

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

PRINTED: 03/19/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/08/2013
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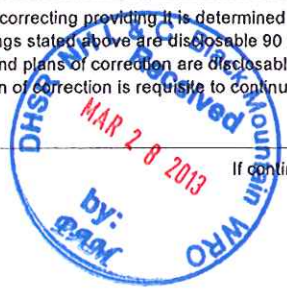
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH AND REHAB/WAYNESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 516 WALL STREET WAYNESVILLE, NC 28786
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F 431 SS=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 431	<p>F-431</p> <p>The medications in the medication carts were reviewed for residents 4, 5, &amp; 11. This included a comparison of medications remaining in the cart and reconciliation of the Medication Administration Record's (MAR) &amp; Declining Sheets. The medications remaining in the carts reconciled with the medications that were documented as given.</p> <p>As the facility realizes the potential for the alleged deficient practice to effect other residents the facility will audit all current M.A.R's &amp; declining Sheets for completeness and accuracy of documentation, and reconcile discrepancies with the medications remaining in the carts .</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE Administrator DATE 03/27/2013

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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F 431	<p>Continued From page 1</p> <p>Based on record review and staff interview the facility failed to have matching documentation on the front and back of the Medication Administration Record (MAR) and the declining inventory record for the administration of narcotic pain medication for 3 of 3 sampled residents. ( Residents # 4,5, 11). The findings included:</p> <p>1. Resident # 4 was admitted to the facility on 04/20/12 with diagnoses which included paraplegia and open wound site. The most recent assessment was a quarterly Minimum Data Set (MDS) dated 12/21/12, which assessed the resident as being cognitively intact for daily decision making and as having no short term or long term memory problems. The MDS indicated Resident # 4 received scheduled pain medication and medication as needed for pain. Resident # 4 was assessed as having almost constant pain which was at a severity level of 10 on a scale of 0 to 10, with 10 indicating the most severe pain and 0 indicating no pain.</p> <p>A review of the February 2013 monthly recapitulation of physician orders revealed Resident # 4 had orders for oxycontin 80 milligrams (mg) Extended Release two tablets every 8 hours on a routinely scheduled basis and oxycodone 30 mg two tablets every 6 hours as needed (PRN). Both medications are used to treat pain.</p> <p>Review of the February 2013 Medication Administration Record (MAR) revealed documentation on the front of the MAR by nurses' initials that Resident # 4 was given 71 doses of oxycodone 30 mg PRN for pain. Documentation on the back of the February 2013 MAR indicated</p>	F 431	<p>Additionally, The facility will re-educate Nurse and Certified Medication Aides (CMA) in Medication Management to include accuracy and completion of medication documentation on the MAR.</p> <p>The Director of Nursing (DoN), Unit Coordinators, Medical Records Clerk, and/or Staff Development Coordinator will increase the number of M.A.R.'s &amp; Declining sheets audits from 10 monthly to 10 weekly. 10 M.A.R.'s &amp; Declining Sheets per week will be audited to ensure accurate and complete documentation.</p> <p>The DoN or her designees will review finding daily and take additional corrective actions as needed.</p> <p>The DoN will prepare and submit a summary of findings and actions monthly to the QAPI Committee for their review and input.</p> <p>Completed by 4/5/2013</p>	

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F 431	<p>Continued From page 2</p> <p>Resident # 4 was given 58 doses of oxycodone 30 mg PRN. Documentation on the declining inventory records for controlled substances indicated Resident # 4 was given 87 doses of oxycodone 30 mg PRN in the month of February.</p> <p>Documentation on the back of the February 2013 MAR did not include an assessment of the severity level of the resident's pain or the effectiveness of the medication. Further review of Resident # 4's medical record did not reveal any corresponding documentation of pain assessments done with administration of PRN pain medication.</p> <p>An interview with Unit Coordinator # 1 on 03/08/13 at 10:04 AM revealed the facility did not use any type of pain assessment tool for recording the severity level of a residents pain but staff were expected to ask the resident to rate the pain. Unit Coordinator # 1 stated the nurse should then document the pain rating on the back of the MAR and go back later after assessing the effectiveness of the medication and document the effectiveness on the back of the MAR.</p> <p>An interview with the Director of Nursing on 03/08/13 at 2:19 PM revealed she expected staff to document administration of all PRN medications by placing their initials on the front of the MAR; then to document the date, time, name, strength &amp; dose of medication, reason for administration and the effectiveness of the medication on the back of the MAR. The DON stated controlled substances should also be documented on the declining inventory record. The DON stated the documentation should match all 3 places. When asked who is responsible for</p>	F 431			

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F 431	<p>Continued From page 3</p> <p>checking the MARs for accuracy, she stated the Medical Records coordinator and the Unit coordinators were expected to check them on a weekly basis. She stated she was not aware there was a problem with the documentation.</p> <p>An interview with Unit Coordinator # 1 on 03/08/13 at 3:20 PM revealed she is responsible for checking residents' MARs to ensure documentation is complete and accurate. She stated: "I guess I need to be checking them more often."</p> <p>An interview with the Medical Records Coordinator on 03/08/13 at 3:25 PM revealed she is responsible for auditing residents' medical records including the MARs. She stated: "I probably need to be checking them more closely."</p> <p>An interview with the Administrator on 03/08/13 at 3:40 PM about his expectation for accuracy of documentation of medication administration revealed he expected consistency with the documentation on the front and back of the MAR and on the declining inventory record.</p> <p>2. Resident # 5 was admitted to the facility on 11/21/12 with diagnoses which included congestive heart failure and peripheral vascular disease. The most recent assessment was an admission Minimum Data Set (MDS) dated 12/02/12, which assessed the resident as being cognitively intact for daily decision making and as having no short term or long term memory problems. The MDS indicated Resident # 5 received scheduled pain medication and medication as needed for pain. Resident # 5 was assessed as having almost constant pain that</p>	F 431			

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F 431	<p>Continued From page 4</p> <p>made it hard to sleep at night and interfered with daily activities and was at a severity level of 5 on a scale of 0 to 10, with 10 indicating the most severe pain and 0 indicating no pain.</p> <p>Review of Resident # 5's physician's orders revealed an order dated 02/14/13 for oxycodone/acetaminophen 5/325 milligrams (mg), a pain medication, one every 6 hours on a routinely scheduled basis and one every 6 hours as needed (PRN).</p> <p>Review of the February 2013 Medication Administration Record (MAR) revealed documentation on the front of the MAR by nurses' initials that Resident # 5 was given 3 doses of oxycodone/acetaminophen 5/325 mg PRN on 02/21/13. Documentation on the back of the February 2013 MAR indicated Resident # 5 was given 2 doses of oxycodone/acetaminophen 5/325mg PRN on 02/21/13. Documentation on the declining inventory records for controlled substances indicated Resident # 5 was given 3 doses of oxycodone/acetaminophen 5/325mg PRN on 02/21/13. On 02/23/13, the front and back of Resident #5's MAR indicated 2 doses of oxycodone/acetaminophen 5/325mg PRN was given; the declining inventory record indicated 3 doses of oxycodone/acetaminophen 5/325mg PRN was given. On 02/24/13, 02/25/13 and 02/26/13 the front and back of Resident # 5's MAR indicated 2 doses of oxycodone/acetaminophen 5/325mg PRN was given; the declining inventory record indicated 3 doses of oxycodone/acetaminophen 5/325mg PRN was given. On 02/27/13 and 02/28/13 the front of Resident # 5's MAR indicated 3 doses of oxycodone/acetaminophen 5/325mg PRN was</p>	F 431		
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F 431	<p>Continued From page 5</p> <p>given; the back of the MAR indicated 2 doses of oxycodone/acetaminophen 5/325mg was given; the declining inventory record indicated 3 doses of oxycodone/acetaminophen 5/325mg PRN was given.</p> <p>Documentation on the back of the February MAR did not include an assessment of the severity level of the resident's pain or of the effectiveness of the medication. Further review of Resident # 5's medical record did not reveal any corresponding documentation of pain assessments done with administration of PRN pain medication.</p> <p>An interview with Unit Coordinator # 1 on 03/08/13 at 10:04 AM revealed the facility did not use any type of pain assessment tool for recording the severity level of a residents pain but staff were expected to ask the resident to rate the pain. Unit Coordinator # 1 stated the nurse should then document the pain rating on the back of the MAR and go back later after assessing the effectiveness of the medication and document the effectiveness on the back of the MAR.</p> <p>An interview with the Director of Nursing on 03/08/13 at 2:19 PM revealed she expected staff to document administration of all PRN medications by placing their initials on the front of the MAR; then to document the date, time, name, strength &amp; dose of medication, reason for administration and the effectiveness of the medication on the back of the MAR. The DON stated controlled substances should also be documented on the declining inventory record. The DON stated the documentation should match all 3 places. When asked who is responsible for</p>	F 431		
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F 431	<p>Continued From page 6</p> <p>checking the MARs for accuracy, she stated the Medical Records coordinator and the Unit coordinators are expected to check them on a weekly basis. She stated she was not aware there was a problem with the documentation.</p> <p>An interview with Unit Coordinator # 1 on 03/08/13 at 3:20 PM revealed she is responsible for checking residents' MARs to ensure documentation is complete and accurate. She stated: "I guess I need to be checking them more often."</p> <p>An interview with the Medical Records Coordinator on 03/08/13 at 3:25 PM revealed she is responsible for auditing residents' medical records including the MARs. She stated: "I probably need to be checking them more closely."</p> <p>An interview with the Administrator on 03/08/13 at 3:40 PM about his expectation for accuracy of documentation of medication administration revealed he expected consistency with the documentation on the front and back of the MAR and on the declining inventory record.</p> <p>3. Resident # 11 was admitted to the facility on 12/03/12 with diagnoses which included cirrhosis of the liver and bilateral distal radius fracture. The most recent assessment was an admission Minimum Data Set (MDS) dated 12/13/12, which assessed the resident as being cognitively intact for daily decision making and as having no short term or long term memory problems. The MDS indicated Resident # 11 received scheduled pain medication and medication as needed for pain. Resident # 11 was assessed as having frequent</p>	F 431			

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F 431	<p>Continued From page 7</p> <p>pain that made it hard to sleep at night and interfered with daily activities and was at a severity level of 10 on a scale of 0 to 10, with 10 indicating the most severe pain and 0 indicating no pain.</p> <p>Review of the February 2013 monthly recapitulation of physician's orders revealed an order for oxycodone 10 milligrams (mg) extended release, a pain medication, one every 4 hours as needed (PRN) for pain.</p> <p>Review of the February 2013 Medication Administration Record (MAR) revealed documentation on the front of the MAR by nurses' initials that Resident # 11 was given 38 doses of oxycodone 10 mg PRN for pain. Documentation on the back of the February 2013 MAR indicated Resident # 11 was given 40 doses of oxycodone 10 mg PRN. Documentation on the declining inventory records for controlled substances indicated Resident # 11 was given 82 doses of oxycodone 10mg PRN.</p> <p>Documentation on the back of the February 2013 MAR did not include an assessment of the severity level of the resident's pain or of the effectiveness of the medication. Further review of Resident # 4's medical record did not reveal any corresponding documentation of pain assessments done with administration of PRN pain medication.</p> <p>An interview with Unit Coordinator # 1 on 03/08/13 at 10:04 AM revealed the facility did not use any type of pain assessment tool for recording the severity level of a residents pain but staff were expected to ask the resident to rate the</p>	F 431		
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F 431	<p>Continued From page 8</p> <p>pain. Unit Coordinator # 1 stated the nurse should then document the pain rating on the back of the MAR and go back later after assessing the effectiveness of the medication and document the effectiveness on the back of the MAR.</p> <p>An interview with the Director of Nursing on 03/08/13 at 2:19 PM revealed she expected staff to document administration of all PRN medications by placing their initials on the front of the MAR; then to document the date, time, name, strength &amp; dose of medication, reason for administration and the effectiveness of the medication on the back of the MAR. The DON stated controlled substances should also be documented on the declining inventory record. The DON stated the documentation should match all 3 places. When asked who is responsible for checking the MARs for accuracy, she stated the Medical Records coordinator and the Unit coordinators are expected to check them on a weekly basis. She stated she was not aware there was a problem with the documentation.</p> <p>An interview with Unit Coordinator # 1 on 03/08/13 at 3:20 PM revealed she is responsible for checking residents' MARs to ensure documentation is complete and accurate. She stated: "I guess I need to be checking them more often."</p> <p>An interview with the Medical Records Coordinator on 03/08/13 at 3:25 PM revealed she is responsible for auditing residents' medical records including the MARs. She stated: "I probably need to be checking them more closely.</p> <p>An interview with the Administrator on 03/08/13 at</p>	F 431			

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F 431  F 441 SS=E	<p>Continued From page 9</p> <p>3:40 PM about his expectation for accuracy of documentation of medication administration revealed he expected consistency with the documentation on the front and back of the MAR and on the declining inventory record.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <ol style="list-style-type: none"> <li>(1) Investigates, controls, and prevents infections in the facility;</li> <li>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</li> <li>(3) Maintains a record of incidents and corrective actions related to infections.</li> </ol> <p>(b) Preventing Spread of Infection</p> <ol style="list-style-type: none"> <li>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</li> <li>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</li> <li>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</li> </ol>	F 431  F 441	<p>F-441</p> <p>The operation of the South-wing laundry was immediately discontinued when the surveyor expressed concern regarding how the water temperature affected the effectiveness of the laundry chemicals in relation to the water temperature. The facility began processing all laundry in the North-wing laundry, which was not affected by the South wing boiler failure. This was accomplished by operating the North-wing laundry on a 24 hour per day schedule. The new boiler was received and installation was completed by 3/11/2013.</p> <p>As the facility realizes the potential for alleged deficient practice to effect other residents the facility will provided re-education to laundry and maintenance staff regarding the correct water operating temperatures for the washers.</p>	

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F 441	<p>Continued From page 10</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview the facility failed to wash laundry at a temperature that was high enough to activate disinfecting agents in the laundry chemicals in 1 of 2 laundry rooms. The findings included:</p> <p>Observation on 03/05/13 at 3:04 PM of the South Wing laundry room with the Environmental Services Director (ESD) revealed the washing machine on the wash cycle. The ESD pressed the display gauge to reveal the temperature and it read "OOR." When asked to explain what the initials meant, she stated: "out of range."</p> <p>Observation on 03/07/13 at 2:15 PM of the water temperature in the laundry room sink revealed it was 47 degrees Fahrenheit. The Maintenance Technician, who checked the water temperature, confirmed the same water line supplied water to the washing machine and the laundry room sink.</p> <p>Review of manufacturer's specifications for the cleaning products used in the facility's south laundry room indicated the water temperature should be between 100 and 180 degrees Fahrenheit for the detergent; and between 140 and 165 degrees Fahrenheit for the de-stainer with chlorine.</p>	F 441	<p>Additionally, the laundry personnel will monitor and record washer water temperatures every shift and report any problems to their supervisor immediately for corrective action.</p> <p>The Environment Services Supervisor or her designee will review the temperature logs daily for completeness and take corrective action as need.</p> <p>The Environmental Services Supervisor will prepare and submit a summary of findings and corrective actions monthly to the QAPI Committee for their review and input.</p> <p>Completed by 4/5/2013</p>		

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/08/2013
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH AND REHAB/WAYNESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 516 WALL STREET WAYNESVILLE, NC 28786		
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F 441	<p>Continued From page 11</p> <p>An interview with the Maintenance Director on 03/05/13 at 10:23 AM revealed the boiler supplying hot water for the South Wing stopped working about 2 months ago and the facility ordered a new one. He stated the company had to build it and it was scheduled for shipment last week. He confirmed there was no hot water on South Wing except for the main shower room and all other areas of South Wing, including the washing machine in the laundry room, had only cold water for the past 2 months.</p> <p>An interview on 03/05/13 at 11:56 AM with the Administrator and the installation technician revealed the facility's South Wing boiler stopped working on 11/29/12. The installation technician stated the new boiler was shipped last week and his company expected to receive and install it this week.</p> <p>An interview on 03/05/13 at 12:23 PM with the Maintenance Technician revealed the South Wing boiler supplied hot water to the washer in the facility's laundry room. He was uncertain as to how long the South Wing washer had been in use without hot water.</p> <p>An interview on 03/05/13 at 12:33 PM with the Environmental Services Director about the laundry processing in the facility revealed the facility used hot water and chemical sanitizing. She stated the bleach, detergent and fabric softener automatically dispense. She stated the facility used Eco Lab products and a representative comes to the facility once a month to check the equipment and the dispensers. She stated the last check was on 02/13/13 which was her first day of employment at the facility. She</p>	F 441	<p>"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."</p>		

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F 441	<p>Continued From page 12</p> <p>stated she was not aware when she met with the Eco Lab representative that the South Wing laundry room did not have hot water. She also stated she was not aware of the product specifications of the need for hot water.</p> <p>A telephone interview on 03/05/13 at 2:30 PM with the Eco Lab representative revealed he was not informed when he was at the facility on 02/13/13 or on any previous visits that there was no hot water in the South Wing laundry room. He stated the cleaning products used by the facility were not effective in water temperature under 100 degrees Fahrenheit. He further stated effective sanitizing of linen required a combination of a water temperature of at least 100 degrees Fahrenheit, chlorine and the hot dryer temperature. He stated he would have instructed the facility to stop using the washer on South Wing if he had known there was no hot water available during the prior two month period.</p> <p>During an interview on 03/05/13 at 2:50 PM the Administrator was informed of the conversation with the Eco Lab representative. The Administrator stated he was not aware of the need for hot water to properly sanitize laundry and stated he would instruct staff to stop using the washing machine on South Wing until the boiler was replaced. He stated he would have expected the Environmental Services director to notify the Eco Lab representative of the lack of hot water.</p>	F 441		
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