PRINTED: 04/14/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345323	B. WING _			R-C <b>04/14/2020</b>
NAME OF PROVIDER OR SUPPLIER  BRIAN CTR HLTH & REHABILITATIO				STREET ADDRESS, CITY, STATE, 647 S RAILROAD STREET BOX WALLACE, NC 28466		3471412020
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	IN OF CORRECTION E ACTION SHOULD B D TO THE APPROPRIA CIENCY)	
F 540	apply:  Abuse. Abuse is the unreasonable confir punishment with resmental anguish. Abudeprivation by an interpretation of goods or services or maintain physical well-being. Instance irrespective of any note that includes verbal abuse and mental a facilitated or enabled technology. Willful, a abuse, means the indeliberately, not that intended to inflict injuited abuses and mental a facilitated or enabled technology. Willful, a abuse, means the indeliberately, not that intended to inflict injuited abuses death or ser common area. Comfacility where reside other residents, visit individual pursuits, a rooms. This includes rooms, dining rooms areas, and meeting located on a regular composite distinct promosite d	as used in this definition of adividual must have acted at the individual must have ury or harm.  Adverse event is an untoward, ually unanticipated event that ious injury, or the risk thereof.  Amon areas are areas in the ents may gather together with ors, and staff or engage in apart from their residential is but is not limited to living so, activity rooms, outdoor rooms where residents are basis.		540		(YE) DATE

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

**Electronically Signed** 

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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		345323	B. WING _			R-C 4/14/2020	
NAME OF PROVIDER OR SUPPLIER  BRIAN CTR HLTH & REHABILITATIO			STREET ADDRESS, CITY, STATE, ZIP CO 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466				
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F 540	within the same camp (2) of this chapter. (2) Requirements. In requirements of spece "distinct part" of this is part must meet all of (i) A SNF or NF that is one location will be trapart of the institution. As such, the composione provider agreem number. (ii) If two or more instapart SNF or NF) under CMS must approve the meeting the requirements considered a composinstitution. In making considers whether its composite distinct parefficient use of public the quality of care. If ownership of a companiement of the new owner will apply locations that comprispart SNF or NF. (iii) To ensure quality all residents, the variacomposite distinct parequirements for part each location. (iv) To ensure quality all residents, the variacomposite distinct parecomposite distinct parecompos	g of two or more conents that are not located bus, as defined in §413.65(a) addition to meeting the ified in the definition of section, a composite distinct the following requirements: a composite of more than eated as a single distinct of which it is a distinct part. It is distinct part will have only tent and only one provider distinct part of a single such a determination, CMS approval or disapproval of a rt promotes the effective and monies without sacrificing there is a change of osite distinct part SNF or NF, a provider agreement to the to all of the approved se the composite distinct of care and quality of life for our care and quality of life for	F 5	40			

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	ROVIDER OR SUPPLIER	TIO		STREET ADDRESS, CITY, STATE, ZIP C 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466		
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F 540	residents by paymer than care needs is p  Distinct part (1) Definition. A disti physically distinguish institution or institution meets the requirement paragraph (2) of this applicable statutory NFs in sections 1819 respectively. A distinct comprised of one or parts of buildings (the that are: In the same adjacent to the institution areas and structures contiguous to the material within close proximitiany other areas that individual basis, to be campus. A distinct proposite of a random or beds within the design consist of a random or beds that are scat plant. The term "discomposite distinct parequirements specific "composite distinct parequirements. In participation requirements in following requirements (i) The SNF or NF medical states of the solution of the sNF or NF medical states are searched as a search participation requirements. In participation requirements in the sNF or NF medical states are searched as a search participation requirement facilities set forth els distinct part SNF or NF medical states are searched as a search participation requirement facilities set forth els distinct part SNF or NF medical states are searched as a search participation requirement facilities set forth els distinct part SNF or NF medical states are searched as a search participation requirement facilities set forth els distinct part SNF or NF medical states are searched as a search participation requirement facilities are search participation requirement facilities are search participation requirement facilities are search participati	e distinct parts to segregate at source or on a basis other rohibited.  Inct part SNF or NF is nable from the larger onal complex that houses it, ents of this paragraph and of definition, and meets the requirements for SNFs or or 1919 of the Act, not part SNF or NF may be more buildings or designated at is, wings, wards, or floors) as physical area immediately ution's main buildings; other that are not strictly ain buildings but are located by of the main buildings; and CMS determines on an e part of the institution's part must include all of the gnated area, and cannot collection of individual rooms attered throughout the physical tinct part" also includes a part that meets the additional ed in the definition of part" of this section.  In addition to meeting the ments for long-term care ewhere in this subpart, a NF must meet all of the	F5	540		

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NAME OF PROVIDER OR SUPPLIER  BRIAN CTR HLTH & REHABILITATIO			STREET ADDRESS, CITY, STATE, ZIP CO 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466	•	7/17/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 540	distinct part, as evide (A) The SNF or NF is institution of which it (B) The SNF or NF is operating decisions of (C) The institution of v distinct part has final part's administrative of policies, and final app personnel actions. (D) The SNF or NF is subordinate part of the distinct part, with sign usage of buildings, es services. (ii) The administrator of and is directly account the institution of whice part. (iii) The SNF or NF in medical director who implementing care por medical care, and whith the management of the distinct part. (iv) The SNF or NF is the institution of whice evidenced by the shall expenses with that in its costs on that instit (v) A single institution only one distinct part NF. (vi) (A) An institution part SNF or NF, but i request with docume	enstitution of which it is a senced by the following: wholly owned by the is a distinct part. It is subject to the by-laws and of common governing body. Which the SNF or NF is a responsibility for the distinct decisions and personnel proval for the distinct part's for the SNF or NF reports to particular to the management of the SNF or NF is a distinct for the SNF or NF is a distinct for solicies and coordinating for is directly accountable to the institution of which it is a distinct part, as a distinct part, as a distinct part, as a distinct part, as a distinct part, and stitution, and the reporting of	F 5	40		

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NAME OF D		349323	D. WING_	CTI	DEET ADDRESS SITV STATE ZID SODE	04/	14/2020
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN CTR HLTH & REHABILITATIO			647 S RAILROAD STREET BOX 966				
				W/	ALLACE, NC 28466		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 540	determine if it may be (B) The effective date part is the date that O requirements (includi intermediary (FI)) are cannot be made retro (C)The institution mu CMS for all proposed beds in the approved Exploitation. Exploita of a resident for personanipulation, intimidal Facility defined. For pacific facility means a skille meets the requirement (c), and (d) of the Act that meets the requirement (b), (c), and (d) of the Act that meets the requirement (b), (c), and (d) of the Act that meets the requirement (b), (c), and (d) of the Act that meets the requirement (b), (c), and (d) of the Act that meets the requirement (b), (c), and (d) of the Act that meets the requirement (c), and (d) of the Act that meets the requirement (b), (c), and (d) of the Act intellectual disabilities conditions described For Medicare and Meeligibility, coverage, of the "facility" is always the program, whether all of, or a distinct part Medicare, an SNF (see Act), and for Medicare and Meeligibility (c), of the Act mental diseases as dischapter.	e considered a distinct part. E of approval of a distinct CMS determines all ng enrollment with the fiscal met for approval, and pactive. Est request approval from a changes in the number of distinct part.  Ition means taking advantage onal gain through the use of ation, threats, or coercion.  Expurposes of this subpart, and nursing facility (SNF) that the sof section \$1819(a), (b), (c), or a nursing facility (NF) ements of sections 1919(a), (c) Act. "Facility" may include a	F	540			

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F 540	accordance with Nati Association 13 "Stan Sprinkler Systems" w the Fire Safety Evalu  Licensed health profe professional is a phys nurse practitioner; ph occupational therapis therapy assistant; reg licensed practical nur social worker; or regi or certified respirator  Major modification m more than 50 percen feet, of the smoke co  Misappropriation of redeliberate misplacem wrongful, temporary, resident's belongings resident's consent.  Mistreatment means exploitation of a resid  Neglect is the failure or service providers the services to a resident physical harm, pain, distress.  Nurse aide. A nurse a providing nursing or residents in a facility.	at has all areas sprinklered in onal Fire Protection dard for the Installation of without the use of waivers or ation System.  Dessional. A licensed health sician; physician assistant; physical, speech, or st; physical or occupational gistered professional nurse; rse; or licensed or certified stered respiratory therapist by therapy technician.  Deans the modification of t, or more than 4,500 square impartment.  Desident property means the ment, exploitation, or or permanent use of a sign or money without the inappropriate treatment or dent.  Desident facility, its employees on provide goods and that are necessary to avoid mental anguish, or emotional	F 540		

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F 540	Continued From pag		F 5	40		
	is not a licensed headietitian, or someone such services without include those individures idents only as paidefined in §488.301.  Person-centered care subpart, person-cent the resident as the local distribution.	a contract with the facility, but Ith professional, a registered who volunteers to provide It pay. Nurse aides do not uals who furnish services to d feeding assistants as of this chapter.  e. For purposes of this ered care means to focus on ocus of control and support g their own choices and				
	having control over the Resident representate subpart, the term residency of the following:	_				
	behalf of the resident resident in decision-r social or other person resident; manage fin- notifications;	t in order to support the making; access medical, nal information of the ancial matters; or receive				
	(including but not lim attorney, representat fiduciaries) to act on order to support the access medical, soci information of the res matters; or receive n (3) Legal representat of the Older America	sident; manage financial otifications; or tive, as used in section 712 ns Act; or				
	of a resident. (5) Nothing in this rul scope of authority of	ted guardian or conservator  e is intended to expand the any resident representative  specifically authorized by				

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F 540	the resident, State or competent jurisdiction  Sexual abuse is non- of any type with a res  Transfer and dischargesident to a bed outs whether that bed is in not. Transfer and discomovement of a residencertified facility.  This REQUIREMENT by: A paper follow up was	Federal law, or a court of n. consensual sexual contact	F 5	40		