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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345250	A. BUILDING ______ B. WING ______	C 01/31/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CTR HLTH & RET/LINCOLNTON	515 S GENERALS BLVD LINCOLNTON, NC 28093

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F 000	INITIAL COMMENTS No deficiencies were cited as a result of CINV investigation. Event ID #ROX511.	F 000		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157	**F 157D** • The family member (son) for Resident #209 was notified 1/13/2013 of the fall on 1/11/13, was notified on 1/13/2013 of the fall on 1/12/2013, and was notified on 1/13/2013 of the fall on 1/13/201. The resident discharged home with family on 2-1-2013. • The facility identified other residents with the potential to be affected by the alleged deficient practice by completing an audit for all incident reports for the last 90 days to ensure there was documentation of responsible party notification. All incident reports had documentation of responsible party notification. Face sheets were audited for all residents and were current and in place. • Measures put in place to ensure that the alleged deficient practice does not recur include: The DON will conduct inservices for Licensed staff to ensure that per the facility policy for Incident	2-28-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Judy B Smith
TITLE: Admin
(X6) DATE: 3/5/2013

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.

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F 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and interviews with staff, residents, and families, the facility failed to notify the family of a resident with three falls for 1 of 4 sampled residents reviewed for notification of change (Resident #209). The findings are: Resident #209 was admitted on 12/18/12 with diagnosis including hypertension, dementia, and diabetes mellitus. An admission Minimum Data Set (MDS) dated 12/25/12 indicated Resident #209 was moderately cognitively impaired. Observation of Resident #209's face sheet on the front of her chart revealed her responsible party was a family member. Review of Resident #209's Interdisciplinary Post Fall reviews for falls on 01/11/13 at 8:40PM, 01/12/13 at 8:45PM, and 01/13/13 at 7:00PM revealed Resident #209's responsible party was not notified after the falls. Interview with Resident #209's responsible party on 01/28/13 at 2:45 PM revealed she had not been called after the 3 falls that had occurred during the weekend of 01/11/13 through 01/13/13. Resident #209's responsible party stated she had been told by a nurse that weekend staff had been unable to locate Resident #209's face sheet and had not known how to contact Resident #209's responsible party. Interview with Nurse #1 on 01/29/13 at 3:45 PM revealed he had supervised the nurses working	F 157	/Accident Reporting for Residents, the responsible party is notified for all incidents as soon as possible and that nurse documents the responsible party notification. The nurse will document family notification on the incident report. The DON/ADON or SDC will check all incident reports Monday through Friday to ensure the documentation of notification of incidents and chart review/findings on an Administrative Nurse Worksheet. The DON/ADON/SDC will provide additional 1:1 education for any observed occurrence of failure to document notification. Medical Records will conduct an audit to ensure that a face sheet is in each medical record. • The Administrator and DON review the findings on an Administrative Nurse Worksheet, will monitor the effectiveness of the above action plan for notification of change in the monthly QAPI meeting beginning 2-14-2013 for 3 months and will adjust the plan as indicated in the QAPI meeting monthly.	

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F 157	Continued From page 2 with Resident #209 during the weekend of 01/11/13 through 01/13/13. Nurse #1 stated they had not been able to locate Resident #209's face sheet and therefore did not have contact information for Resident #209's responsible party. The interview further revealed Resident #209's responsible party was not contacted after any of the 3 falls that had occurred during the weekend. Interview with the Director of Nursing on 01/31/13 at 1:27 PM revealed her expectation was that nurses would notify the physician and the responsible person of a resident who falls within 24 hours of each fall.	F 157	170. The US Post Office of Lincolnton has reported to the Administrator that mail has not ever been delivered to the facility and that mail delivery to the facility will start Monday through Saturday beginning Tuesday 2-20-13. The Post Master also stated that effective August 5th, 2013, mail will only be delivered to the facility Monday through Friday as the US Postal Service is canceling all Saturday mail delivery on said date. It should be noted that newspapers are delivered to the facility seven days a week and are delivered every day to the residents with newspaper subscriptions. • The facility met with the Resident Council on 1/29/2013 for their regular monthly meeting. The Activity Director reviewed of Resident Rights, including mail delivery, with the residents in	2-28-13
F 170 SS=C	483.10(i)(1) RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, the facility failed to deliver mail on Saturday for residents in the facility. The findings are: Resident #84 was admitted to the facility 09/13/2006. The latest Minimum Data Set dated 01/02/2013 assessed the resident with no short or long-term memory problems. On 01/29/2013 at 9:15 AM during an interview the Resident Council President, Resident #84,	F 170		

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F 170	Continued From page 3 revealed no mail was delivered at the facility on Saturdays as that department didn't work on Saturdays. Resident #84 further stated it would be nice to get mail on Saturdays especially around the holidays when she gets cards in the mail. On 01/29/2013 at 3:30 PM the Activity Manager revealed one of her responsibilities was to deliver mail to the residents. She confirmed her department carried out mail delivery to the residents Monday through Friday. She stated no one from the facility went to collect the mail from the main post office on Saturdays. On 01/30/2013 at 11:00 AM in an interview the Administrator revealed there was no mail delivery to the residents on Saturdays. She noted there was a mailbox present at the facility however the Postal Service delivered the mail to the facility post office box with occasional items coming to the facility mailbox. The Administrator confirmed there was no designated staff member in place to collect mail from the Post Office and bring it to the facility on Saturdays.	F 170	attendance. There were no identified concerns of residents not receiving mail on Saturdays. • Measures put in place to ensure that the alleged deficient practice does not recur include: Activity Director will work every Saturday to ensure that mail is delivered. The Administrator will check with Resident Council members monthly to ensure their continued satisfaction with mail delivery. The Activity Director will document residents' satisfaction to mail delivery in the Resident Council minutes. • The Administrator and Activity Director will review the findings of the monthly Resident Council meeting minutes, monitor the effectiveness of the above action plan for the right to receive mail in the monthly QAPI meeting and adjust the plan as indicated in the QAPI meeting monthly for 3 months.	
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:	F 272	**F 272** Corrective action was accomplished for the alleged deficient practice in regards to cognitive assessments by completing modification of the MDS assessments for Residents #31, # 85,	2-28-13

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F 272	Continued From page 4 Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to complete cognitive assessments included in admission comprehensive Minimum Data Sets (MDS) for 3 of 24 sampled residents. (Residents #31, #85, and #218) The facility also failed to complete Care Area Assessments included in an annual comprehensive MDS for 1 of 24 sampled residents. (Resident #141)	F 272	and # 218 for the identified MDSs. Corrective action was also accomplished for the alleged deficient practice in regards CAAs by completing a significant change in status assessment MDS for Residents # 141. • The facility identified other residents with the potential to be affected by the alleged deficient practice for Comprehensive Assessments by completing the following: The Resident Care Management Director (RCMD) conducted an audit of all assessments including admission and comprehensive MDSs for active resident. MDSs identified with incomplete cognitive assessments will have a modification of the MDS completed based on the CMS Correction guidelines and record on worksheet all modifications completed. The Resident Care Management Director will also conduct an audit of the CAAs on all admission and comprehensive MDS completed in the past 12 months on all active resident. Resident Care Management Director or MDS Coordinator will correct identified by adding a late entry to the CAAs to provide the omitted assessment data	

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F 272	Continued From page 5 The findings were: 1. Resident #31 was admitted to the facility 12/18/12 with diagnoses including Alzheimer's dementia and depression. A review of the admission MDS dated 12/25/12 revealed section C0100 indicated a Brief Interview for Mental Status (BIMS) should be conducted. Further MDS review revealed no rating in BIMS sections C0200 thru C0400 were coded and no summary score was documented in section C0500. Section C0600 that asked should a staff assessment for mental status be conducted was not coded. Sections C0700 through C1000 were also left blank. Continued MDS review revealed section Z0500 was signed by the MDS Coordinator verifying all sections in this MDS were complete. An interview with the MDS Coordinator was conducted on 01/31/13 at 11:10 AM. She confirmed the cognitive assessment for Resident #31 was not complete. She stated if a BIMS score could not be determined in sections C0200 through C0500, a staff assessment for mental status should have been completed in sections C0600 through C1000. The MDS Coordinator stated her signature in section Z0500 designated the MDS was complete. She explained the computer system used to document MDS assessments indicated the entire cognitive section was complete. She stated she depended on the computer to relate the correct information and did not realize this section was incomplete. An interview with the Director of Nursing on 01/31/13 at 1:59 PM revealed her expectation	F 272	and will record on worksheet for all CAAs that had a late entry completed. • Measures put in place to ensure that the alleged deficient practice does not recur include: The Resident Care Management Director (RCMD) will provide education to the nurses that completed the cognitive assessments and CAAs that were identified in the audit. This education will be based on the CMS criteria, for the accurate completion of cognitive assessments and CAAs. The Resident Care Management Director (RCMD) will spot-check MDSs weekly for the completeness of cognitive assessments and CAAs and record the findings on the calendar. • The Administrator and Resident Care Management Director (RCMD) will monitor the effectiveness of the above action plan for Comprehensive Assessments in the monthly QAPI meeting and will adjust the plan as indicated in the QAPI meeting monthly for 3 months.	

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F 272	Continued From page 6 was for all MDS assessments to be complete and correct. 2. Resident #85 was admitted to the facility 12/15/12 with diagnoses including dementia. A review of the admission MDS dated 12/22/12 revealed section C0100 indicated a Brief Interview for Mental Status (BIMS) should be conducted. Further MDS review revealed no rating in BIMS sections C0200 thru C0400 were coded and no summary score was documented in section C0500. Section C0600 that asked should a staff assessment for mental status be conducted was not coded. Sections C0700 through C1000 were also left blank. Continued MDS review revealed section Z0500 was signed by the MDS Coordinator on 12/27/12 verifying all sections in this MDS were complete. An interview with the MDS Coordinator was conducted on 01/31/13 at 11:10 AM. She confirmed the cognitive assessment for Resident #85 was not complete. She stated if a BIMS score could not be determined in sections C0200 through C0500, a staff assessment for mental status should have been completed in sections C0600 through C1000. The MDS Coordinator stated her signature in section Z0500 designated the MDS was complete. She explained the computer system used to document MDS assessments indicated the entire cognitive section was complete. She stated she depended on the computer to relate the correct information and did not realize this section was not complete. An interview with the Director of Nursing on 01/31/13 at 1:59 PM revealed her expectation	F 272		

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F 272	Continued From page 7 was for all MDS assessments to be complete and correct. 3. Resident #218 was admitted to the facility 12/18/12 with diagnoses including history of a stroke. A review of an admission MDS dated 12/25/12 revealed section C0100 indicated a Brief Interview for Mental Status (BIMS) should be conducted. Further MDS review revealed no rating in BIMS sections C0200 thru C0400 were coded and no summary score was documented in section C0500. Section C0600 that asked should a staff assessment for mental status be conducted was not coded. Sections C0700 through C1000 were also left blank. Continued MDS review revealed section Z0500 was signed by the MDS Coordinator on 12/31/12 verifying all assessments in this MDS were complete. An interview with the MDS Coordinator was conducted on 01/31/13 at 11:10 AM. She confirmed the cognitive assessment for Resident #218 was not complete. She stated if a BIMS score could not be determined in sections C0200 through C0500, a staff assessment for mental status should have been completed in sections C0600 through C1000. The MDS Coordinator stated her signature in section Z0500 designated the MDS was complete. She explained the computer system used to document MDS assessments indicated the entire cognitive section was complete. She stated she depended on the computer to relate the correct information and did not realize this section was incomplete. An interview with the Director of Nursing on 01/31/13 at 1:59 PM revealed her expectation	F 272		

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F 272	Continued From page 8 was for all MDS assessments to be complete and correct. 4. Resident #141 was admitted to the facility 09/05/10 with diagnoses including mood disorder, psychosis, and depression. A review of an annual MDS dated 07/12/12 revealed 9 of 20 care areas triggered as problematic for the resident. A review of the 9 triggered Care Area Assessments (CAA) revealed insufficient documentation to explain the basis for decisions regarding the residents care plan. Seven of these care areas were designated as carried to care plan. Two of them were designated as not carried to care plan. A review of the Care Area Assessments (CAA) revealed no documentation indicating the basis for these decisions. An interview with the MDS Coordinator was conducted on 01/31/13 at 11:10 AM. She confirmed the CAAs were incomplete. She stated the CAAs should contain information related to the resident's condition and needs. She added Resident #141's CAAs did not contain the required information. The MDS Coordinator stated a nurse assisted with the MDS process during the summer months. She was unaware of this nurse's lack of efficiency with completion of CAAs. An interview with the Director of Nursing on 01/31/13 at 1:59 PM revealed her expectation was for all MDS assessments to be complete and correct.	F 272		