

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

PRINTED: 01/04/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/08/2022
NAME OF PROVIDER OR SUPPLIER BRYAN HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 921 JUNIOR HIGH SCHOOL ROAD SCOTLAND NECK, NC 27874	
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR	F 656	12/28/22	

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

TITLE

(X6) DATE

Electronically Signed

12/29/2022

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 656	<p>Continued From page 1</p> <p>recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to develop care plans to address anticoagulant use for 4 of 4 residents reviewed for anticoagulant medication (Resident #3, Resident #26, Resident #45, and Resident #39), and the use of a splint for contracture management for 1 of 1 resident reviewed for range of motion (Resident #19).</p> <p>The findings included:</p> <p>1. Resident #3 was admitted to the facility on 12/09/2016 with diagnoses that included heart failure, acute embolism (Blockage of a lung artery), and thrombosis (occur when blood clots block blood vessels) of superficial veins of right upper extremity.</p> <p>Resident #3's most recent Annual Minimum Data Set (MDS) assessment dated 10/01/2022 revealed Resident #3 was cognitively intact and</p>	F 656	<p>Identified residents (#3, #26, #45, #39) immediately had a care plan entered for monitoring of anticoagulant. Identified resident (#19) immediately had a care plan entered for monitoring of the splinting device.</p> <p>The facility audited all residents that had orders for anticoagulants to insure a plan of care was in place for monitoring the medication and side effects. The facility also audited all residents that were ordered a splinting device to insure a plan of care had been implemented for monitoring and skin concerns as they may arise. Additionally, the facility will monitor any new admissions and or order changes to either of these categories to insure a plan of care is initiated. Any anticoagulant or splinting care plan that</p>		

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F 656	<p>Continued From page 2 coded for anticoagulant medication.</p> <p>The active physician's orders revealed an order dated 09/27/2022 for Eliquis (anticoagulant medication) tablet 5 milligrams twice a day at 8am/8pm.</p> <p>The active comprehensive care plan last reviewed on 10/01/2022 revealed anticoagulant medication therapy was not referenced in the care plan.</p> <p>During an interview with the MDS Nurse on 12/7/2022 at 10:19am she revealed she forgot to document Resident #3's anticoagulant therapy on the care plan during the annual review of the plan.</p> <p>An interview was conducted with the Director or Nursing (DON) on 12/07/2022 at 12:03pm. She stated she expected Resident #3's care plan to be comprehensive and updated timely.</p> <p>During an interview on 12/07/2022 at 4:13 pm the Administrator revealed a care plan was expected to be implemented for any medication or diagnosis that required monitoring or treatment.</p> <p>2. Resident #26 was admitted to the facility on 4/8/2019 with diagnoses that included acute pulmonary edema, and acute systolic heart failure.</p> <p>Resident #26's most recent Quarterly Minimum Data Set (MDS) assessment dated 08/04/2022 revealed he was moderately impaired and coded for anticoagulant medication.</p>	F 656	<p>was found to be missing during this audit has been implemented at this time.</p> <p>Education to nursing, social work, activities, MDS and therapy staff on the importance of having a plan of care in place to meet and expect resident needs as they arise. Education to be completed by 12/26/2022 and will be ongoing for new hires as they join the facility team through orientation.</p> <p>Ongoing audits by the CEO, DON or designee. These audits will be for new admissions and new orders and completed daily for 5 of 7 days for two weeks, then weekly for four weeks, and monthly for two months. All data will be summarized and presented to the facility QAPI meeting monthly. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, SDC, MDS coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, and Environmental Services. Other members may be assigned as the need should arise.</p>		

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F 656	<p>Continued From page 3</p> <p>The active physician's orders revealed an order dated 12/13/2021 for Eliquis (anticoagulant medication) tablet 5 milligrams twice a day at 7am/7pm.</p> <p>The active care plan for Resident #26 revealed no reference to his prescribed anticoagulant medication.</p> <p>During an interview with the MDS Nurse on 12/07/2022 at 10:19am she revealed she forgot to document Resident #26's anticoagulant therapy on the care plan.</p> <p>An interview was conducted with the Director of Nursing (DON) on 12/07/2022 at 12:03pm. She stated she expected Resident #26's care plan to be comprehensive and updated timely.</p> <p>During an interview on 12/07/2022 at 4:13 pm the Administrator revealed a care plan was expected to be implemented for any medication or diagnosis that required monitoring or treatment.</p> <p>3. Resident #45 was admitted to the facility on 7/5/22 with diagnoses that included acute on chronic systolic congestive heart failure and atrial fibrillation.</p> <p>Review of a physician ' s order dated 7/5/22 revealed an order for Eliquis (a medication used to prevent blood clots) 2.5 milligrams twice a day.</p> <p>Review of the most recent Minimum Data Set (MDS) dated 9/9/22 revealed that Resident #45 had severe cognitive impairment.</p> <p>Review of Resident #45s care plan last reviewed</p>	F 656			

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F 656	<p>Continued From page 4</p> <p>9/9/22 revealed no care plan for anticoagulant therapy.</p> <p>An interview was conducted with the MDS nurse on 12/7/22 at 2:40 PM. The MDS nurse stated that Resident #45 should have had an anticoagulant therapy care plan. She was unable to state why the care plan was not implemented.</p> <p>An interview was conducted with the DON on 12/7/22 at 3:00 PM. The DON stated that a care plan was to be implemented for residents on anticoagulant therapy. The DON stated she expected care plans to be updated timely to reflect the residents care.</p> <p>4. Resident #39 was admitted to the facility on 5/10/21 with diagnosis of atrial fibrillation.</p> <p>A physician order dated 5/21/21 for Eliquis (anticoagulant medication used to treat and prevent blood clots and to prevent stroke in people with atrial fibrillation) 2.5 milligram twice a day.</p> <p>Record review of the Minimum Data Set (MDS) Quarterly assessment dated 11/03/22 revealed Resident #39 was coded for anticoagulant medication.</p> <p>Record review of Resident #39's care plan last reviewed on 11/10/22 revealed no care plan for anticoagulant therapy.</p> <p>During an interview on 12/07/22 at 10:40 am Nurse #1 revealed care plans were implemented by the MDS Nurse or Director of Nursing (DON).</p> <p>During an interview on 12/07/22 at 10:44 am the MDS Nurse revealed she was responsible to</p>	F 656			

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F 656	<p>Continued From page 5</p> <p>implement the comprehensive care plan for Resident #39. She stated a care plan was required for the anticoagulant medication but was unable to state why one was not implemented.</p> <p>An interview with the DON on 12/07/22 at 1:35 pm revealed a care plan was to be implemented for anticoagulant medication for monitoring of the medication and risks associated with the medication. The DON stated medication and care plans were discussed during the clinical meeting and was unable to state how the care plan was missed for Resident #39's Eliquis.</p> <p>5. Resident #19 was admitted to the facility on 5/17/17 and had a diagnosis of trigger finger of right ring finger.</p> <p>A physician order dated 3/30/22 to ensure splint is in place on right ring finger after meals and at bedtime, may be removed for active use, four times a day for trigger finger (inflammation of the tendon of the finger which causes the finger to get stuck in a bent position and then snap straight).</p> <p>Record review of Resident #19's care plan, last reviewed on 11/10/22 revealed no care plan for splint to right ring finger.</p> <p>During an interview on 12/07/22 at 10:54 am the Minimum Data Set (MDS) Nurse revealed she was responsible for implementing resident care plans. She stated Resident #19's splint to her finger needed a care plan but was unable to state why she did not implement one.</p> <p>Interview with the Director of Nursing (DON) on 12/07/22 at 1:30 pm revealed the MDS Nurse, or</p>	F 656			

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F 656	Continued From page 6 nursing management implemented a care plan. The DON stated the splint should have been discussed in the clinical meeting and a care plan added for Resident #19's finger splint.	F 656			
F 812 SS=E	<p>During an interview on 12/07/22 at 4:13 pm the Administrator revealed a care plan was expected to be implemented for any medication or diagnosis that required monitoring or treatment.</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to label and date food items stored for resident use in 1 of 1 nourishment rooms observed.</p>	F 812	The facility immediately removed the items (two slices of pie, orange soda, and disposable container of food) from the nourishment refrigerator. Any items that are not labeled and dated or not for	12/28/22	

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F 812	<p>Continued From page 7</p> <p>Findings included:</p> <p>An observation of the nourishment room was conducted on 12/07/22 at 2:48 pm with Medication Aide (MA) #1 and the refrigerator/freezer were inspected. The following items were found inside the refrigerator: an opened, half empty, plastic bottle of orange soda without a name or date, and two plates with a slice of pie covered with plastic wrap on each plate without a name or date. Also, a disposable container of food was observed on the counter near the refrigerator without a date.</p> <p>During an interview on 12/07/22 at 2:50 pm MA #1 revealed the two slices of pie, and the orange soda were to be labeled with the date and name when placed in the refrigerator. MA #1 stated the disposable container of food belonged to a staff member and was not to be kept in the resident nourishment room.</p> <p>During an interview on 12/07/22 at 2:58 pm Nurse Aide (NA) #1 revealed the disposable container of food in the nourishment room belonged to her and it was her lunch. NA #1 stated the food was to be stored in the break room not in the nourishment room.</p> <p>During an interview on 12/07/22 at 4:17 pm the Administrator revealed the Dietary Department was responsible to monitor the nourishment room every morning and ensure items were labeled.</p> <p>During an interview on 12/07/22 at 4:22 pm the Dietary Manager revealed she checked the nourishment room in the morning and did not observe the two slices of pie during her observation. She stated the container of food,</p>	F 812	<p>resident use can not be left in this room or in the refrigerator.</p> <p>The facility implemented new signage on the refrigerator that indicates all items must be labeled and dated as well as a printed reminder that personal or staff items must be kept in the available refrigerators for staff. Any other areas that may have storage for residents (kitchen area) were inspected and no issues were found. These areas will continue to be monitored by dietary daily to insure compliance is continued.</p> <p>Education of staff on proper storage and label and dating requirements have been completed. Each item must contain a label with a date and name on it and must be removed within three days or at the expiration date whichever is sooner. Personal items must be stored in employee break rooms. Education presented by the administrator and/or DON and completed by 12/28/2022. Education will be ongoing with new staff during orientation.</p> <p>Ongoing audits by the CEO/DON/designee. These audits will be twice daily for 10 days, then once daily for 5 days, then weekly for two weeks, then monthly for two months. All data will be summarized and presented to the facility QAPI meeting monthly by the DON or SDC. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI</p>		

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F 812	Continued From page 8 and the orange soda were not present when she was in the nourishment room.	F 812	committee consists of the Administrator, DON, SDC, MDS coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, and Environmental Services. Other members may be assigned as the need should arise.		