could get medications from the box if the pharmacy did not deliver the ordered medications. Nurse #1 stated if she documented the number "8" on the MAR and the progress note indicated the medications were on order then she did not administer the medications because they were not in the emergency box so they were not available. Nurse #1 indicated she thought if the medications were really needed someone from Administration made the decision to get them from a local pharmacy. Nurse #1 reported since she did not document she called the Physician or Administration to inform of the medications not being available, she must not have called.

A telephone interview was conducted with Nurse #2 on 5/24/2017 at 9:20 AM. Nurse #2 reported she recalled Resident #224 and the morning of 3/19/2017. Nurse #2 revealed the pharmacy did not deliver the admission medications for Resident #224. Nurse #2 indicated some of the medications were available in the Emergency Box and she had administered the medications which were available. Nurse #2 stated the resident had no anxiety and the resident's blood pressure was ok. Nurse #2 indicated she did not call the Physician since she called the DON and since the resident's condition was stable.

A telephone interview was conducted with a family member of Resident #224 on 5/24/2017 at 10:10 AM. The family member stated Resident #224 called her the morning after admission to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 157	Continued From page 4	F 157		

the facility and reported she had not received all of her medications. The family member stated she went to the facility and was told by the nurse some of the medications were not available due to an issue with the pharmacy delivery.
An interview was conducted with the Director of Nursing (DON) on 5/24/2017 at 10:38 AM. The DON stated she recalled the situation with Resident #224's medication not being available for administration the day after admission. The DON reported Nurse #2 called her on the morning of 3/19/2017 and reported the pharmacy had not delivered the ordered medications for Resident #224. The DON said she was not notified the evening before when some of the medications were unavailable for administration. The DON stated she did not ask Nurse #2 if the Physician was notified. The DON stated she asked about the resident's condition and Nurse #2 reported the resident was calm and her blood pressure was fine. The DON reported the facility could obtain ordered medications from a local backup pharmacy if needed and did not know why the local pharmacy was not utilized for Resident #224. The DON stated the expectation was for the Administrative Nurse on call and the Physician to be notified when ordered medications are unavailable.
An interview was conducted with the resident's facility Physician on 5/24/2016 at 2:12 PM. The Physician reported he was unaware of the specific issues with the resident's medications on admission. The Physician stated the nursing staff notified him sometimes with pharmacy delivery delays and his response depended on the specific medications and the resident's condition. The Physician reported he could not say how he would have responded to the resident's situation. The Physician stated he expected to be notified if

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 157	Continued From page 5 medications were unavailable for administration within the required timeframe.	F 157		
F 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff, family and physician interviews, the facility failed to administer medications on admission date and the following morning as ordered which resulted in missed doses of medications for 1 of 3 residents reviewed (Resident #224); and the facility failed to provide a nutritional assessment for 1 of 1 resident admitted with wounds which resulted in failure to initiate supplements to enhance wound healing (Resident #151). Findings included: 1. Record review revealed Resident #224 was admitted to the facility on 3/18/2017 with diagnoses which included Hypertension and Congestive Heart Failure. Record review revealed Resident #224 was discharged to home on 3/22/2017. Review of the Discharge Minimum Data Set (MDS) of Resident #224 dated 3/22/2017 indicated the resident was cognitively intact. There was no other MDS assessment or any Care Plan information available due to the resident's length of stay. Review of nursing notes revealed the resident	F 281	1. RD re-educated Dietary Manager on current policy and procedure to have assessment completed according to MDS schedule and within 7 days of admission. Completed 6/13/17 2. RD to be emailed weekly wound report by the facility wound care nurse with residents who have been admitted with wounds or acquired wounds in the facility. RD will also receive a consult for wound and nutritional interventions/recommendations. 6/13/17 and ongoing. RD to review most current wound report, review each resident and make recommendations if needed. 3. RD will conduct weekly wound audit reports and submit them to the DON. 4. Weekly wound audit reports will be reviewed monthly at QAPI meetings until 3 months of 100% compliance is achieved.	6/17/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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	Continued From page 6	F 281		

was admitted 3/18/2017 at 8:05 PM by Nurse #1. The note indicated Resident #224 was admitted to the facility from the hospital and was alert and oriented to person, place and time. The note further indicated the resident's vital signs were stable and the physician ordered medications were confirmed with the pharmacy and would be delivered to the facility within the 3 hour window.
The hospital discharge transfer form dated 3/18/2017 indicated a report of the resident's condition was called to Nurse #1 from the discharging nurse at the hospital and included the medications which were administered at the hospital. The discharge form revealed the resident did not receive evening medications prior to the facility transfer.
Review of the Physician orders dated 3/18/2017 revealed the medications were transferred to the Medication Administration Record (MAR) on 3/18/2017.
Review of the resident's electronic MAR revealed on 3/18/2017 a number "8" and Nurse #1 initials were documented at 9:00 PM for the following medications:
Terazosin HCL 5 milligrams (mg) (a medication for Hypertension) every evening
Lamotrigine 25mg (a medication which was ordered for Bipolar Disorder) every evening
Buspirone HCL 15 mg (a medication which was ordered for anxiety) twice a day
The electronic MAR codes revealed the number "8" signified a progress note was completed.
Progress notes were reviewed for 3/18/2017. Entries noted at 9:52 PM by Nurse #1 documented the pharmacy was to deliver medication.
Further review of the MAR revealed on 3/19/2017 a number "8" and Nurse #2's initials were documented at 9:00 AM for the following

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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	Continued From page 7	F 281		

medications:
Valsartan 320mg (a medication used for Hypertension) every morning
Buspirone HCL 15 mg twice a day
Diltiazem HCL ER 360 mg (a medication used for Hypertension) every morning
Progress notes were reviewed for 3/19/2017. A note at 11:36 AM by Nurse #2 documented the medications were on order, call back up pharmacy and family was to bring the AM dose. No further documentation of the missed medications was noted.
An interview was conducted with Nurse #1 on 5/24/2017 at 8:45 AM. Nurse #1 reported she worked the weekend of 3/18/2017 but did not recall Resident #224 or the admission. Nurse #1 reported when the medications were entered into the electronic medical record, the pharmacy received notification of the orders and the medications were supposed to be delivered within 3 hours. Nurse #1 indicated when residents arrived late in the afternoon on the weekends, sometimes she called the pharmacy to make sure they would be delivered within 3 hours, but there were times the pharmacy did not deliver the medications until the 11:00 PM delivery or the next day. Nurse #1 reported there was an Emergency Box in the Medication Room, and the nurses could get medications from the box if the pharmacy did not deliver the ordered medications. Nurse #1 stated if she documented the number "8" on the MAR and the progress note indicated the medications were on order then she did not administer the medications because they were not available. Nurse #1 indicated she thought if the medications were really needed someone from Administration made the decision to get them from a local pharmacy. Nurse #1 reported since she did not document

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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	Continued From page 8	F 281		

she called the Physician or Administration to inform of the medications not being available, she must not have called.
A telephone interview was conducted with Nurse #2 on 5/24/2017 at 9:20 AM. Nurse #2 reported she recalled Resident #224 and the morning of 3/19/2017. Nurse #2 revealed the pharmacy did not deliver the admission medications for Resident #224. Nurse #2 indicated some of the medications were available in the Emergency Box, and she administered the medications which were available. Nurse #2 stated a family member was visiting the resident and voiced concern about the medications and stated she had some of the resident's medication at home. Nurse #2 said she called the Director of Nursing (DON) and was informed the medication could be given if the family member had some available and the medications were labeled. Nurse #2 said the family member went home and returned with some of the resident's medications but could not recall which ones. Nurse #2 reported she administered the medications and thought she documented them on the 24 hour report. Nurse #2 indicated the 24 hour report was completed by nursing every shift and contained information about the residents, so nothing would be missed when report was completed by shift nurses. Nurse #2 also indicated the report shifts were given to the DON for daily review. Nurse #2 stated she remembered checking the resident's blood pressure since the medications which were not delivered were for Hypertension. Nurse #2 stated the resident's blood pressure was ok. Nurse #2 indicated she did not call the physician. The 24 hour report for 3/19/2017 was reviewed and no documentation of administration of home medications observed on the report.
A telephone interview was conducted with a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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	Continued From page 9	F 281		

family member of Resident #224 on 5/24/2017 at 10:10 AM. The family member stated Resident #224 called her the morning after admission to the facility and reported she had not received all her medications. The family member went to the facility and informed the nurse she had some of the resident's home medications. The family member stated the nurse called someone in administration, and they said it was ok for the resident to take the medications from home. The family member reported both the medications she brought for the resident were for Hypertension.
An interview was conducted with the DON on 5/24/2017 at 10:38 AM. The DON stated she recalled the situation with the medication of Resident #24 not being available for administration the day after admission. The DON reported Nurse #2 called her and reported the pharmacy did not deliver the medications for the resident and there was a family member visiting the resident who said she had the resident's Hypertension medications from home. The DON stated she informed Nurse #2 it would be fine to give the medication from home as long as they were in a labeled bottle. The DON stated if the medications were called for stat delivery the pharmacy had 3 hours to deliver the medications. The DON stated she considered medications for weekend admissions stat orders. The DON further indicated the facility expectation was for ordered medications to be delivered to the facility within the 3 hours and if the pharmacy could not deliver, the pharmacy needed to notify the facility to utilize a backup pharmacy. The DON also stated her expectation was for all medications, even those which were brought from home to be documented with the medication administered, the dosage and time.
An interview was conducted with the resident's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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	Continued From page 10	F 281		

facility physician on 5/24/2016 at 2:12 PM. The physician reported he was unaware of the specific issues with the resident's medications on admission. The physician stated the nursing staff notified him sometimes with pharmacy delivery delays and his response depended on the specific medications and the resident's condition. The physician reported he could not say how he would have responded to the resident's situation. The physician reported if medications were given from home, he expected documentation of the resident's condition and specifics of the medications administered.

A telephone interview was conducted with the facility pharmacy manager on 5/24/2017 at 3:05 PM. The pharmacy manager reported there was no guaranteed window of delivery time for admission or any ordered medications. The pharmacy manager stated the pharmacy staff worked with the facility on the next doses scheduled and triaged when next doses were due to coordinate delivery. The pharmacy manager reported the pharmacy is open on Saturdays from 10:00 AM to 3:00 PM, and there was someone on-call after hours. The pharmacy manager further reported the pharmacy completed a sweep run on Sundays to cover late Saturday admissions and any other orders which may need to be filled. The pharmacy manager stated the pharmacy documentation for Resident #244 on 3/18/2017 at 8:09 PM reported Nurse #1 informed the pharmacist to send the controlled medications that night, and the remainder could wait for the Sunday delivery. The pharmacy manager also stated the documentation reported Nurse #1 was informed the medications would be available at the backup pharmacy by 11:00 PM on 3/18/2017. The pharmacy manager stated she was unsure why the medications were not picked up.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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	Continued From page 11	F 281		

An interview with the DON on 5/24/2017 at 4:00 PM revealed the DON was unaware of any medications to be picked up at a backup pharmacy. The DON stated she was never informed by the pharmacy there was no guaranteed window of delivery time for admissions or stat medications.

2-Record review revealed Resident # 151 was admitted to the facility on 4/7/2017 with diagnoses which included right Diabetic Foot Ulcer and Congestive Heart Failure.

Record review of the facility Skin Management Policy with a revision date of August 2012 revealed a nutritional evaluation would be completed within 7 days of admission on all residents identified at risk or with compromised skin integrity.

Review of the resident's Admission Minimum Data Set (MDS) dated 4/14/2017 indicated the resident was cognitively intact and had an ulcer on his right foot.

Review of the Care Area Assessment (CAA) dated 4/14/2017 revealed the resident was admitted with a right foot ulcer and right lower extremity and right thigh surgical wound wounds. The information listed in the CAA indicated a Care Plan was developed for the identified skin issues.

Record review of the Care Plan dated 4/14/2017 included a focus area of actual skin issues related to a right diabetic foot ulcer and right lower extremity and right thigh surgical wounds. The interventions listed included the resident required supplemental protein, amino acids, vitamins and minerals as ordered to promote wound healing.

Record review of the Physician's orders since the resident's admission revealed no nutritional supplements were ordered. A review of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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	Continued From page 12	F 281		

Medication Administration Records (MAR) for April 2017 and May 2017 revealed no administration of nutritional supplements.
An interview was conducted with the MDS Nurse on 5/25/2017 at 1:19 PM. The MDS Nurse stated one of the interventions on care plans for residents admitted with wounds was nutritional supplements to assist with wound healing. The MDS Nurse stated she thought the supplements were initiated by the treatment nurse but was not really sure who initiated them. The MDS Nurse reported she did not go back and review the orders for residents admitted with wounds to ensure the supplements were ordered because the supplements were supposed to be ordered for residents with wounds.
An interview was conducted with the Treatment Nurse on 5/25/2017 at 1:40 PM. The Treatment Nurse stated she was aware all residents with wounds were ordered nutritional supplements by the Nutritionist. The Treatment Nurse stated the Nutritionist was made aware of all new wounds by a copy of the weekly wound report that was sent to her on Wednesdays.
An interview was conducted with the Registered Dietician (RD) for the facility on 5/25/2017 at 1:50 PM. The RD reported when a resident was admitted she had 30 days to complete the assessment. The RD stated she tried to be in the facility every other week but was unable to maintain her schedule the last 3 or 4 weeks due to obligations at other facilities. The RD revealed she had not assessed Resident #151. The RD indicated she expected supplements to be initiated when a resident is admitted with wounds to assist with the healing process. The RD stated she thought the facility had a protocol for supplements to be initiated. The RD further stated she sometimes received phone calls when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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	Continued From page 13 residents were admitted with wounds but was not always informed. In an interview with the DON on 5/25/2017 at 2:07 PM, the DON indicated the RD was responsible for the ordered supplements for any identified wounds. The DON stated the facility expectation was residents admitted with wounds would be evaluated by the RD within 7 days of admission per the facility policy. An interview with the resident's physician was conducted on 5/25/2017 at 2:16 PM. The physician stated if the RD or the Wound Nurse did not address the need for nutritional supplements for residents with wounds and if it was brought to his attention, he addressed the need. The physician stated the expectation was the need for nutritional supplements would be addressed by the RD when residents were admitted with wounds per the facility policy.	F 281		
F 425 SS=D	483.45(a)(b)(1) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (1) Provides consultation on all aspects of the provision of pharmacy services in the facility; This REQUIREMENT is not met as evidenced by: Based on record review and staff, family and physician interviews, the facility failed to	F 425	1. Resident 224 was discharged on March 22, 2017. All admissions since	6/17/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 425	Continued From page 14 implement effective procedures for the acquisition of pharmacy ordered medications, which resulted in missed doses of medications for 1 of 3 residents. (Resident #224) The findings included: Record review revealed Resident #224 was admitted to the facility on 3/18/2017 with diagnoses which included Hypertension and Congestive Heart Failure. Review of the resident's nursing notes revealed an entry dated 3/18/2017 at 8:05 PM by Nurse #1. The note indicated the resident the physician ordered medications were confirmed with the pharmacy and would be delivered to the facility within the 3 hour window. Review of the physician orders dated 3/18/2017 revealed the medications were transferred to the Medication Administration Record (MAR) on 3/18/2017. A review of the electronic MAR revealed on 3/18/2017 a number "8" and Nurse #1's initials were documented at 9:00 PM for the following medications: Terazosin HCL 5 milligrams (mg) (a medication for Hypertension) Lamotrigine 25mg (a medication used for Bipolar Disorder, mood swings or seizures) Buspirone HCL 15 mg (a medication used for anxiety) The electronic MAR codes revealed the number "8" signified a progress note had been completed. Progress notes were reviewed for 3/18/2017. Entries noted at 9:52 PM by Nurse #1 documented the pharmacy was to deliver medication. Further review of the MAR revealed on 3/19/2017 a number "8" and Nurse #2's initials were documented at 9:00 AM for the following medications:	F 425	March 22 were reviewed by Nursing and verified that all medications were being administered as currently ordered. 2. All licensed nurses will be re-educated by June 17, 2017 that if medication has not been received by scheduled time of admission and is not available in the e-kit, to notify MD for further orders and notify DON or designee. 3. Omnicare started a new courier service on May 1, 2017 in order to improve delivery reliability. All admissions and re-admissions on Saturday and Sunday will be communicated to the pharmacy as stat orders and will be sent to the facility on the next daily delivery schedule. 4. The DON will report findings to the QAPI committee monthly for 3 months. The committee will evaluate results and monitor to ensure continued compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 425	Continued From page 15	F 425		

Valsartan 320mg (a medication used for Hypertension)
Buspirone HCL 15mg
Diltiazem HCL ER 360 mg (a medication used for Hypertension)

Progress notes were reviewed for 3/19/2017. A note at 11:36 AM by Nurse #2 documented the medications were on order, call back up pharmacy and family was to bring the AM dose. No further documentation of the missed medications was noted.
An interview was conducted with Nurse #1 on 5/24/2017 at 8:45 AM. Nurse #1 reported she worked the weekend of 3/18/2017 but did not recall Resident #224 or the admission. Nurse #1 reported when the medications were entered into the electronic medical record, the pharmacy received notification of the orders and the medications were supposed to be delivered within 3 hours. Nurse #1 indicated when residents arrived late in the afternoon on the weekends, sometimes she would call the pharmacy to make sure they would be delivered within 3 hours but there were times the pharmacy did not deliver the medications until the 11:00 PM delivery or the next day. Nurse #1 reported there was an Emergency Box in the Medication Room and the nurses could get medications from the box if the pharmacy did not deliver the ordered medications. Nurse #1 stated if she documented the number "8" on the MAR and the progress note indicated the medications were on order then she did not administer the medications because they were not in the emergency box so they were not available. Nurse #1 indicated she thought if the medications were really needed someone from Administration made the decision to get them from a local pharmacy. Nurse #1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 425	Continued From page 16	F 425		

reported since she did not document she called the physician or Administration to inform of the medications not being available, she must not have called.
A telephone interview was conducted with Nurse #2 on 5/24/2017 at 9:20 AM. Nurse #2 reported she recalled Resident #224 and the morning of 3/19/2017. Nurse #2 revealed the pharmacy did not deliver the admission medications for Resident #224. Nurse #2 indicated some of the medications were available in the Emergency Box and she had administered the medications which were available. Nurse #2 stated she called the pharmacy and they informed her the medications would be delivered later in the afternoon.
A telephone interview was conducted with a family member of Resident #224 on 5/24/2017 at 10:10 AM. The family member stated Resident #224 called her the morning after admission to the facility and reported she had not received all her medications. The family member went to the facility and was informed by the nurse some of the resident's medications were not available due to a problem with the pharmacy. The family member reported she had the resident's home medications for Hypertension, and the nurse called Administration for permission to administer the home medications.
An interview was conducted with the Director of Nursing (DON) on 5/24/2017 at 10:38 AM. The DON stated she recalled the situation with Resident #224's medication not being available for administration the day after admission. The DON reported Nurse #2 called her and reported the pharmacy did not deliver the medications for Resident #224 and there was a family member visiting the resident who said she could bring in some of her meds from home. The DON stated she informed Nurse #2 it would be fine to give the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 425	Continued From page 17	F 425		

medication from home as long as they were in a labeled bottle. The DON stated if the medications are called for stat delivery the pharmacy had 3 hours to deliver the medications. The DON stated she considered medications for weekend admissions stat orders. The DON further indicated the facility expectation was for ordered medications to be delivered to the facility within the 3 hours and if the pharmacy could not deliver, the pharmacy needed to notify the facility so they can get them from a backup pharmacy.

An interview was conducted with the resident's facility Physician on 5/24/2016 at 2:12 PM. The Physician reported he was unaware of the specific issues with the resident's medications on admission. The Physician stated the nursing staff would notify him sometimes with pharmacy delivery delays and his response depended on the specific medications and the resident's condition. The physician reported he could not say how he would have responded to Resident #224's situation. The physician further stated the expectation was for the pharmacy to deliver ordered medications in a timely manner to ensure residents did not miss doses.

A telephone interview was conducted with the facility pharmacy manager on 5/24/2017 at 3:05 PM. The pharmacy manager reported there was no guaranteed window of delivery time for admission or any ordered medications. The pharmacy manager stated the pharmacy staff worked with the facility on when the next doses scheduled were due to coordinate delivery. The pharmacy manager reported the pharmacy is open on Saturdays from 10:00AM to 3:00 PM and there was someone on-call after hours. The pharmacy manager further reported the pharmacy completed a sweep run on Sundays to cover late Saturday admissions and any other

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 425	Continued From page 18 orders which may need to be filled. The pharmacy manager stated the pharmacy documentation for Resident #224 on 3/18/2017 at 8:09 PM reported Nurse #1 informed the pharmacist to send the controlled medications that night and the remainder could wait for the Sunday delivery. The pharmacy manager also stated the documentation reported Nurse #1 was informed the medications would be available at the backup pharmacy in Smithfield NC by 11:00 PM on 3/18/2017. The pharmacy manager stated she was unsure why the medication was not picked up. An interview with the DON on 5/24/2017 at 4:00 PM revealed the DON was unaware of any medications to be picked up at a backup pharmacy. The DON stated she had never been informed by the pharmacy there was no guaranteed window of delivery time for admissions or stat medications.	F 425		
F 520 SS=D	483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS (g) Quality assessment and assurance. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and	F 520		6/17/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 520	Continued From page 19 (g)(2) The quality assessment and assurance committee must : (i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. (i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews and record review, the facility Quality Assesment and Assurance (QA) Committee failed to maintain and monitor interventions that were put into place 1/16/17. These interventions were originally cited in the complaint investigation survey of 12/21/16 and recited in the recertification survey of 5/25/17. The deficiencies were in the areas of services to obtain medications ordered on admission from the pharmacy in a timely manner. The failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an	F 520	1. An ad hoc QAPI meeting was held on 6/14/2017 to discuss timely delivery of medications from pharmacy for admissions and re-admissions. A revised Pharmacy cut-off and delivery timeline guide was implemented on 6/22/17. 2. Nurses have been re-educated by the ADON on pharmacy cut-off times and after hours pharmacy delivery procedures and physician notification requirements. 3. Nursing administration has implemented an Admission Medication Audit tool to monitor medication delivery	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	204 DAIRY ROAD CLAYTON, NC 27520

(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 520	Continued From page 20 effective QAA program. Findings include: This citation is cross referenced to: 1. F281 in which the facility failed to provide medication ordered on admission from the pharmacy for one of three residents reviewed (Resident # 224). The facility was cited at F281 during the 12/16/16 complaint survery for failing to obtain ordered medications ordered on admission from the pharmacy in a timely manner. 2. F425 in which the facility failed to provide medication ordered on admission from the pharmacy for one of three residents reviewed (Resident # 224). The facility was cited at F281 during the 12/16/16 complaint survey for failing to obtain ordered medications on admission from the pharmacy in a timely manner. During an interview on 5/24/17 10:30 AM, the Administrator stated, "We have been having issues with pharmacy and it was brought up in our QA meeting on 4/13/17 and we did some audits and did not see any issues so we stopped the audits. My expectation is that pharmacy will deliver medications within the 3 hours after they are ordered or to call them to back up so we can pick them up. I expect the nurses to notify the physicians of the medications not being available and any medication administration to be documented with med, dose, time." During an interview on 5/25/17 5:06 PM, the Director of Nursing stated the QA Committee met monthly to identifiy any issues that required interventions and follow up.	F 520	and physician notification if necessary. 4. The QAPI committee will meet monthly for the next three months to monitor data from the Admission Medication Audit tool. Results will be evaluated until 3 months have occurred with zero medication delivery and physician notification problems.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345317	A. BUILDING _____ B. WING _____	C 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HLTH & RETIREMENT	**204 DAIRY ROAD CLAYTON, NC 27520**

(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