

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2017
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HLTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1306 SOUTH KING STREET WINDSOR, NC 27983	
(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 312 SS=D	<p>483.24(a)(2) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, resident and staff interviews and record review the facility failed to provide nail care for 1 of 3 residents reviewed for activity of daily living (ADL) assistance (Resident #27).</p> <p>Findings included:</p> <p>Resident #27 had been admitted on 6/02/2016. Her diagnoses included malignant neoplasm of the colon, schizophrenia, muscle weakness, diabetes, and hypertension.</p> <p>Resident #27's most recent annual minimum data set (MDS) assessment dated 6/09/2017 indicated she was cognitively intact. She required supervision with eating, total assistance with bathing and extensive assistance with all other ADLs. She was noted to have impairment of one upper extremity and both lower extremities.</p> <p>Resident #27's ADL care plan revised on 6/13/2017 noted she had deficits related to limited mobility and schizophrenia. Interventions include she would receive assistance with hygiene and would have a neat and clean appearance.</p> <p>An observation of Resident #27 was made on 8/14/17 at 11:16 AM. Her finger nails were long with rough edges. Brown matter observed under her fingernails.</p>	F 312	<p>F312</p> <ol style="list-style-type: none"> 1. Resident #27's nails were trimmed and cleaned on 8/17/17. 2. All residents have the ability to be affected. Current resident's nails were audited on 8/17/17 and fingernails were inspected, cleaned and trimmed as needed or requested. 3. The Director of Nursing/Assistant Director of Nursing will educated nursing staff by 9/13/17 on the need to inspect nails daily and clean and trim as needed. 4. The Director of Nursing or Designee will perform audits on nail care 3x/week X 4 weeks, then, 2x/week X 4 weeks; then weekly X 4 weeks to ensure that adequate nail care is being provided. The Director of Nursing or designee will report results of nail care audits to the Quality Assurance Performance Improvement Committee (QAPI) monthly, for further review and recommendations for ongoing effectiveness. 5. Allegation date of compliance 9/13/17. 	9/13/17

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

TITLE

(X6) DATE

Electronically Signed

09/08/2017

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 312	<p>Continued From page 1</p> <p>An observation of Resident #27 was made on 8/15/17 at 9:22 AM. Her finger nails were long with rough edges. No matter observed under fingernails but nails were stained brown.</p> <p>An interview and observation of Resident #27 was conducted on 8/16/2017 at 8:27 AM. The resident stated she preferred to have her nails short. Her finger nails were long with rough edges, food debris observed under nails.</p> <p>An interview with nurse aid (NA) #1 was conducted on 8/16/2017 at 12:07 PM. The NA stated resident fingernails were trimmed as needed, about once weekly.</p> <p>An interview with the Nurse #1 was conducted on 08/16/2017 at 2:07 PM. The nurse stated nails should be trimmed frequently.</p> <p>An observation of Resident #27 was made on 8/17/17 at 8:12AM. Her finger nails were long with rough edges. No matter observed under fingernails but nails were stained brown.</p> <p>An observation of Resident #27's nails with the director of nursing (DON) was made on 8/17/2017 at 11:43 AM. Her finger nails were long with rough edges. No matter was observed under her fingernails but nails were stained brown. Resident #27 stated she preferred her nails to be shorter.</p> <p>An interview with the director of nursing (DON) was conducted on 8/17/2017 at 11:43 AM. The DON stated she expected nails to be trimmed weekly or as needed and for the nurses to check resident nails weekly with the skin assessment.</p>	F 312			