

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

PRINTED: 11/22/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345362</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/21/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; RETIREMENT/CABARRUS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 BISHOP LANE</b> <b>CONCORD, NC 28025</b>		
(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 356 SS=B	<p>POSTED NURSE STAFFING INFORMATION CFR(s): 483.35(g)(1)-(4)</p> <p>483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis:</p> <p>(i) Facility name.</p> <p>(ii) The current date.</p> <p>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <p>(A) Registered nurses.</p> <p>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law)</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>(3) Public access to posted nurse staffing data.</p>	F 356		11/2/17	

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

TITLE

(X6) DATE

Electronically Signed

11/02/2017

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 356	<p>Continued From page 1</p> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews and record review, the facility failed to accurately post staff hours by including Registered Nurse (RN) staff calculated into the direct care resident care hours for 13 of the 82 days reviewed for acute staff posting. Findings included:</p> <p>A review of the Report of Nursing Staff Directly Responsible for Resident Care hours indicated the following:</p> <ul style="list-style-type: none"> <li>- On 08/12/2017, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident care hours.</li> <li>- On 08/18/2017, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident care hours.</li> <li>- On 08/20/2017, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident care hours.</li> <li>- On 08/21/2017, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident care hours.</li> <li>- On 08/24/2017, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident</li> </ul>	F 356	<p>Brian Center Cabarrus acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct in order to maintain compliance with applicable rules and provisions of the CMS Rules of Participation. This plan of correction is submitted as a written allegation of compliance. Preparation and submission of this plan of correction is in response to the CMS 2567 from the survey conducted on October 19-21, 2017.</p> <p>Brian Center Cabarrus's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the statement nor does it constitute an admission that any deficiency is accurate. Further, Brian Center Cabarrus reserves the right to refute any deficiency on this Statement through Informal Dispute Resolution, formal appeal, and/or other administrative or legal procedures.</p> <p>F356 Posted Nurse Staffing Information – no residents were affected by this deficiency.</p>		

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F 356	Continued From page 2 care hours. - On 08/25/2017, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident care hours. - On 08/26/2017, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident care hours. - On 08/27/2017, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident care hours. - On 09/25/2017, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident care hours. - On 09/26/2017, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident care hours. - On 10/03/2017, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident care hours. - On 10/16/2017, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident care hours. - On 10/17/2016, one RN was present in the facility for eight consecutive hours and the eight hours were not calculated in the direct resident care hours. On 10/21/2017 at 8:43 AM an interview was conducted with Nurse #1 and revealed that she was not responsible for completing the posted staff hours and was not aware that RN hours had not been posted for some dates. An interview conducted with the Director of	F 356	It is the practice of this provider to ensure accurate posting of the following information: Facility name, current date, total number of staff and actual hours worked by the following categories of licensed & unlicensed nursing staff directly responsible for resident care per shift every day.  Facility scheduler failed to include/calculate RN supervisor hours worked on mandatory posting and into direct resident care hours.  Correction of specific deficiency: was achieved as of 10/21/2017; NHA corrected each Report of Nursing Staff Directly Responsible for Resident Care Hours to include RN staff hours in direct resident care hours. DON re-educated facility scheduler regarding requirements of mandatory posting as well as importance of accurate records on 10/21/2017.  Plan to ensure accurate Nurse Staffing Information: DON or designated Nursing Supervisor to review staffing postings for accuracy prior to posting; DON/designee will initial to signify review & accuracy as of 10/21/2017. All licensed nurses to be educated on mandatory staff posting requirements to ensure postings are accurately updated every shift and as needed. All nurses education to be completed as of 11/3/2017. NHA is responsible to ensure follow up and compliance with the required posting.		

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F 356	Continued From page 3 Nurses (DON) on 10/21/2017 at 9:00 AM revealed that she reviewed the posted direct Resident Care staff forms for each day to make certain that the correct resident census number was posted, but did not review that the Direct Care Staff numbers were accurate and that they matched the daily staff schedule or daily staff assignments. The DON revealed that her expectation was that all Direct Care Staff hours be posted on the Report of Nursing Staff Directly Responsible for Resident Care form for each shift and each day.	F 356	Monitoring procedure to ensure effective POC and ongoing compliance with regulatory requirements: NHA will complete staffing audit tool weekly x 4 weeks and monthly for two months thereafter to ensure compliance is met; this tool will be implemented as of 10/30/2017. The DON will review the details of these audits and trends identified during the monthly Quality Assurance and Performance Improvement Committee. The Quality Assurance Performance Improvement Committee will monitor compliance and make recommendations as required.		