JUL 0 6 2012

PRINTED: 06/22/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345149	A. BUILDING		C
NAME OF PE	ROVIDER OR SUPPLIER	040343	STF	REET ADDRESS, CITY, STATE, ZIP CODE	06/08/2012
BRIAN CT	R HEALTH & RETIREME	NT	4	911 BRIAN CENTER LANE VINSTON-SALEM, NC 27106	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION
SS=D	A facility must provide orientation to resident transfer or discharge. This REQUIREMENT by: Based on staff and re record review, the face post discharge inform resident reflected the resident reviewed for (Resident#135) Findition (Review of the History 3/27/12 revealed in payonume overload [and with a weight loss of 2 (Cubic centimal restriction). Review of the adult in (ANP#1) progress not dated 6/5/12 and the foliance with physical thand a home health nut Review of the ANP#2	ANSFER/DISCHRG a sufficient preparation and is to ensure safe and orderly from the facility. is not met as evidenced esident interviews and illity failed to ensure that the ation provided to the current needs of 1 of 1 community discharge. Ings included: Imitted to the facility on the hospitalization for the regestive heart failure) and almonary disease (COPD). and physician dated fact that resident was "excessive fluid in the body]" excessive fluid in the body]" excessive fluid in the body]. It record revealed her diet and was maintained on a reters) per 24 hours fluid furse practitioner 's sites for discharge planning physician orders dated ent was to be discharged erapy, occupational therapy triing aide. 's progress note dated	F 204	F 204 1. Corrective action has been accomplished for the alleged practice involving resident # Resident #135 has received appropriate discharge plannin instruction and follow up wit Services since discharge to d appropriate transition has been completed and documentation discharge planning and instruction been reviewed an updated. 2. All residents being discharge the facility have the potential affected by this alleged defice practice. The Social Services Director/designee will audit a discharges during the last 30. 3. The Administrator/designee will audit a discharge during the last 30. 3. The Administrator/designee will audit a discharge including resident of medications and ongoing treatments and documentation discharge planning activities the Post Discharge Plan of Conthe Discharge and Transfer The Social Services Director. "Preparation and/or execution of the treatment of deficiencies. The plan correction is prepared and/or executions of federal and state law."	ng and h Social etermine en n of nction has d from of being ient s all days. will re- ds and opriate dent for education n of utilizing are based or policy. /designee nis plan of lession or uth of the th in the of uted
~BORNIOKY	June 1 W	SOFFLIER REPRESENTATIVE'S SIGNATURE		Administration	7/2/12

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.

mys. B.C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREME	ENT	49	EET ADDRESS, CITY, STATE, ZIP CODE 911 BRIAN CENTER LANE /INSTON-SALEM, NC 27106	
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
about resident's decreted at 71% on room assessment indicated condition characterize bodily tissue related the ANP#2's plan was to oxygen levels on home resident's weight. Review of the "Post-(PDPC) form dated 6. resident on discharge "Dietary and Nutrition listed as regular. The 2000 cc/24 hrs fluid re (clinical portion) was review of the nursing dated 6/6/12 at 1:25 plans alert and oriented home and understood (PDPC). Interview via the photon ANP#1) on 6/7/12 at authored the progress revealed Resident#1: 6/6/12 because of he below 70 %. ANP#2 it treat the resident after and indicated that the primary physician for ANP#2 indicated she doctor to set perimeters should gain. After the ANP#1 indicated that	rt that staff was concerned eased oxygen saturation air. ANP#2's written	F 204	will review each planned dis part of the morning Departm meeting to ensure an Interdis approach and appropriate documentation. 4. The Social Services Director will monitor the Post Discha of Care 3 times per week for then weekly for 8 weeks to v documentation of discharge and instruction on the Post D Plan of Care. The results of monitoring will be reported i monthly Quality Assurance (Committee meeting for 3 moquarterly. The committee wi evaluate and make further recommendations as indicate QA&A committee will evalue effectiveness of the plan base outcomes identified and will the plan as needed to ensure compliance. Date of Compliance July 6, 2. "Preparation and/or execution of the correction does not constitute admagreement by the provider of the tracts alleged or conclusions set for statement of deficiencies. The plan correction is prepared and/or execution is prepared and/or executions of federal and state law, provisions of federal and state law, approvisions of federal and state law.	ent Head sciplinary /designee rge Plan 4 weeks, rerify planning bischarge this in the (QA) onths then lied. The nate the ed on re-adjust continued 2012.

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F 204	Continued From page	e 2	F	204			
	to the initial discharge			20-1			
	Interview on 6/7/2012	at 11 a.m. with Nurse#4					
	and Nurse#3 (nurse v	vho discharged the resident)					
		idicated that upon discharge xplained to resident her					
	medications, purpose	of the medications, and					
	that she was on a fluid indicated that she had	d restriction. Nurse#3 d not included any					
,	instructions to the res	ident about monitoring her					
		weight. Continued interview with Nurse#3 indicated that "I should have discussed with her					
		ould be monitoring her					
	l .	11:50 a.m. with the Social	Life age of the second				
	worker revealed she j Resident#135 over the	ust spoke with e phone and she indicated					
		ner monitoring of weights,					
	Interview on 6/7/12 at						
	Resident#135 via the received upon dischar	phone revealed she rge a list of medications and			·		
	the times to be taken,	dietary instructions and					
	physical therapy instru- indicated she was not	uctions. Resident#135 told about the fluid					
	restriction. Resident#	135 indicated that she was					
	unaware of monitoring worker called her this	g her weight until the social morning.					
	Interview on 6/8/12 at	•			" Preparation and/or execution of t	nis plan of	
	corporate representat	ive, director of nurses			correction does not constitute adm agreement by the provider of the tre	ission or	
		istrator revealed that the was expected to complete			facts alleged or conclusions set for statement of deficiencies. The plan	th in the	
	portions of the PDPC	form that the resident signs			correction is prepared and/or execu	ıted	
		he DON indicated that I to complete the clinical			solely because it is required by the provisions of federal and state law.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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resident 's 483.25 PR HIGHEST Each resid provide the or maintain mental, an accordance and plan of the finding Resident # dementia. The 3/7/12 potential for predisposition dementia. required us 2 person a The Minim indicated the impairments.	and provide condition OVIDE CA WELL BEI ent must re a necessaring the higher of psychosore with the of care. DIREMENT observation the facility lited in a fra (Resident and psychosore include: 58 had dia care plan or injury and provide and psychosore of a mean or injury and psychosore of a mean of the psychosore of a mean or injury and psychosore of a mean or inj	information significant to the upon discharge. RE/SERVICES FOR		204	F309 1. Corrective action accomplished for deficient practice resident #58 by prappropriate medic and follow up as monitoring for ap transfers. 2. All residents requive with transfers have of being affected deficient practice. The DON/design complete an observe in the DON/design complete an audit and staff to verify lift and transfer medical transfer in the DON/design complete an audit and staff to verify lincident and Acciliant has occurred during days. 3. The SDC/design educate all Nursing appropriate techm. "Preparation and/or execute correction does not constitute agreement by the provider of facts alleged or conclusions statement of deficiencies. To correction is prepared and/solely because it is required provisions of federal and staff.	the alleged involving roviding cal intervention well an ongoing oppopriate divided by the alleged where will reached are used. The appropriate details are used. The appropriate did not all residents of all residents of all residents of all residents of appropriate did not reporting the last 30 did not the admission of the truth of the set forth in the he plan of or executed the plan of the rescuted of the truth of the portions are used.	5/6/12

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F 309	speech, was rarely/ne to verbalize pain. The 5/7/12 Change or that the resident #58's bruised and more swo Review of Nurses' Not the resident's family with the resident was emergency room for a extremity to rule out a returned to the facility transferred from the swas a soft boot on the bandage. Review of accident renursing assistant (NA #58 when she observed bruised and swollen, and unable to verbalizing was obtained. Review of the 5/7/12 resident had moderat osteopenia (low bone minimally displaced from the swas and the second sec	red resident #58 had unclear ever understood and unable of Condition Report noted is right leg/knee area was collen than the left leg. Otes dated 5/7/12 indicated was phoned to inform them being sent to the an X-ray of the right lower is fracture. The resident is with EMS and was estretcher to the bed. There is right leg wrapped in ace are port dated 5/7/12 revealed (a) #1 was showering resident and the right lower leg to be the right lower leg to be the resident was confused are and an X-ray of the right rediology report revealed the ely severe diffuse a density) and an acute recture involving the	F	309	and transfers with return demonstrationThe SDC/designee will educate all Staff on Report Incidents and Accidents. 4. The DON/designee will monitor appropriate transfer techniques utilized by the Resident Care Specialist for 12 weeks. The DON will randomly interview and staff to verify appropriate transfer to verify appropriate transfer and Accident respective weekly for 12 weeks. The of the audits and moniton be reported in the month Quality Assurance (QA) Committee meeting more months. The committee evaluate and make further recommendations as ind Date of Compliance July	re- portable randomly sfer e weekly //designee residents priate porting he results ring will ly athly for 3 will er icated.	
	shin bone). The Disciplinary Action completed by the direct that on 5/4/12 NA #4 assignment to deliver care planned for a me	on Record dated 5/8/12 and ector of nursing (DON) noted did not follow her care. Resident #58 was echanical lift for transfers. transfer the resident with a			" Preparation and/or execution of the correction does not constitute admagreement by the provider of the transfer alleged or conclusions set for statement of deficiencies. The plan correction is prepared and/or execusolely because it is required by the provisions of federal and state law.	ission or uth of the th in the of ated	

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F 309	fracture. NA #4 did no accident/incident until days later. She did no Observation of a trans. Assistant (PTA) and N 11:00 AM on 6/7/12. It transferred with a mein place on the right le extremities were guar transfer. An interview with NA the transfer and she stransferred the reside. On 6/7/12 at 4:11 PM 5/7/12 NA #1 came to resident had a bruise, and her range of motil and blue. She called the an order for a mobile An interview with the 5:30 PM on 6/7/12 revresident #58 was ider reported it to her about began the accident read the physician. Th X-ray. The mobile X-r She called the physic obtained from the me resident to the emergiand X-ray. The reside afternoon and returned cast on. The DON state supervisor who told here.	ter right leg resulting in a pet report the liquestioned on 5/8/12, 4 pet follow the "No Lift Policy." In the series of the ser	F	309	" Preparation and/or execution of the correction does not constitute admagreement by the provider of the tracts alleged or conclusions set for statement of deficiencies. The plan correction is prepared and/or execusoley because it is required by the provisions of federal and state law.	ission or uth of the rth in the of uted		

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F 309	time the resident was NA (#4) who cared for interviewed by the DC she transferred the resident was and didn't see anyone to get the resident up under her arms and to resident. NA #4 told to drop her but sat her of the DON questioned reporting the incident report it to anyone be resident #58 and didn'her. An interview with the (ADON) at 5:45 PM of conducted inservices and assignment sheet completed no other in because he thought to important issues. On 6/7/12 at 6:00 PM inservices were condimechanical lifts and a education was done at #58's incident. On 6/8/12 at 2:45 PM with the Administrator staregarding changes or or unit nurse would be also indicated that he the DON was unavail she expected that all immediately to a superior of the property of the poon was unavail she expected that all immediately to a superior of the poon was unavail she expected that all immediately to a superior in the poon was unavail to a superior poon was unavail to the poon was unavail to a superior poon was unavail to the poon was unavail to	and determined that the last out of bed was 5/4/12. The out of bed was 5/4/12 was DN and NA #4 told her that esident from bed without the NA #4 looked down the hall in the hallway she decided on her own. She lifted her ried to stand and pivot the he DON that she did not flown hard in the chair. When NA #4 regarding not the NA said she did not cause she looked at out see anything wrong with assistant director of nursing on 6/7/12 revealed he for mechanical lift transfers outs after the incident. He asservices as of 6/7/12 hose were the most of the DON stated that functed on the topics of assignment sheets. No other as a follow up to resident the incidents was that the DON the notified immediately. He expected to be notified if able. The DON stated that incidents would be reported ervisor, the DON or ADON.		309	" Preparation and/or execution of ticorrection does not constitute admagreement by the provider of the tracts alleged or conclusions set for statement of deficiencies. The plan correction is prepared and/or execusolely because it is required by the provisions of federal and state law.	ission or uth of the rth in the of uted	
F 323		ervisor, the DON or ADON.	F	323	solely because it is required by the		

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SU COMPLET	
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	as is possible; and ea	SION/DEVICES ore that the resident as free of accident hazards	F 32	accomplished for deficient practice resident #58 by p appropriate medicand follow up as monitoring for aptransfers.	the alleged involving roviding cal intervention well an ongoing propriate	7/6/12
	by: Based on observation interviews the facility was transferred with a # 58) of 3 residents returned. The findings include: Resident # 58 had dia dementia and osteope. The Physical Therapy revealed the resident mechanical lift. The 3/7/12 care plant potential for injury and predisposing factors with the demential transport of a medical person assistance. The Minimum Data Setting the resident had sever behavioral symptoms	is not met as evidenced ans, record reviews and staff failed to ensure a resident a mechanical for 1 (resident eviewed for accidents. agnoses including end stage enia (low bone density). Evaluation dated 3/5/12 should be transferred with a revealed the resident had a d impaired mobility related to which included end stage an indicated the resident hanical lift for transfers with et dated 3/19/12 indicated are cognitive impairment, and was totally dependent as of Daily Living including		with transfers have of being affected deficient practice -The DON/design an observation of verify the appropriate transfer methods -The DON/design an audit of all rest to verify appropriate Accident reporting during the last 30. 3The SDC/design educate all Nursing appropriate technical and transfers with demonstration. -The SDC/design educate all Staff of "Preparation and/or execution does not constitute agreement by the provider of facts alleged or conclusions statement of deficiencies. The correction is prepared and/osolely because it is required.	re the potential by the alleged all residents to riate lift and are used. Here completed idents and staff ate Incident and g has occurred days. The will render the iques for lifts are turn the will render the incident of the set forth in the here plan of or executed the incident of the incident of the plan of or executed the incident of the plan of or executed the incident in the incident of the incident in the plan of or executed the incident in the incide	

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#58 when she observed bruised and swollen. The and unable to verbalize a leg was obtained.	red and indicated the ferred with a mechanical condition Report noted ght leg/knee area was in than the left leg. Is dated 5/7/12 indicated a phoned to inform them ing sent to the X-ray of the right lower acture. The resident the EMS and was there to the bed. There ght leg wrapped in ace of the dated 5/7/12 revealed 1 was showering resident the right lower leg to be a resident was confused and an X-ray of the right lower leg to be a resident was confused and an X-ray of the right lower leg to be a resident was confused and an X-ray of the right lower leg to be a resident was confused and an X-ray of the right looker leg to be a resident was confused and an X-ray of the right looker leg to be a minimally displaced wimal tibial metaphysis in bone). Record dated 5/8/12 and oted that on 5/4/12 NA ignment to deliver care.	F 32	Incidents and Accidents 4. The DON/designee will monitor appropriate trar techniques utilized by the Resident Care Specialiss for 12 weeks. The DON will randomly interview and staff to verify approducident and Accident reweekly for 12 weeks. To fithe audits and monito be reported in the month Quality Assurance (QA) Committee meeting months. The committee evaluate and make furth recommendations as independent of Compliance July Date of Compliance July are facts alleged or conclusions set for statement of deficiencies. The plan correction is prepared and/or exects solely because it is required by the	randomly asfer are to weekly all designee a residents priate exporting the results aring will all will er licated. The second of the results are the in erest of the results are the second of the results are the interest of the results are the second of the results are the results are the results are	

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F 323	resulting in a fractuaccident/incident undays later. She did days later. She did Observation of a trassistant (PTA) ar 11:00 AM on 6/7/1 transferred with a rin place on the rigit extremities were guransfer. An interview with inthe transfer and shortensferred the result of transferred the result of transferred resider 2-4 people dependence of transferred resider 2-4 people dependence of transferred resider 2-4 people dependence of transferred resider 13:52 PM on 6/7/12 at 4:02 fresident was transferred to 15:58 had been transferred to 15:58	age 9 It belt and injured her right leg ure. NA #4 did not report the intil questioned on 5/8/12, 4 In not follow the "No Lift Policy." ansfer by a Physical Therapy and NA #1 was conducted at 2. Resident #58 was mechanical lift. A soft cast was not leg and both lower uarded by NA #1 during the NA #1 was conducted following the stated that she has always ident with a mechanical lift. PM NA #2 stated she always in the stated that she has always in the stated that she has always in the stated that the ferred with a mechanical lift and ling on the resident's behavior. The transfer the resident yelled out don't verbalize pain so they if to transfer the resident. If 2 Nurse #1 stated that the ferred with a mechanical lift is further stated that resident # ferred with a mechanical lift with the stated that the ferred with a mechanical lift added that the resident could and use of the mechanical lift is signment sheet. She had the resident without the lidin't know of anyone who PM Nurse #1 revealed that on	F 32	"Preparation and/or execut correction does not constituagreement by the provider of facts alleged or conclusions statement of deficiencies. To correction is prepared and solely because it is required provisions of federal and st	ute admission or of the truth of the set forth in the he plan of or executed by the		

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F 323	resident had a bruise and her range of mot and blue. She called an order for a mobile An interview with the 5:30 PM on 6/7/12 re resident #58 was ide reported it to her about began the accident mand the physician. The X-ray. The mobile X-She called the physician obtained from the more identified afternoon and return cast on. The DON states on the properties of the physician of the physician obtained from the more identified afternoon and return cast on. The DON states on the physician of the ph	cher and told her the cher assessed the resident ion. The bruise was yellow the physician and obtained X-ray. director of nursing (DON) at wealed the bruise on intified on 5/7/12. Nurse #1 to 7:30 - 8:00 AM. She export and called the family ne physician ordered the ray report was inconclusive. Sian again and an order was edical director to send the rency room for an evaluation ent was sent late in the ed later at night with a soft ated she called the weekend her that the resident was not ad. She then checked the find determined that the last is out of bed was 5/4/12. The first the resident on 5/4/12 was DN and NA #4 told her that the in NA #4 looked down the hall er in the hallway she decided on her own. She lifted her fried to stand and pivot the he DON that she did not down hard in the chair. The anyone because she 8 and didn't see anything also said that she transferred	F	323	" Preparation and/or execution of correction does not constitute adn agreement by the provider of the tracts alleged or conclusions set for statement of deficiencies. The plar correction is prepared and/or execution solely because it is required by the provisions of federal and state law	nission or ruth of the orth in the n of outed	

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	OVIDER OR SUPPLIER	NT		49	EET ADDRESS, CITY, STATE, ZIP CODE 011 BRIAN CENTER LANE VINSTON-SALEM, NC 27106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
F 323	what her expectation of residents she repliated as ne transferring, the resident with the mechanical I method to transfer the An interview with the (ADON) at 5:45 PM of conducted inservices and assignment shee further stated that no completed as he thou important issues. On 6/7/12 at 6:00 PM inservices were condimechanical lifts and at 483.25(I) DRUG REGUNNECESSARY DREGUNNECESSARY DREGUNNECESSA	When the DON was asked a were regarding transferring and that if the resident has reding a mechanical lift for ent was to be transferred iff because it is the only safe a resident. assistant director of nursing on 6/7/12 revealed he for mechanical lift transfers at since the incident. He other inservices had been aght those were the most in the DON stated that fucted on the topics of assignment sheets. SIMEN IS FREE FROM UGS regimen must be free from An unnecessary drug is any accessive dose (including for excessive duration; or initoring; or without adequate is or in the presence of es which indicate the dose discontinued; or any		323	F329 1. Corrective action has be accomplished for the all deficient practice involved resident #79 and #133. Medication error forms completed for the missed inaccurate doses of medical administered to Resident #133. No adverse outcombeen identified. "Preparation and/or execution of correction does not constitute admagreement by the provider of the tracts alleged or conclusions set for statement of deficiencies. The plant correction is prepared and/or executions of federal and state laws."	eged ving were d and lication at #79 and omes have this plan of nission or ruth of the rich in the n of uted	7/6/12

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		345149	B. WING			06/08/	2012
	ROVIDER OR SUPPLIER	NT		STREET ADDRESS, CITY, STAT 4911 BRIAN CENTER LAN WINSTON-SALEM, NC	E		
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F 329	behavioral interventic contraindicated, in an drugs. This REQUIREMENT by: Based on observation interviews with physic consultant pharmacis manager and facility ensure a resident did ordered dosage of modication used to refere (Resident #79). This sampled residents redrugs. Findings include: Resident #79 was additional resident was additional resident.	is not met as evidenced is not met as evidenced is, record review and cian, nurse practitioner, t, dispensing pharmacy staff, the facility failed to not receive three times the etoprolol succinate nanage the heart rate).	F3	be affect deficient defici	N/designee will contion Administration tions 3 times per volume, then weekly for a The results of the nitoring will be reponthly Quality Assommittee meeting of for 3 months. The tee will evaluate a urther recommendation and the second secon	ses on ses on ses on ses on ses on ders, ions, dication omplete on week for 8 audits ported ssurance see and ations as	
	Review of the Dischard dated 05/02/12 included succinate (Toprol XL blood pressure) 50 m (extended release) 2 mouth daily for heart Review of the handward Admission Orders the pharmacy and writter Administration Record	ritten (by Nurse #4) at were faxed to the		correction does n agreement by the facts alleged or co statement of defic correction is prep solely because it	l/or execution of thi ot constitute admis provider of the trui onclusions set forti ciencies. The plan o pared and/or execut is required by the eral and state law."	ssion or th of the h in the of ted	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SUF	
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NAME OF P	ROVIDER OR SUPPLIER	343143		STR	EET ADDRESS, CITY, STATE, ZIP CODE	06/0	8/2012
BRIAN CT	IR HEALTH & RETIREMI	ENT		4	911 BRIAN CENTER LANE VINSTON-SALEM, NC 27106		
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F 329	mg XR (extended relamouth) daily for hear mouth) daily for hear The Physician Order the facility by the phaincluded orders for m (milligrams) three tab Review of the June 2 included orders for m mg XR (extended relamentation of the May at metoprolol succinate by the medication numedication was admit On 06/08/12 at 10:16 administering Reside the extended release During an interview of Nurse # 4 who transcotted "I transcribed Toprol XL 50 mg ER dispensing pharmacy medication to the faction of clarify this order with dispensing pharmacy of the Market 1 and 1 an	ease) per 24h, 1 tab po (by trate. Sheet (printed and sent to armacy) dated 06/05/12 etoprolol succinate 50 mg is orally every morning. 012 MAR dated 06/01/12 etoprolol succinate X 150 ease) qd, give 3 tabs. Ind June MAR 2012 revealed X150 mg po qd was signed rise daily indicating the nistered. AM Nurse #3 was observed int #79 150 mg (3 tabs) of metoprolol succinate XL. In 06/08/12 at 12:25 PM with wribed the admission order to be order as it was written "qd (every day)". The filled it and sent the lity for administration. I did when it came from the composition of the pack of metoprolol supplied by the dispensing prolol SU 50 mg tab SR ath. The dispensing te 3 tabs (150 mg) by mouth	F	329	"Preparation and/or execution of the correction does not constitute admit agreement by the provider of the true facts alleged or conclusions set for statement of deficiencies. The plan correction is prepared and/or execusolely because it is required by the provisions of federal and state law."	Ission or uth of the th in the of ited	

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SUP COMPLETE	
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	ROVIDER OR SUPPLIER			49	EET ADDRESS, CITY, STATE, ZIP CODE 911 BRIAN CENTER LANE VINSTON-SALEM, NC 27106	1 06/0	3/2012
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F 329	Nurse # 3 who admir Resident #79 stated tablets of the 50 mg ts succinate, so that is to She continued; "I character adily and place to nurses' note. I did not delivered by the disportesident." A review of the daily 05/02/12 until 06/08/	on 06/08/12 at 2:40 PM with histered medication to "I read the order as give 3 sablets of metoprolol what I gave the resident". The heart rate on my daily ot question the medication ensing pharmacy for the	F	329			
	During an interview w 06/08/12 at 1:43 PM; MAR, and the resider hospital dated 05/02/metoprolof succinate. The physician states should not have gotte physician further state was taken as a "1" so a higher dose than I w physician then review pressure (BP) and pushe (resident #79) was physician repeated "receiving the medicating po q am (every m stated "I will change succinate 100 mg po nurses check the res (every shift). There a	the physician reviewed the nt's original order from the			" Preparation and/or execution of correction does not constitute ad agreement by the provider of the facts alleged or conclusions set f statement of deficiencies. The pla correction is prepared and/or exesolely because it is required by the provisions of federal and state law	mission or truth of the orth in the n of cuted	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SUF COMPLETI	
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	ROVIDER OR SUPPLIER R HEALTH & RETIREME	ENT		49	REET ADDRESS, CITY, STATE, ZIP CODE 911 BRIAN CENTER LANE VINSTON-SALEM, NC 27106		
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F 329	An interview with the (ANP) on 06/08/12 at reviewed Resident #7 (metoprolol succinate reviewed the order as MAR by Nurse # 4, a the order and added signed (indicating her MAR which was the rorders. She (ANP) stoprevious month 's Marke checked the reroriginal orders. I now original orders for cla any orders ". The AN 79) should not have twill now go back and	Adult Nurse Practitioner 2:44 PM, indicated she 79's initial order for Toprol 1) XL 50 mg q d. The ANP 1s it was transcribed on the 1nd indicated Nurse # 4 wrote 1xR. The ANP indicated she 1x approval) the June 2012 1x enewal of the original 1x ated "I did not review the 1x approval orders against the	L.	329			
F 332 SS=D	3:34 PM revealed her medication would have when it was received An unsucessful attern who was responsible and orders was unsuffactories of 5% OR M. The facility must ensumedication error rates	opt to interview Nurse #6 of for checking June MARs cessful. DF MEDICATION ERROR NORE	F	332	F332 1. Corrective action has be accomplished for the al "Preparation and/or execution of correction does not constitute adragreement by the provider of the t facts alleged or conclusions set fo statement of deficiencies. The plant correction is prepared and/or execution set and the provisions of federal and state law	leged this plan of nission or nission of the orth in the n of suted e	766 (12

F 332 Continued From page 16 by: Based on observations, record reviews and staff interviews the facility failed to ensure a medication error rate less than 5% as evidenced by 4 medication error rate less than 5% as evidenced by 4 medication error rate less than 5% as evidenced by 4 medication error sout of 50 opportunities involving 2 residents (Residents #79 and #133). The findings include: 1.a Resident #79 had diagnoses including hypertension and dementia. The Physician Order Sheet dated 6/5/12 included orders for metoprolol (management of the pulse rate) 50 mg (milligrams) XL (extended release) tablets 24 hours orally every morning. Observation on 6/8/12 at 10:16 AM Nurse #3 administration of medication administration. F 332 deficient practice involving resident #79 and #133. Medication error forms were completed for the missed and inaccurate doses of medication administered to Resident #79 and #133. No adverse outcomes have been identified. 2. All residents have the potential to be affected by the alleged deficient practice. 3. The SDC/designee will reduced release) tablets 24 hours orally every morning. Observation on 6/8/12 at 10:16 AM Nurse #3 administration of medications, and documentation of medication administration. 4. The DON/designee will complete Medication Administration	CENTER	S FUR MEDICARE &	MEDICAID SEVAICES				CIVID INC	. 0930-0391
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG				- 1			COMPLETI	ΞD
STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE				RWN	G	-		
### PRIAN CRY HEALTH & RETIREMENT A SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 332			345149		<u> </u>		06/0	3/2012
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F 332 Continued From page 16 by: Based on observations, record reviews and staff interviews the facility falled to ensure a medication error rate less than 5% as evidenced by 4 medication error sout of 50 opportunities involving 2 residents (Residents #79 and #133). The findings include: 1.a Resident #79 had diagnoses including hypertension and dementia. The Physician Order Sheet dated 6/5/12 included orders for metoprolol (management of the pulse rate) 50 mg (milligrams) XL (extended release) tablets 24 hours orally every morning. Observation on 6/8/12 at 10:16 AM Nurse #3 administered (3) 50 mg (milligrams) XL (extended release) tablets which equaled to 150 mg. PREFIX TAG PREFIX TAG CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) deficient practice involving resident #79 and #133. Medication error forms were completed for the missed and inaccurate doses of medication administered to Resident #79 and #133. No adverse outcomes have been identified. 2. All residents have the potential to be affected by the alleged deficient practice. 3. The SDC/designee will reeducate all Licensed Nurses on Medication Management Administration techniques including transcribing orders, administration of medications, and documentation of medication administration. 4. The DON/designee will complete Medication Administration		1						
F 332 Continued From page 16 by: Based on observations, record reviews and staff interviews the facility failed to ensure a medication error rate less than 5% as evidenced by 4 medication errors out of 50 opportunities involving 2 residents (Residents #79 and #133). The findings include: 1.a Resident #79 had diagnoses including hypertension and dementia. The Physician Order Sheet dated 6/5/12 included orders for metoprolol (management of the pulse rate) 50 mg (milligrams) XL (extended release) tablets 24 hours orally every morning. Observation on 6/8/12 at 10:16 AM Nurse #3 administered (3) 50 mg (milligrams) XL (extended release) tablets which equaled to 150 mg. F 332 F 332 Resident #79 and #133. Medication error forms were completed for the missed and inaccurate doses of medication administered to Resident #79 and #133. Medication error forms were completed for the missed and inaccurate doses of medication administered to Resident #79 and #133. Medication error forms were completed for the missed and inaccurate doses of medication administered to Resident #79 and #133. And E 332 F 348 Administered to Resident #79 and #133. And for the missed and inaccurate doses of medication administered to Resident #79 and #133. And for the missed and inaccurate doses of medication administered to Resident #79 and #133. And for the missed and inaccurate doses of medication administered to Resident #79 and #133. And for the missed and inaccurate doses of medication administered to Resident #79 and #133. And for the missed and inaccurate doses of medication administered to Resident #79 and #133. And for the missed and inaccurate doses of medication administered to Resident #79 and #133. And for the missed and inaccurate doses of medication administered to Resident #79 and #133. The SDC/designee will re- educate all Licensed Nurses on Medication Management Administration of medications, administration of medications, administration of medi	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION
physician indicated that the resident should not have been administered metoprolol 150 mg XL, but should have recieved only metoprolol 50 mg XL. 1.b Resident #79 had diagnoses including hypertension and dementia. The Physician Order Sheet dated 6/5/12 included orders for metoprolol (for high blood pressure) 50 mg (milligrams) three tabs orally every morning. Review of the undated list entitled Medications Not To Be Crushed indicated time release form of metoprolol (was not to be crushed. It indicated that metoprolol (time release form) is scored and may be broken in half. observations 3 times per week for 4 weeks, then weekly for 8 weeks. The results of the audits and monitoring will be reported in the monthly Quality Assurance (QA) Committee meeting monthly for 3 months. The committee will evaluate and make further recommendations as indicated. "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."	F 332	by: Based on observation interviews the facility medication error rate by 4 medication error involving 2 residents. The findings include: 1.a Resident #79 has hypertension and der The Physician Order orders for metoprolol rate) 50 mg (milligrant tablets 24 hours orall. Observation on 6/8/12 and physician indicated the have been administed but should have reciently. 1.b Resident #79 has hypertension and der The Physician Order orders for metoprolol mg (milligrams) three Review of the undate Not To Be Crushed in metoprolol (time release)	ns, record reviews and staff failed to ensure a less than 5% as evidenced s out of 50 opportunities (Residents #79 and #133). It diagnoses including mentia. Sheet dated 6/5/12 included (management of the pulse ns) XL (extended release) y every morning. 2 at 10:16 AM Nurse #3 ng (milligrams) XL (extended n equaled to 150 mg. It 1:43 p.m. with the attending that the resident should not red metoprolol 150 mg XL, eved only metoprolol 50 mg I diagnoses including mentia. Sheet dated 6/5/12 included (for high blood pressure) 50 tabs orally every morning. I list entitled Medications adicated time release form of the crushed. It indicated that	F	332	resident #79 and #133. Medication error forms completed for the misse inaccurate doses of med administered to Resider #133. No adverse outco been identified. 2. All residents have the p be affected by the allege deficient practice. 3. The SDC/designee will educate all Licensed No Medication Management Administration technique including transcribing of administration of medical and documentation of medical and documentation of medical and documentation. 4. The DON/designee will Medication Administration observations 3 times per 4 weeks, then weekly for weeks. The results of the and monitoring will be in the monthly Quality (QA) Committee meeting monthly for 3 months. Committee will evaluate make further recommental indicated. "Preparation and/or execution of correction does not constitute addragreement by the provider of the test tatement of deficiencies. The plate correction is prepared and/or execution is prepared and/or execution of prepared and/or execution is prepared and/or exe	were ed and lication at #79 and omes have otential to ed re- arses on at ales orders, cations, anedication I complete tion r week for or 8 the audits reported Assurance ang The e and adations as this plan of mission or ruth of the orth in the n of cuted e	

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NAME OF PR	OVIDER OR SUPPLIER		- 1	STR	EET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN CT	R HEALTH & RETIREME	NT			911 BRIAN CENTER LANE //INSTON-SALEM, NC 27106		
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F 332	On 6/8/12 at 10:16 Al release metoprolol ar cup and mixed it with pudding. The nurse e stood in front of the re up the spoonful of me When stopped and grelease medications perushed medications that are crushed. She further been nervous. At 9:30 AM on 6/8/12 expectation is that timeshould not be crushed medications that should not be crushed medications that should not be the medications that should not be the medications that should not be crushed medications that should not be crushed medications that should not be crushed medications and derivative with the 10:55 AM revealed the metoprolol should not 1.c Resident #79 had hypertension and derivative with the undates for buproban (orally every morning. Review of the undate Not To Be Crushed in form of buproban was indicated as a time recan irritate mucus medicated as a time recan irritate mucus medicated at 10:16 Al	M Nurse #3 crushed the time and placed it in a medication other medications in intered the resident's room, esident and started to pick edications in the pudding. Lestioned about time prior to administration of the durse #3 stated that time release should not be stated that she must have the DON stated that her me release medications do and there is a list of ald not be crushed in the in Administration Records. Pharmacist on 6/8/12 at the time release form of the crushed. diagnoses including mentia. Sheet dated 6/5/12 included for depression)150 mg delist entitled Medications addicated the time release is not to be crushed. It also dease formulation, buproban ombranes. M Nurse #3 crushed time	F	332	Date of Compliance: Ju 2012. "Preparation and/or execution of correction does not constitute advantagreement by the provider of the tracts alleged or conclusions set for statement of deficiencies. The plantagree to the properties of the prepared and/or execution is prepared and/or execution because it is required by the	this plan of nission or ruth of the orth in the n of cuted s	
	• ** • • • • • • • • • • • • • • • • •	aced it in a medication cup			provisions of federal and state law	۲. ³³	

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO	0. 0938-0391
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F 332	The nurse entered the front of the resident a spoonful of medicatio stopped and question medications prior to a medication Nurse #3 are time release shout further stated that she At 9:30 AM on 6/8/12 expectation is that time should not be crushed medications that should not be crushed medications that should not be crushed front of the Medication. An interview with the 10:55 AM revealed the should not be crushed. 2. Resident #133 had pulmonary disease and Review of the Physici 6/5/12 revealed an or sprays three times a confidence of the pulmonary street imes and the nurse administer when interviewed foll resident's medications many sprays were ord the resident's Medicat (MAR) and stated it resident's medications and stated it resident's medications and stated it resident's Medicat (MAR) and stated it resident's medications and stated it resident's m	er medications in pudding. The resident's room, stood in and started to pick up the resident in the pudding. When ed about time release diministration of the crushed stated that medications that all not be crushed. She emust have been nervous. The DON stated that her release medications is and there is a list of all not be crushed in the release medications in the release medications. The Administration Records. The pharmacist on 6/8/12 at release buprobands. The diagnoses including chronic and dementia. The an Order Sheet dated der for saline nasal spray 2 day for allergies. The Nurse #3 was observed to resident #133. The spray in each nostrillowing administration of the spray was asked how dered. Nurse #3 rechecked the sprays per nostrillowed and two sprays per nostri	F 33	"Preparation and/or execution correction does not constitute agreement by the provider of facts alleged or conclusions statement of deficiencies. The correction is prepared and/or	e admission or the truth of the set forth in the e plan of executed	
		only one spray was given		correction is prepared and/or solely because it is required l provisions of federal and stat	by the	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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F 332	Continued From pag	ge 19 e director of nursing (DON) on	F 332			
E 40E	6/8/12 at 9:30 AM re was that the correct given.	evealed that her expectation dose of medication should be	E 425	Edos		7/6/12
F 425 SS=D	ACCURATE PROCE The facility must prodrugs and biological them under an agree §483.75(h) of this parameters are unlicensed personnel aw permits, but only supervision of a lice. A facility must provide (including procedure acquiring, receiving, administering of all of the needs of each reaction all aspects of the services in the facility.	vide routine and emergency s to its residents, or obtain ement described in art. The facility may permit el to administer drugs if State v under the general made nurse. de pharmaceutical services es that assure the accurate dispensing, and drugs and biologicals) to meet esident. ploy or obtain the services of st who provides consultation provision of pharmacy y.	F 425	1. Corrective action has a accomplished for the a deficient practice invo resident #79. Medicati forms were completed missed and inaccurate medication administer Resident #79. No advouctomes identified. 2. All residents have the be affected. 3Pharmacy Consultant serviced on requireme expectations of F425 at tags. Areas of review service were the follow Reviewing Medication Administration Record Physician Order Sheet monthly Medication Review. 2. Identifying medication orders are completely and accura	lleged lving on error for the doses of ed to erse potential to was in- nts and and F428 for the in- ving: 1. Is and s during the tegimen g that transcribed	7/6/12
	by: Based on observati interviews with phys dispensing pharmac the dispensing phar physician order for r	T is not met as evidenced ons, record review and ician, consultant pharmacist, y manager and facility staff, macy failed to clarify a netoprolol succinate manage the heart rate)		"Preparation and/or execution o correction does not constitute ac agreement by the provider of the facts alleged or conclusions set statement of deficiencies. The placement of prepared and/or execution is prepared and/or execution is prepared and state la	f this plan of Imission or truth of the forth in the an of ecuted he	

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				W	INSTON-SALEM, NC 27106		
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F 425	ordered dosage of medispensing instruction (Resident #79). This sampled residents redrugs. Findings include: Resident #79 was ad 05/02/12 with diagnost and depression. Review of the Discha dated 05/02/12 include succinate (Toprof XL) 50 milligram (mg) tab release) 24hr (once a daily for heart rate. Review of the handw. Admission Orders the paharmacy and on the Record (MAR) dated metoprolol succinate release) per 24h, 1 tal heart rate. The Physician Order the facility by the pha included orders for me (milligrams) three tab Review of the June 2 included orders for me mg XR (extended release) resident in the release or me mg XR (extended release).	ent receiving three times the etoprolol succinate per the etoprolol in the facility on ses including hypertension arge Orders from the hospital led orders for metoprolol (to manage the heart rate) let (tab) er (extended et day), one tab by mouth written (by Nurse #4) at were faxed to the e Medication Administration 05/02/12 included orders for X 150 mg XR (extended by po (by mouth) daily for Sheet (printed and sent to rmacy) dated 06/05/12 etoprolol succinate 50 mg s orally every morning.	F	425	Reviewing medication of clinical appropriateness. Reporting all noted disc to facility administration The SDC/designee will educate all Licensed Nur Medication Management Administration technique including transcribing of administration of medicand documentation of madministration. 4. A second consultant will the Medication Regimen at the facility for 3 mon Reporting all noted disc to facility administration DON/designee will revisorders daily and verify transcription and appropriate discaption delivery. The of the audits and monitor be reported in the month Quality Assurance (QA) Committee meeting monometric meeting meet	repancies n. re- reses on reses on reses reders, redication l conduct n Review ths. repancies n. The ew MD oriate ne results oring will nly nthly for 3 will rer dicated.	
	Resident #79 's Blist				provisions of federal and state law	. 33	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		345149	B. WING		06/08	3/2012
	ROVIDER OR SUPPLIER	NT	\$	STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 425	pharmacy read: Meto (extended release) 2- instructions read: Tal- every day. Dx: (diagn Review of the May ar metoprolol succinate by the medication nu medication was admi On 06/08/12 at 10:16 administering Reside the extended release During an interview on Nurse # 4 who transor the MAR and sent the stated "I transcribed Toprol XL 50 mg ER dispensing pharmacy medication to the fact not clarify this order of dispensing pharmacy. An interview on 06/06 3 (who administered stated "I read the or 50 mg tablets of metowhat I gave the resid not question the med dispensing pharmacy. An interview with the and the Administrato occurred to clarify who being administered.	supplied by the dispensing prolol SU 50 mg tab SR 4H. The dispensing te 3 tabs (150 mg) by mouth osis) heart rate. Ind June MAR 2012 revealed X150 mg po qd was signed rise daily indicating the nistered. AM Nurse #3 was observed int #79 150 mg (3 tabs) of metoprolol succinate XL. In 06/08/12 at 12:25 PM with tribed the admission order to be orders to the pharmacy of the order as it was written and (every day). The filled it and sent the little for administration. I did when it came from the did at 2:40 PM with Nurse #4 medication to Resident #79) der as give 3 tablets of the oprolol succinate, so that is ent. She continued; I did ication delivered by the	F 4:	" Preparation and/or execution correction does not constitute agreement by the provider of t facts alleged or conclusions s statement of deficiencies. The correction is prepared and/or solely because it is required b provisions of federal and state	admission or he truth of the et forth in the plan of executed y the	

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u>. 0938-0391</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		345149	B. WIN	G		06/08	; 1/2012
	OVIDER OR SUPPLIER	ENT		49	EET ADDRESS, CITY, STATE, ZIP CODE 111 BRIAN CENTER LANE INSTON-SALEM, NC 27106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	.DBE	(X5) COMPLETION DATE
F 425	(resident #79) should day. " The physician that the "!" was taken receiving a higher do with ". But the physic resident) should be remetoprolol succinate morning). " "There side effects of metop slow heart rate, diarridizziness." During a telephone in PM with the dispensi stated "it is nothing s the pharmacist who in have questioned this	Resident # 79. with the physician on the physician stated "she I not have gotten 150 mg a further stated "you can see as a "1" so the resident was se than I wanted to begin cian repeated "she (the ecciving the medication 50 mg po q am (every are a number of possible rolol succinate, including a	<u>L</u>	425			
F 428 SS=D	PM revealed her exp medication would hav when it was received also would have exp pharmacy to have cla before filling it. 483.60(c) DRUG RE- IRREGULAR, ACT C	ve been verified by the staff from the pharmacy. She ected the dispensing arified this medication order GIMEN REVIEW, REPORT	£	428	F428 1. Corrective action has be accomplished for the al "Preparation and/or execution of correction does not constitute adragreement by the provider of the t facts alleged or conclusions set for statement of deficiencies. The plan correction is prepared and/or execution because it is required by the provisions of federal and state law	leged this plan of nission or ruth of the orth in the n of cuted	7/4/12

OFILIFI	O I OIL MEDIONIE &	MEDIONID SERVICES				CIND IAC	7. 0830-038 I
	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SUI COMPLET	
			B. WIN	IG.		,	C
		345149		_		06/0	8/2012
NAME OF PR	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE		:
BRIAN CT	R HEALTH & RETIREME	NT			4911 BRIAN CENTER LANE		
				V	WINSTON-SALEM, NC 27106		ı
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F 428	Continued From page The pharmacist must the attending physicia nursing, and these reports of the page of the page of the consultant pharmacy the pharmacy that pharmacy tha	report any irregularities to n, and the director of corts must be acted upon. is not met as evidenced as, record review and ian, consultant pharmacist, manager and facility staff, acist failed to report to the error of metoprolol used manage the heart received three times the medication. (resident #79). of 8 sampled residents sary drugs. nitted to the facility on es including hypertension ge Orders from the hospital and orders for metoprolol (medication to treat high ligram (mg) tablet (tab) er hr (once a day), one tab by		428	deficient practice involves resident #79. Medication forms were completed in missed and inaccurate of medication administere Resident #79. No advessed outcomes identified. 2. All residents have the pube affected. 3. Pharmacy Consultant was erviced on requirement expectations of F425 artags. Areas of review full service were the follow Reviewing Medication Administration Records Physician Order Sheets monthly Medication Resident and accurate Review. 2. Identifying medication orders are to completely and accurate Reviewing medication clinical appropriateness Reporting all noted discusted to facility administration. The SDC/designee will educate all Licensed Not Medication Management Administration technique including transcribing condministration of medical "Preparation and/or execution of	ving on error for the closes of d to rse cotential to vas in- ts and d F428 for the in- ing: 1. s and during the egimen that ranscribed ely. 3. orders for s. 4. crepancies n. crepancies n. thre- urses on nt ues orders, cations, this plan of	
		tten (by Nurse #4)			correction does not constitute adragreement by the provider of the tracts alleged or conclusions set for statement of deficiencies. The plat correction is prepared and/or executive solely because it is required by the provisions of federal and state law	ruth of the orth in the n of cuted e	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		245440	B. WING			С	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			8/2012	
BRIAN CTR HEALTH & RETIREMENT				4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICIENCY)	LD BE COMPLETIC	
F 428	release) per 24h, 1 ta heart rate. The Physician Order of the facility by the pharincluded orders for me (milligrams) three tabe. Review of the June 20 included orders for me mg XR (extended release) 24 resident #79's Bliste succinate medication pharmacy read: Metop (extended release) 24 instructions read: Take every day. Dx: (diagnost Review of the May an metoprolol succinate 2 by the medication numedication was admir Review of the consultant medication review dat documentation regard metoprolol succinate. During a telephone interpretation or medication and telephone interpretation and	ate X 150 mg XR (extended b po (by mouth) daily for Sheet (printed and sent to rmacy) dated 06/05/12 atoprolol succinate 50 mg sorally every morning. 2012 MAR dated 06/01/12 atoprolol succinate X 150 asse) qd, give 3 tabs. 2 at approximately 2 p.m. ar pack of metoprolol supplied by the dispensing prolol SU 50 mg tab SR at tabs (150 mg) by mouth posis) heart rate. 2 d June MAR 2012 revealed X150 mg po qd was signed se daily indicating the nistered. 2 ant pharmacy monthly ed 5/30/12 revealed no ing the dose of the	F	428	and documentation of madministration. 4. A different consultant we conduct the Medication Review at the facility for months. The DON/design review MD orders daily verify transcription and appropriate medication of the results of the audits and monitoring will be really in the monthly Quality A (QA) Committee meeting monthly for 3 months. To committee will evaluate and make further ecommendations as independent to the properties of the auditation of the control of th	rill Regimen r 2 gnee will and delivery. reported Assurance g the er licated. y 6, 2012.	
	PM with the consulting the medication ordere medication prescribed	g pharmacist, he stated " d is not the same as the by the physician. It would cation dispensing error. " nust have missed that			correction does not constitute adm agreement by the provider of the tr facts alleged or conclusions set fo statement of deficiencies. The plan correction is prepared and/or exect solely because it is required by the provisions of federal and state law.	nission or ruth of the rth in the r of uted	

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		345149	B. WING			C 06/08/2012	
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT				STREET ADDRESS, CITY, STATE, ZIP COD 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		0/20 12	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SI-		ULD BE COMPLETION	
F 428	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 4	" Preparation and/or execute correction does not constitute agreement by the provider of facts alleged or conclusions statement of deficiencies. To correction is prepared and/osolely because it is required provisions of federal and st	xecution of this plan of institute admission or ider of the truth of the isions set forth in the es. The plan of and/or executed puired by the		

PRINTED: 06/22/2012 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING 01 - MAIN BUILDING 01 B. WING 345149 06/22/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4911 BRIAN CENTER LANE BRIAN CTR HEALTH & RETIREMENT** WINSTON-SALEM, NC 27106 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES Œ (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K045 K 045 NFPA 101 LIFE SAFETY CODE STANDARD K 045 1. Correction for the alleged deficient SS=E practice noted as additional lighting Illumination of means of egress, including exit needed at the right rear exit discharge discharge, is arranged so that failure of any single door and the pathway to the public lighting fixture (bulb) will not leave the area in way. Installed floodlights in rear of darkness. (This does not refer to emergency building to illuminate exit and the lighting in accordance with section 7.8.) 19.2.8 pathway to public way. Floodlights were tied into the backup generator for emergency egress lighting. Site review to see if other areas deficient. This \$TANDARD is not met as evidenced by: The results of this will be reported in 3. Based on observation on Friday 6/22/12 between Quality Assurance (QA) Committee 10:00 AM and 1:00 PM the following was noted: meeting for 3 months then quarterly 1) Additional illumination is need at the right rear for 1 year. The Committee will exit discharge door and the pathway to the public evaluate and make further way, recommendations as indicated. Lighting must be arranged to provide light from Correction date of July 2, 2012. the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge shall be illuminated to values of at least 1 ft-candle measured at the floor. Failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candles in any JUL 11 2012 designated area. NFPA 101 7.8.1.1, 7.8.1.3, and 7.8.1.4. CONSTRUCTION SECTION 42 CFR 483.70(a) K052 NFPA 101 LIFE SAFETY CODE STANDARD K 052 K 052 1. Correction for the alleged deficient SS=D practice noted of the Fire Alarm pull A fire alarm system required for life safety is station located next to the break room installed, tested, and maintained in accordance rear exit door not working. Pull with NFPA 70 National Electrical Code and NFPA station next to break room rear exit 72. The system has an approved maintenance door repaired and working. and testing program complying with applicable Tested all pull stations for potential requirements of NFPA 70 and 72. problems. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

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.

PRINTED: 06/22/2012 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** 01 - MAIN BUILDING 01 A. BUILDING B. WING 06/22/2012 345149 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4911 BRIAN CENTER LANE BRIAN CTR HEALTH & RETIREMENT** WINSTON-SALEM, NC 27106 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) The results of this will be reported in K 052 Continued From page 1 K 052 Ouality Assurance (QA) Committee meeting for 3 months then quarterly for I year. The Committee will evaluate and make further recommendations as indicated. Correction date of June 26, 2012 This STANDARD is not met as evidenced by: Based on observation on Friday 6/22/12 between 10:00 AM and 1:00 PM the following was noted: 1) The Fire Alarm pull station located next to the breakroom rear exit door did not operate when tested. K056 42 CFR 483.70(a) Correction for the alleged deficient NFPA 101 LIFE SAFETY CODE STANDARD K 056 K 056 practice noted of SS=F In the kitchen in front of the hood If there is an automatic sprinkler system, it is there are sprinkler heads in the installed in accordance with NFPA 13. Standard facility rated for intermediate for the Installation of Sprinkler Systems, to temperature classification, Glass Bulb provide complete coverage for all portions of the Color of Green temperature rating of building. The system is properly maintained in (200 degree F) in place of ordinary accordance with NFPA 25, Standard for the Temperature Classification, Glass Inspection, Testing, and Maintenance of Bulb Color of Red temperature rating Water-Based Fire Protection Systems. It is fully of (155 degree F). Sprinkler heads supervised. There is a reliable, adequate water -Bulb Color of Green (200 degree F) supply for the system. Required sprinkler replaced with Bulb Color of Red systems are equipped with water flow and tamper temperature rating of (155 degree F). switches, which are electrically connected to the Correction date of August 6, 2012. building fire alarm system. 19.3.5 Sprinkler heads installed in the Therapy Room smoke compartment were a mixture of glass bulb standard response heads and standard fused heads. Facility will need to verify This STANDARD is not met as evidenced by: that the heads are equal in response Based on observation on Friday 6/22/12 between time and temperature. Sprinkler heads 10:00 AM and 1:00 PM the following was noted: or head replaced to match per NAPA 1) In the kitchen in front of the hood there are 101, 4.6.12.1 Correction date of sprinkler heads in the facility rated for August 6, 2012.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		345149	B. WING			06/22/2012	
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPROFILE OF CROSS-REFERENCE)			(X5) COMPLETION DATE
K 056	Continued From page 2 Intermediate Temperature Classification, Glass Bulb Color of Green temperature rating of (200° F) in place of Ordinary Temperature Classification, Glass Bulb Color of Red temperature rating of (155°F). 2) Sprinkler heads installed in the Therapy Room smoke compartment were a mixture of glass bulb standard response heads and standard fused heads. Facility will need to verify that the heads are equal in response time and temperature or replace heads to match each other.NAPA 101, 4.6.12.1 Every required sprinkler system shall be continuously maintained improper operating condition. NFPA 13, 5-3.1.5.2 3) Sprinkler heads will need to be installed both rear entrances. (Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in depth per NFPA 13 section 5-13.8.1.		K 056		 Sprinkler heads need installed at both rear entrances. Sprinkler heads installed at both rear entrances per NFPA 13 section 5-13.8.1 The results of this will be reported in Quality Assurance (QA) Committee meeting for 3 months then quarterly for 1 year. The Committee will evaluate and make further recommendations as indicated. Correction date of August 6, 2012. 		
The state of the s	42 CFR 483.70(a)			***************************************			