

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

PRINTED: 09/27/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345408</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/26/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER SOUTHPPOINT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6000 FAYETTEVILLE ROAD</b> <b>DURHAM, NC 27713</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
E 000	Initial Comments	E 000		
F 000	An unannounced Recertification survey was conducted from 08/23/21 through 08/26/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #50GV11.	F 000		
F 690 SS=D	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted from 08/23/21 through 08/26/21. Event ID# 50GV11. 28 of the 28 allegations were not substantiated.  Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)  §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.  §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder	F 690		9/3/21

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

TITLE

(X6) DATE

Electronically Signed

09/02/2021

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 690	<p>Continued From page 1</p> <p>receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and staff interviews, the facility failed to secure the urinary catheter tubing per the physician order on 1 of 6 residents observed for urinary catheters. (Resident #58).</p> <p>Findings included:</p> <p>Resident #58 was admitted to the facility on 9/9/20. His diagnoses included Obstructive Uropathy and an Overreactive Bladder, which required an indwelling urinary catheter. The recent Quarterly Minimum Data Set (MDS) assessment, dated 7/28/21, revealed the resident was severe cognitively impaired, required total assistance with activities of daily living, including incontinent care. Resident #58 had an indwelling urinary catheter and was always incontinent of bowel.</p> <p>A review of Resident 58 ' s plan of care, dated 8/9/21, revealed a plan of care for a Foley catheter related to Obstructive Uropathy and Overreactive Bladder, with interventions including anchoring the catheter to prevent excess tension.</p>	F 690	<p>The facility failed to secure the catheter tubing per the physician order on 1 of 6 residents observed for urinary catheters (Resident #58).</p> <p>Resident #58 had the catheter secured by the DON on 8/25/21.</p> <p>Residents residing in the facility with indwelling urinary catheters have the potential to be affected by this practice.</p> <p>On 8/27/21, the Unit Managers did a 100% audit of all residents residing in the facility with indwelling urinary catheters to ensure the tubing is secured to prevent injury to the resident and maintain urine flow. Any concerns identified during the audit were immediately corrected and addressed with the employee by the Director of Nursing.</p> <p>A re-education session with Nursing Assistants, Licensed Nurses and Therapist was initiated by the Director of Nursing/Assistant Director of Nursing</p>		

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F 690	<p>Continued From page 2</p> <p>A review of the Physician's s order for Resident #58, dated 5/20/21, revealed an order to use a urinary catheter securing device to reduce excessive tension on the tubing, facilitate urine flow every shift, and rotate the site of securement as needed.</p> <p>A review of the Treatment Administration Record revealed the staff documented, as evidenced by the initials and a checkmark, that the securing device was in place each shift, including 8/24/21 and 8/25/21.</p> <p>On 8/24/21 at 10:20 AM, during the observation/interview, Resident #58 was in bed. The indwelling urinary catheter tubing was unsecured under the resident's right leg and connected to the drainage bag. The resident could not answer the questions due to his cognitive status.</p> <p>On 8/24/21 at 10:30 AM, during an interview, Nurse Aide #5 confirmed that Resident #58 did not have his urinary catheter tubing secured to the leg this shift. She stated it was the nurses ' responsibility to secure the urinary catheter tubing.</p> <p>On 8/25/21 at 8:40 AM, during the observation of urinary catheter care, provided by Nurse Aide #2 for Resident #58, the indwelling urinary catheter tubing was noted to be unsecured to the resident's leg.</p> <p>On 8/25/21 at 8:50 AM, during an interview, Nurse Aide #2 indicated that she did not know that Resident #58 had his urinary catheter unsecured at the beginning of her shift. She continued it was the responsibility of the nurses to</p>	F 690	<p>related to residents with indwelling urinary catheters having a securing device in place to anchor the tubing, prevent injury/pulling on tubing, and to maintain adequate urine flow. Re-education began on 8/25/21 through 9/2/21. Newly hired employees will also receive this education.</p> <p>Beginning the week of 8/30/21, residents residing in the facility with indwelling urinary catheters will be monitored by the Assistant Director of Nursing/Unit Coordinators weekly x 4 weeks, bimonthly x 1, then monthly x 1 utilizing the Indwelling Urinary Catheter Audit Tool. Any concerns identified will be immediately corrected and the responsible employee will be retrained. The Director of Nursing will review and initial the Urinary Catheter Audit tool weekly x 4, bimonthly x 1, then monthly x 1 to ensure all areas of concern were addressed.</p> <p>The Director of Nursing will report findings of the Indwelling Urinary Catheter audits monthly to the Quality Assurance Performance Improvement (QAPI) Committee monthly for three months for tracking and trending purposes with all follow up action and recommendations including any additional systematic change or education if needed.</p>		

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F 690	Continued From page 3 apply the anchors to secure the urinary catheter tubing to the resident ' s leg.  On 8/25/21 at 9:00 AM, during an interview, Nurse #5 indicated she was not aware that Resident #58 did not have his urinary catheter tubing secured to the leg. Nurse #5 confirmed that it was the nurses ' responsibility to secure the urinary catheter tubing to the resident ' s leg. Nurse #5 did not check the urinary catheter tubing status at the beginning of her shift today. The nurse aides did not report absents of tubing anchor for Resident #58.  On 8/25/21 at 12:30 PM, during an interview, the Director of Nursing expected the nursing staff to follow the physician ' s orders and have secured the urinary catheter to prevent injury to the resident and to maintain the urine flow.	F 690			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 761		9/3/21	

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F 761	<p>Continued From page 4</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations and staff interviews, the facility failed to date opened medications in 2 of 6 medication administration carts (400 and 500 halls.) and failed to remove expired medications stored in 1 of 6 medication administration carts (500 hall.)</p> <p>Findings Included:</p> <p>1a. On 8/23/21 at 9:35 AM, an observation of the medication administration cart on 500 hall with Nurse #5 revealed one opened and undated multi-dose vial of Insulin Lantus, two expired insulin pen-injectors: one Novolog FlexPen, opened on 7/24/21 and one Aspart Flex Pen, opened on 7/22/21. A review of the manufacturer 's literature indicated to discard the insulin multi-dose vial and pen-injector 28 days after opening (which would be after 8/21/21 and 8/19/21 respectfully). One expired container of eye drops, Latanoprost 0.005 % (percent), opened on 7/1/21. A review of the pharmacy label indicated to discard the eye drops six weeks after opening (which would be after 8/12/21).</p> <p>On 8/23/21 at 9:45 AM, during an interview, Nurse #5 indicated that the nurses, who worked on the medication carts, were responsible for</p>	F 761	<p>The facility failed to date open medications and to remove expired medications on two medication carts.</p> <p>On 8/30/21, a 100% audit of all medication carts was completed by the unit managers to ensure medications were labeled and dated properly without any expired medications by the Unit Managers. Any identified concerns were immediately corrected.</p> <p>A re-education session was initiated by the Director of Nursing/Assistant Director of Nursing with licensed nursing staff related to expired medications, medications being labeled and dated properly, including insulin pens, vials and eye drops. Re-education with licensed nursing staff began on 8/25/21 through 9/2/21. Newly hired licensed staff will also receive this education.</p> <p>Beginning the week of 8/30/21, the medication carts will be monitored by the Unit Manager/Assistant Director of Nursing/Designated Nurse weekly x 4 weeks, bimonthly x 1, then monthly x 1</p>		

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F 761	<p>Continued From page 5</p> <p>putting the date of opening on insulin multi-dose vials. The nurse indicated that she had not checked the date of opening on insulin multi-dose vial or pen-injectors in her medication administration cart at the beginning of her shift. She mentioned that per training/competency, every nurse should put the date of opening on multi-dose medications. The nurse did not administer undated or expired insulin this shift.</p> <p>1b. On 8/23/21 at 9:55 AM, an observation of the medication administration cart "D" on the 400 hall with Nurse #7 revealed two opened and undated multi-dose Insulin Lantus pen-injectors. A review of the manufacturer ' s literature indicated to discard the insulin multi-dose pen-injector 28 days after opening.</p> <p>On 8/23/21 at 10:10 AM, during an interview, Nurse #7 indicated that the nurses, who worked on the medication carts, were responsible for putting the date of opening on insulin pens-injectors. The nurse indicated that she had not checked the date of opening on insulin vials in her medication administration cart at the beginning of her shift. She mentioned that per training/competency, every nurse should put the date of opening on multi-dose medications. The nurse did not administer undated insulin this shift.</p> <p>On 8/24/21 at 11:10 AM, during an interview, the Director of Nursing (DON) indicated that all the nurses were responsible for putting the date of opening on insulin pens-injectors and multi-dose vials, check all the medications in medication administration carts for expiration date and remove expired medications every shift. The DON stated that every two weeks the pharmacy</p>	F 761	<p>using the Medication Storage Audit Tool. Any identified areas of concern will be corrected immediately and the responsible licensed nurse will be re-trained.</p> <p>The Director of Nursing will report findings of the Medication Storage Audits monthly to the Quality Assurance Performance Improvement (QAPI) Committee monthly for three months for tracking and trending purposes with all follow up action and recommendations including any additional systematic change or education if needed.</p>		

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F 761	Continued From page 6 staff checked the expiration dates and removed expired medications. She expected that no expired items be left in the medication carts.	F 761		