

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345169	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/11/2018
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/GASTO			STREET ADDRESS, CITY, STATE, ZIP CODE 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 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§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 record review and staff interviews, the facility failed to accurately code an admission Minimum Data Set (MDS) assessment in the area of tobacco use (Resident #55) and a quarterly MDS assessment in the area of oxygen therapy (Resident #90) for 2 of 30 residents reviewed for MDS accuracy.</p> <p>The findings included:</p> <p>1. Resident #55 was admitted to the facility 03/30/18 with diagnoses which included urinary bladder cancer.</p> <p>Medical record review revealed a smoking assessment was completed 03/30/18 at 3:02 PM by Nurse #1. The assessment deemed Resident #55 a safe smoker.</p> <p>A review of an admission MDS dated 04/06/18 revealed section J1300 Current Tobacco Use was coded no.</p> <p>An interview was conducted with the MDS Coordinator #1 on 05/11/18 at 9:56 AM. The MDS Coordinator stated she had completed Resident #55's admission MDS. She added according to her notes, she knew the resident smoked. MDS Coordinator #1 stated tobacco use should have been coded yes. She explained coding tobacco use was an entry data error. The MDS Coordinator began modification to Resident</p>	F 641	<p>On 5/11/18, the Administrator validated that modification of the most recent MDS assessment, Section J1300(Current Tobacco Use), was made and reflects accurate coding for Resident #55, and was submitted to CMS on 5/14/18.</p> <p>On 5/11/18, the Administrator validated that modification of the most recent MDS assessment, Section O0100 (Special Treatment and Programming related to Oxygen Therapy), was made and reflects accurate coding for Resident #90, and was submitted to CMS on 5/14/18.</p> <p>The facility failed to accurately code Current Tobacco Use and Oxygen Therapy on (2) completed MDS assessments.</p> <p>All Residents have the potential to be affected by this alleged deficient practice. An audit of all current residents 1. using tobacco products and 2. receiving oxygen therapy completed on 5/11/18 by the Resident Care Management Director to verify accurate assessment of those residents using tobacco products and receiving oxygen therapy.</p> <p>The District Director of Care Management educated the Resident Care Management</p>	6/6/18	

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

TITLE

(X6) DATE

Electronically Signed

06/01/2018

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 641	<p>Continued From page 1</p> <p>#55's admission MDS assessment.</p> <p>An interview with the Administrator on 05/11/18 at 1:31 PM revealed she expected MDS assessments were coded accurately.</p> <p>2. Resident #90 was admitted to the facility 10/16/15 with diagnoses including respiratory failure and rheumatoid arthritis.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 04/06/18, section O0100/special treatments and programs revealed respiratory treatments were assessed for Resident #90 and indicated no oxygen therapy was provided.</p> <p>Review of a Medical Doctor (MD) order dated 01/16/18 read in part oxygen at 2 liters per minute.</p> <p>Review of the Medication Administration Record (MAR) revealed oxygen was administered on 03/31/18, 04/01/18, 04/02/18, 04/03/18, 04/04/18, 04/05/18, and 04/06/18. Resident #90 had received oxygen during the 7 day look back period of the assessment.</p> <p>During an interview on 05/11/18 at 12:46 PM, the MDS Coordinator #2 reviewed the quarterly MDS assessment dated 04/06/18, section O0100/respiratory treatments and revealed it was incorrectly coded. She confirmed Resident #90 received oxygen therapy during the 7 day look back period of the assessment. The MDS Coordinator #2 indicated she would modify the assessment to reveal Resident #90 received oxygen therapy.</p> <p>During an interview on 05/11/18 at 1:32 PM, the Administrator revealed it was her expectation the</p>	F 641	<p>Director and the MDS Coordinators on accurate MDS Coding related to Tobacco Use and Oxygen Therapy. Education provided on 5/16/18.</p> <p>The Administrator will randomly review 3 completed MDS's weekly for 12 weeks to verify accurate coding of Tobacco Use and Oxygen Therapy. Opportunities will be corrected as identified as a result of these audits.</p> <p>The results of these audits will be presented by the Administrator monthly for 3 months at the Facility QAPI Meeting. The QAPI Committee will make changes and recommendations as indicated.</p> <p>The Administrator is responsible for implementing the plan of correction.</p>		

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F 641	Continued From page 2	F 641			
F 921 SS=E	<p>MDS assessment was accurately coded.</p> <p>Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)</p> <p>§483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to remove a black greenish substance from tile grout, tiles and an air vent in 2 of 3 resident showers (200 and 300) halls.</p> <p>The findings included:</p> <p>An observation was conducted in the Resident 200 shower room on 05/10/18 at 01:20 PM. The private shower located on the right side of the main shower room 200 revealed a strong musty smell, and dime to quarter size clusters of dark black greenish substances were located on multiple tiles on the row next to the floor. Additional observations on 05/10/18 at 1:29 PM in the Resident 300 hall shower room revealed dime size dark black greenish clusters located on the air vent in the ceiling.</p> <p>An interview was conducted with the Housekeeping Manager on 05/10/18 at 2:00 PM. He stated the shower needed to be cleaned. After he sprayed the tiles with cleaner the substance was easily wiped off the tiles. He stated Resident shower rooms were cleaned every Sunday on dayshift and the small shower located on right side of the main shower in the 200 hall was only used for storage.</p>	F 921	<p>On 5/11/18, the Administrator validated that the 200 Hall Shower Room tiles had been cleaned to remove identified substance on floor tile.</p> <p>On 5/11/18, the Administrator validated that the air vent in ceiling in 300 Hall Shower Room had been cleaned to remove identified substance.</p> <p>The facility failed to maintain clean floor tile in 200 Hall Shower Room, and failed to maintain clean air vent in ceiling in 300 Hall Shower Room.</p> <p>All Shower Rooms have the potential to be affected. Audit on all (4) Shower Rooms completed by Housekeeping Manager on 5/11/18 to identify cleanliness of floor tile and air vents in ceilings.</p> <p>Education provided on 5/31/18 by the Housekeeping Manager to the Housekeeping Staff related to cleanliness of floor tile and air vents in ceiling in each (4) Shower Room.</p> <p>The Administrator will conduct audit on</p>	6/6/18	

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

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F 921	<p>Continued From page 3</p> <p>An interview was conducted with Housekeeping District Manager on 05/10/18 at 02:45 PM. The Resident 200 Hall right small shower was used for storage and was not cleaned, but we now have cleaning schedule to make sure the 200 hall small shower would be cleaned in the future.</p> <p>An interview was conducted with the Administrator on 05/11/18 at 09:00 AM. She expected showers would be cleaned weekly. She would not expect the small shower in the 200 hall shower room to be cleaned since it was not used for showers and only used for storage.</p>	F 921	<p>each (4) Shower Room weekly to verify cleanliness of floor tile and air vents in ceiling. These audits will be completed by the Administrator weekly for 12 weeks. Opportunities will be corrected as identified as a result of these audits.</p> <p>The results of these audits will be presented by the Administrator monthly for 3 months at the Facility QAPI Meeting. The QAPI Committee will make changes and recommendations as indicated.</p> <p>The Administrator is responsible for implementing the plan of correction.</p>	