STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	C 07/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 The survey team entered the facility on 7/15/21 - 7/16/21 to conduct an unannounced complaint investigation and onsite revisit. Additional information was obtained offsite on 7/19/21 and 7/20/21. Therefore, the exit date was 7/20/21. 1 of the 6 complaint allegations was substantiated and resulted in deficiency. Event ID # JYFF11.	F 000		
F 727 SS=E	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to designate a Registered Nurse (RN) to serve as the Director of Nursing (DON) from 06/02/21 through 07/19/21 when the previous DON resigned her position on 06/01/2021. The findings included: During an interview with the Administrator on 07/15/21 at 12:00 p.m., the Administrator	F 727	Upon interview by the surveyor, it was discovered that the Director of Nursing Services (of record filed with the State of NC) had not been changed from the previous DON to the new DON. The interim period from the time that the previous DON left her charge (6/1/2021) without notice until the date that the current DON began her tenure (7/12/2021) the facility did not report an "Interim" DON to DHHS/ DHSR. This was	7/20/21

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

Electronically Signed | 08/13/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	C 07/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 727	Continued From page 1 explained the facility did not have a DON at this time as the former DON terminated her position with the facility, without notice, on 06/01/21. The Administrator stated she had hired a new DON and indicated the new DON's official start date was 07/19/21. When asked if she had appointed an interim DON, the Administrator stated she had not. The Administrator explained she and the Assistant Director of Nursing had been splitting up the duties in absence of a DON. When asked if she had completed a DON Change form, the Administrator stated she had not as she planned on completing the form for the new DON on 07/19/21. During an interview with the Administrator on 07/19/21 at 2:50 p.m., the Administrator stated due to human error, she had not designated a Registered Nurse (RN) to serve as the DON when the former DON left. The Administrator indicated in the future, if the facility was without a DON, she would appoint a RN as DON right away.	F 727	a result of human error and was corrected before the Surveyor departed the facility. There were no Residents affected by this error as other Administrative Nurses assumed the duties to ensure they were completed. (ADON, Staff Development Coord., MDS nurse, Infection Control Nurse and Administrator (who is also an RN) The potential to affect other Residents has not nor will be an issue. The current DON is on record with the State of NC effective July 12, 2021. The job description the DON signed has been updated under "purpose" to include "Submit form #7005 Administrator and/or Director of Nursing Change to DHHS/DHSR/NHLC upon beginning the position at the Facility- see attached form) The addendum form itself is attached(DHHS/DHSR/NHLC form #7005). The DON job description on file for any future possible personnel changes to the DON position includes this same addendum (form #7005). This addendum will be completed and filed with the State of NC upon hire. If an "Interim DON" situation becomes necessary, the HR file for the exiting DON will be reviewed at conclusion of employment. Form #7005 will be evident at that time and an updated form (naming the "interim DON" will be filed. The QA committee will review a list of "key personnel" which includes the DON monthly for 3 months. In addition, form #7005 will be included in the Facility Assessment to be reviewed at least annually, as well as when needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	C 07/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 730 SS=D	Nurse Aide Peform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7) §483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure nurse aides received at least 12 hours of documented in-service education annually for 4 of 5 nurse aide files reviewed. The findings included: A review of training information for Nurse Aide (NA) #1 indicated a hire date of 09/04/2008. There was no documented training provided that showed NA #1 received at least 12 hours of in-service education in one year. A review of training information for NA #2 indicated a hire date of 05/06/2020. There was no documented training provided that showed NA #2 received at least 12 hours of in-service education in one year. A review of training information for NA #3 indicated a hire date of 08/05/1998. There was no documented training provided that showed NA #3 received at least 12 hours of in-service education in one year. A review of training information for NA #4 indicated a hire date of 05/20/2014. There was	F 730	During the revisit survey on 7/15/21 regarding F727 and F730, the required 12 training for Certified Nurses Aides was not complete for the sample of 4 CNAs chosen. Although there was no evidence that any Resident(s) was/ were directly affected, this sample of incomplete training could possibly result in error related to incomplete training. The QA Nurse in coordination with the DON and ADON conducted an audit of the CNA training records to assess for the need to get training completed as well as identify other areas where specific training for staff may be advantageous for additional Staff Education. The purpose of the additional education is to ensure standards of Resident Care and well being, good communication/ customer service with Residents and Families and the CNA's own self care. The audit was completed 8/9/2021. Status of sample audit: NA#1 DOH 9/4/2008 (L.D.) will be compliant no later than 8/18/2021 NA#2 DOH 5/6/2020 (Y.B.)is currently on	8/18/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	C 07/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 730	Continued From page 3 no documented training provided that showed NA #4 received at least 12 hours of in-service education in one year. During an interview with the Administrator on 07/20/2021 at 3:23 p.m., the Administrator explained in the past the Staff Development Coordinator (SDC) had been responsible for ensuring the NAs received their in-service education and indicated the facility is currently without an SDC. The Administrator stated it was her expectation NAs complete the required 12 hours of in-service training in a calendar year. The Administrator stated she, the Director of Nursing and the Assistant Director of nursing will now be responsible for ensuring all the NAs receive their 12 hours of in-service training per calendar year as per the federal regulation.	F 730	medical leave short term and is only PRN. She will be compliant before returning to duty. NA#3 DOH 8/5/1998 (A.S.) will be compliant no later than 8/18/2021 NA#4 DOH 5/20/2014 (S.R.)is currently on medical leave scheduled to return in September. She will be compliant before returning to duty. The CNAs were informed by the QA nurse about the need to complete the required 12 hours per year of training. The learning software is updated to reflect the most current list of staff and their demographics. The required training for each has been assigned if online and classroom in-person training is in progress to be completed no later than 8/18/2021. This excludes staff on medical leave or vacation and new hires. Those who have not completed required training will not be scheduled to work until the requirement has been met. The QA nurse and Staff Development Coordinator in coordination with the DON and ADON will monitor and audit progress monthly beginning September 1, 2021 for continued compliance once the initial requirements are met by August 18, 2021. Any CNA not meeting the training requirement will not be scheduled nor work until they become compliant. Non-compliance will be documented in the employee record. Additional training (individual or group)may be required in addition for purposes that may be a result of deficiency, error or an unforeseen topic	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345318	A. BUILDING _____ B. WING _____	C 07/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUNSWICK COVE NURSING CENTER	1478 RIVER ROAD WINNABOW, NC 28479

(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 730	Continued From page 4	F 730	that may need to be addressed. The initial audit and remedy for compliance will be presented by the QA nurse, SDC and DON at the next available QA meeting and the future monthly QA meetings for the next 3 months thereafter unless additional presentation to the committee is needed.	