STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345332	A. BUILDING _____ B. WING _____ AUG 08 2011	C 07/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH AND REHAB	2501 DOWNING STREET SW WILSON, NC 27895

(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 No deficiencies were cited as result of the complaint investigation conducted 07/12/11 - 07/14/11. Event ID BEF611.	F 000		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, staff and consultant pharmacist interviews, the facility failed to obtain laboratory tests as ordered for 1 (Resident #11) of 16 residents. Resident #11 was admitted to the facility on 06/23/10. Cumulative diagnoses included anemia, edema, and hypertension. Review of medications for Resident #11 revealed the resident received Lasix 40 milligrams once a day. Per Lexi-Comp ' s Drug Reference " Geriatric Dosage Handbook " 14th Edition, Lasix (generic Furosemide) is a potent diuretic, used to treat edema, congestive heart failure, and hypertension. Per the literature, Lasix has the potential to lead to electrolyte loss. Review of a physician order, dated 02/02/11, revealed an order to change the CBC (Complete Blood Count) and BMP (Basic Metabolic Panel) to every three months.	F 281	Resident #11 had a CBC and BMP completed on 7/13/11 at 08:22am. Lab results were obtained and reviewed by the attending physician. A physicians order was written for resident #11 on 7/14/11 for a CBC and BMP q 6 months and a lab requisition was completed for the next scheduled date of 1/11/12 for resident #11 by the unit coordinator. Current facility residents medical records were reviewed to ensure that labs had been obtained or scheduled per physicians orders was completed by the ADON, Unit Manager, MDS Coordinator and Medical Records by 7/20/11 with all identified labs scheduled as ordered. Facility licensed staff were provided re-education regarding obtaining labs per physician orders, scheduling of labs, vital signs monitoring per residents needs to include dialysis residents by Staff Development Coordinator by 7/16/11. Newly hired licensed staff will receive education during orientation. M-F the ADON or designed will review admission, readmission and physician orders from previous day to ensure that labs were scheduled or obtained per physician orders. The facility will complete a lab tracking audit on 4 random charts per hall weekly X 4 weeks and then monthly X 2 months utilizing a QI tool. The results of these audits will be forwarded to the monthly QA&A meeting for determination of need for continued monitoring	8-11-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dan R. Gatt — TITLE: Administrator — (X6) DATE: 8/3/11

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345332	A. BUILDING _____ B. WING _____	C 07/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH AND REHAB	2501 DOWNING STREET SW WILSON, NC 27895

(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 281	Continued From page 1 Review of Resident #11 ' s medical record indicated the order had been for a CBC and BMP every month. Review of the monthly physician order sheets for the months of 03/11; 04/11; 05/11; 06/11; and, 07/11 revealed the order for CBC and BMP every three months and that the order had originated on 02/02/11. Review of Resident #11 ' s medical records ' documentation revealed the last CBC and BMP were completed on 01/17/11. On 07/12/11 at 2:30 PM, the Medical Records secretary and the Unit Coordinator reviewed Resident #11 ' s chart and were unable to locate a CBC and BMP after 01/17/11. An interview, on 07/13/11 at 11:10 AM, was conducted with the Unit Coordinator (UC). The UC stated when an order was written by the physician for repeat laboratory (lab) test; she would get a copy of the telephone order and put it on a card. She relayed she then filled out a lab requisition for the date the lab test would be due. The UC stated after the lab was completed she would then fill out the lab requisition for the next date due. She indicated she had reviewed Resident #11 ' s lab card; the date of 02/02/11 was on the card; but, the order itself had not been written on the card. The UC stated she was not aware of the error until 07/12/11 when the request was made for results for a CBC and BMP after 01/17/11. An interview, on 07/14/11 at 1:25 PM, was conducted with Nurse #1. The Nurse stated	F 281		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345332	A. BUILDING _____ B. WING _____	C 07/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH AND REHAB	2501 DOWNING STREET SW WILSON, NC 27895

(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 281	Continued From page 2 when an order was received for a lab test, a copy was given to the Unit Coordinator, who would complete the lab requisition and place the requisition in a lab book for pending lab draws. Nurse #1 entered a secured room where the lab book was maintained. She indicated the lab requisitions were filed by date in the book and on the day the lab test was due to be drawn the lab requisition would be pulled. She indicated if the Unit Coordinator was off and the lab was to be drawn the next day and then periodically; it was the responsibility of the nurse, taking the order, to fill out the requisition for the lab draw the next day and give a copy of the order to the Unit Coordinator to complete the requisition for the next date due for the lab to be drawn. An interview, on 07/14/11 at 10:15 AM, was conducted with the interim Director of Nursing (DON). The DON confirmed the order should have been completed as written. She indicated the physician had been notified of the lab not being drawn every three months and had changed the order. A phone interview, on 07/14/11 at 11:30 AM, was conducted with Pharmacist who consulted at the facility. The Pharmacist relayed he did review lab results on his monthly visits. He indicated he did review Resident #11 ' s chart monthly and had somehow missed the order for the CBC and BMP every three months.	F 281		
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.	F 428		

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	345332	A. BUILDING _____ B. WING _____	C 07/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 428	Continued From page 3 The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on record review, staff and consultant pharmacist interviews, the facility failed to ensure the consultant pharmacist identified laboratory tests which had not been obtained as ordered for 1 (Resident #11) of 16 residents. Resident #11 was admitted to the facility on 06/23/10. Cumulative diagnoses included anemia, edema, and hypertension. Review of medications for Resident #11 revealed the resident received Lasix 40 milligrams once a day. Per Lexi-Comp ' s Drug Reference " Geriatric Dosage Handbook " 14th Edition, Lasix (generic Furosemide) is a potent diuretic, used to treat edema, congestive heart failure, and hypertension. Per the literature, Lasix has the potential to lead to electrolyte loss. Review of a physician order, dated 02/02/11, revealed an order to change the CBC (Complete Blood Count) and BMP (Basic Metabolic Panel) to every three months. Review of Resident #11 ' s medical record	F 428	Resident #11 had a CBC and BMP completed on 7/13/11 at 08:22am. Lab results were obtained and reviewed by the attending physician. A physicians order was written for resident #11 on 7/14/11 for a CBC and BMP q 6 months and a lab requisition was completed for the next scheduled date of 1/11/12 for resident #11 by the unit coordinator. Current facility residents medical records were reviewed to ensure that labs had been obtained or scheduled per physicians orders was completed by the ADON, Unit Manager, MDS Coordinator and Medical Records on 7/20/11 with all identified labs scheduled as ordered. The Consultant Pharmacist will conducted a 100% chart review with primary focus on lab protocol by 8/9/11. Facility licensed staff were provided re-education regarding obtaining labs per physician orders, scheduling of labs, vital signs monitoring per residents needs to include dialysis residents by Staff Development Coordinator by 7/16/11. Newly hired licensed staff will receive education during orientation. M-F the ADON or designed will review admission, readmission and physician orders from previous day to ensure that labs were scheduled or obtained per physician orders. The facility will complete a lab tracking audit on 4 random charts per hall weekly X 4 weeks and then monthly X 2 months utilizing a QI tool. The results of these audits will be forwarded to the monthly QA&A meeting for determination of need for continued monitoring	8-11-11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345332	A. BUILDING _____ B. WING _____	C 07/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 428	Continued From page 4 indicated the order had been for a CBC and BMP every month. Review of the monthly physician order sheets for the months of 03/11; 04/11; 05/11; 06/11; and, 07/11 revealed the order for CBC and BMP every three months and that the order had originated on 02/02/11. Review of Resident #11 ' s medical records ' documentation revealed the last CBC and BMP were completed on 01/17/11. On 07/12/11 at 2:30 PM, the Medical Records secretary and the Unit Coordinator reviewed Resident #11 ' s chart and were unable to locate a CBC and BMP after 01/17/11. An interview, on 07/14/11 at 10:15 AM, was conducted with the Administrator. The Administrator indicated was unsure of why the consultant pharmacist had not identified the labs that had not been completed. He relayed the consultant pharmacist did identified and present areas for follow-up at his monthly visits. A phone interview, on 07/14/11 at 11:30 AM, was conducted with Pharmacist who consulted at the facility. The Pharmacist relayed he did review lab results on his monthly visits. He indicated he did review Resident #11 ' s chart monthly and had somehow missed the order for the CBC and BMP every three months.	F 428		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345332	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: 7/14/2011
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 2501 DOWNING STREET SW WILSON, NC		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 514	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and staff interviews the facility failed to document the blood pressure as ordered by the physician for 1 (Resident #13) of 1 resident on dialysis.

Resident #13 was admitted to the facility on 07/01/2011 with cumulative diagnosis of Chronic Renal Failure, Diabetes Mellitus, Heart Attack with Cardiac Stent Placement on 12/13/2010, Hypertension, Peripheral Vascular Disease, and Depression. The last Minimum Data Set dated on 12/31/2010 indicated the resident had moderate impairment in cognition and needed assistance of one person with activities of daily living.

On 07/02/2011 a doctor ' s order was written to take the residents blood pressure two times a day and start a vital sign flow sheet.

Review of the resident #13 July 2011 Medication Administration Record (MAR) revealed the MAR did have all dates signed with the nurse ' s initials for the 7am to 3pm shift and the 3pm to 11pm shift from 07/02/2011 through 07/13/2011. There was no assigned box to place the blood pressure readings. On 07/08/2011 on the 7am to 3pm shift there was a blood pressure reading with no nurse ' s signature. The vital sign flow sheet in the medical record had only blood pressures documented once per day on 07/10/2011 and 07/13/2011.

On 07/14/2011 record review of the nurse ' s notes indicated no blood pressures were documented.

On 07/14/2011 at 10:45 am nurse #7 (Assistant Director of Nursing) indicated her expectation with the doctor ' s order was that a vital sign flow sheet was started and expected the nurse to be the one to document the blood pressure.

On 07/14/2011 at 11:10 am nurse #1 indicated the blood pressure readings should have been placed on the vital sign flow sheet, and the order should have been written on the MAR as ordered by the physician. Nurse #1 called the doctor and clarified the order and placed it on the MAR per order. Nurse #1 placed the new clarified order on the 24 hour report sheet to pass the new order on to all nurses. Nurse #1 indicated that she would give a verbal report of the new order to the oncoming nurse. The new doctor ' s order written was to monitor the blood pressure two times a day and record the results on the vital sign flow sheet in the chart.

On 07/14/2011 at 11:40 am nurse #8 (Director of Nursing) indicated her expectation was that the order to

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345332	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: 7/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH AND REHAB	2501 DOWNING STREET SW WILSON, NC

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 514	Continued From Page 1

check the blood pressure would have been placed on the MAR on the 7am to 3pm and the 3pm to 11pm shift. She expected the vital sign flow sheet would have been started, expected the nurse to place the new order on the 24 hour nurse report sheet and expected that the nurse would have given a verbal report of the new order to the oncoming nurse

On 07/14/2011 at 1:15 pm nurse #2 indicated with the doctor ' s order he would have monitored the blood pressure and placed the readings on the vital sign flow sheet per the doctor ' s order.

On 07/14/2011 at 1:25 pm nurse #4 indicated her expectations were that the order would have been placed on the MAR as written, the vital sign flow sheet was started and order placed on the 24 hours nurse report sheet. Nurse #4 indicated that a nursing assistant could take the blood pressure with the expectation of the nurse to place the reading on the vital sign flow sheet.

On 07/14/2011 at 1:45 pm nurse #5 and nurse #6 indicated they would have placed blood pressure to be monitored on the MAR on 7am to 3pm shift and the 3pm to 11pm shift. Nurse #5 and nurse #6 indicated the blood pressure readings should have been documented on the vital sign flow sheet by the nurse.

On 07/26/2011 at 2:35 pm an interview with nurse #9 indicated she did not recall a specific reason why the named resident needed her blood pressure monitored. Nurse #9 indicated she did take the resident ' s blood pressure and should have documented the reading on the vital sign flow sheet. Nurse #9 indicated at times she did forget to document the blood pressure reading on the vital sign flow sheet but that she did place the readings on the daily skill sheet and the 24 hour nurse report sheet. Nurse #9 indicated she had checked the daily skill sheet to compare the named resident ' s blood pressure readings. Neither the daily skill sheet nor the 24 hour nurse report sheet were part of the permanent record.

On 07/26/2011 at 2:42 pm an interview with nurse #10 indicated she did not recall a specific reason why the named resident needed her blood pressure monitored.
Nurse #10 indicated if the blood pressure reading was not within normal limits she would have called the doctor to report abnormal finding. Nurse #10 indicated the verbal report between the nurses would be how they compared the blood pressure readings. Nurse #10 indicated she usually placed the blood pressure readings on the resident ' s vital sign flow sheet. Nurse #10 indicated she had forgotten to place the blood pressure readings on the vital sign flow sheet.

On 07/26/2011 at 2:49 pm an interview with nurse #11 indicated the named resident was a dialysis patient which was the reason for monitoring her blood pressure. Nurse #11 indicated she had taken the named resident ' s blood pressure but had forgotten to place the readings on the vital sign flow sheet. Nurse #11 indicated it was the facility policy to place blood pressure readings on the vital sign flow sheet in the resident charts

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345332	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH AND REHAB	2501 DOWNING STREET SW WILSON, NC 27895

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K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: A. Based on observation on 08/10/2011 the door to the clean linen side of the laundry did not close and latch. (there is no seperation between the clean linen and the soiled linen side of the laundry) B. Based on observation on 08/10/2011 the door to the dry storage rooms in the kitchen was blocked in the open position. 42 CFR 483.70 (a)	K 029	The door to the clean linen room will be adjusted to latch appropriately. The items blocking the door to the dry storage rooms in the kitchen were removed on the day of the survey. The Maintenance Director performed a check of the facility and no other doors in the facility failed to latch appropriately nor were their any doors propped open The Maintenance Director and/or designee will check all doors in the facility monthly x 2 month and then random audits x 1 month to ensure that they are latching correctly. He will also be checking to make sure that no doors are blocked open. Results of audits will be brought to the monthly QA&A Committee meeting for further follow up and recommendations.	9-24-11
K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by:	K 061		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dan R. Cotton — TITLE: Administrator — (X6) DATE: 8/19/11

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345332	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 061	Continued From page 1 a. Based on observation on 08/10/2011 there was no High and low switch on the dry side of the sprinkler system. These air pressures must be supervised. 42 CFR 483.70 (a)	K 061	We have installed a HI/LO switch on the emergency panel for the sprinkler system. We are waiting on Baltimore Fire & Protection to hook it up. There is no other sprinkler system in the facility that could be affected by the alleged deficient practice. Once the hi/lo switch is working there would be no other reason for it to recur. Once the system is operable we will be monitoring the system to ensure that it functions properly. Any problems with the system will be brought to the QA&A committee for further recommendations.	9-24-11