STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345411	A. BUILDING _____ B. WING _____	C 12/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH AND REHAB/WAYNESVILLE	516 WALL STREET WAYNESVILLE, NC 28786

(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 No deficiencies were cited as a result of the complaint investigation for Event ID# ZYXI11.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on the medical record reviews and staff interviews the facility failed to accurately code minimum data set (MDS) for 2 of 18 residents. Findings included: 1. Resident #210 was admitted 11/17/2017 with diagnosis of chronic obstructive pulmonary disease, diabetes mellitus with diabetic neuropathy, dementia, unspecified atrial fibrillation, and chronic kidney disease. Review of record for resident #210 revealed resident was admitted to facility with hospice certification and plan of treatment in place upon admission with certification period 09/20/2017 to 11/18/2017. Hospice post-admission contract in chart dated 11/27/2017. Review of physician progress note dated 12/05/2017 stated "admitted to this facility with hospice and palliative care". Admission minimum data set (MDS) dated 11/24/2017 did not have hospice coded. Interview with MDS Nurse 12/07/2017 3:20 PM stated that hospice not being coded was an	F 641	"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it the required by the provisions of federal and state law." F641 1.) The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited: a.) On 12/07/17, the Director of Nursing validated that the modification of the most recent MDS assessment, section “O” was made and reflects accurate coding for resident #210 and was submitted to CMS on 12/07/17. On 12/20/17, the DON validated that a significant correction MDS was completed to correctly code section “L”, for resident #18, with submission to CMS on 12/20/17. b.) Care Services Management (mobile dental service) is scheduled for	12/20/17

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

Electronically Signed | 12/20/2017

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F 641	Continued From page 1 oversight as she was aware that he was admitted with hospice in place. 2. Resident #18 was admitted 07/10/2010 with diagnosis encephalopathy, type 2 diabetes mellitus, chronic obstructive pulmonary disease, neuromuscular dysfunction of bladder, and non-pressure chronic ulcer of left thigh. Review of MDS for resident #18 dated 10/04/2017 coded brief interview for mental status (BIMS) 15, which is cognitively intact. Dental is not coded for broken teeth on MDS. Review of careplan dated 12/05/2017 had plan in place for oral/dental health problems related to broken teeth with goal to be free of infection, pain or bleeding in the oral cavity. Interventions included to observe/document/report any signs or symptoms of oral/dental problems needing attention. Interview with resident #18 on 12/05/17 11:07 AM stated upper denture was lost when went to Ashville but that have been replaced. Stated that has 7 lower teeth that hurt and there is not a plan that she knows of for getting pulled or seeing a dentist. Record review of note dated 08/14/2017 from Senior Dental Care revealed upper denture created. No mention in note of lower teeth. Interview with director of nursing (DON) 12/07/2017 5:25 PM stated that her expectation of coding the MDS is for the coding to be accurate.	F 641	assessment of Resident #18's lower teeth on Feb. 2, 2018. Resident #18 has been notified of this first available appointment, and accepts this plan of care. c). The facility failed to accurately code hospice services being provided and oral/dental status on (2) completed MDS assessments. 2.) The procedure for implementing the acceptable plan of correction for the specific deficiency cited: a). The MDS' for Resident #18 and #210 have both been modified to reflect accurate coding of each section. b.) On 12/12/17, the Resident Care Management Director (RCMD) was in-serviced by the District Director of Care Management on the accurate coding of sections "L" and "O" on the MDS. 3.) The monitoring procedure to ensure the acceptable plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory compliance: a). The Resident Care Management Director will document random MDS audits for coding accuracy of section "O' and "L" of 3 residents per week x 6 weeks, then 3 residents per month x 5 months to ensure compliance is achieved and maintained. b.) The Director of Nursing will review the random audits, and report findings of the audits monthly to the QAPI committee x 2 months, then quarterly x 2. 4.) The title of the person responsible for	

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F 641	Continued From page 2 Interview with Administrator 12/07/2017 5:30 PM stated that his expectation of coding the MDS is for accuracy and timeliness of each resident in their assessment period.	F 641	implementing the acceptable plan of correction; The Director of Nursing will be responsible for the implementation of the acceptable plan of correction. 5.) Dates when corrective action will be completed: December 20, 2017	