

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

PRINTED: 07/16/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/02/2013
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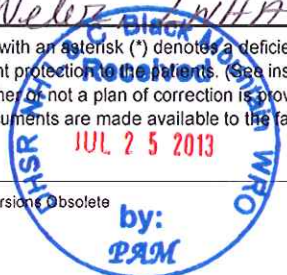
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/CH	STREET ADDRESS, CITY, STATE, ZIP CODE 5939 REDDMAN ROAD CHARLOTTE, NC 28212
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F 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interviews, the facility failed to provide a working call bell for 1 of 5 sampled residents who are able to use their call bells. (Resident #7).</p> <p>Findings included:</p> <p>Resident #7 was admitted to the facility on 12/15/05 with diagnoses which included chronic kidney disease, diabetes mellitus, hypertension, muscle weakness and left below the knee amputation.</p> <p>Resident #7's Minimum Data Set dated 01/19/13 coded him as cognitively intact and needing extensive assistance of 1 to 2 persons for most activities of daily living (ADL). He was assessed as impaired on one side of his upper extremities and impaired on both sides of his lower extremities.</p> <p>During tour on 07/01/13 at 11:30 AM Resident #7 was observed in his room in a hospital gown with the head of the bed up 45 degrees watching television. He stated he did not have a</p>	F 246	<p>F 246</p> <p>1) Corrective action has been accomplished for the alleged deficient practice in regards to facility failed to provide a working call bell. Resident #7 was noted to have a nonfunctioning call bell on 7/1/2013. Resident #7 call bell was immediately repaired to working condition on 7/1/2013.</p> <p>2) All Residents have the potential to be affected by the same alleged deficiency. The Maintenance Director or designee completed an audit on all resident rooms to verify properly functioning call bells on July 1, 2013. Discrepancies were corrected as identified.</p> <p>3) Measures put into place to ensure that the alleged deficient practice does not recur include: Administrator and Director Of Nursing will provide in-service education for all skilled facility staff by July 30,2013, regarding reporting and obtaining repairs for improperly functioning call bells. Department Managers and Licensed Nurses will conduct random audits of call bells in resident rooms 3 times per week for 12</p> <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>	7-30-2013
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jessica Melez</i>	TITLE <i>Administrator</i>	(X6) DATE <i>7-24-2013</i>
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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 246	<p>Continued From page 1</p> <p>functioning call bell and staff knew he needed a call bell. He said he waited for staff to enter his room and would then tell them what he needed.</p> <p>Another observation on 07/01/13 at 12:44 PM revealed Resident #7 was about to eat his lunch and had no call bell in the wall box. Resident #7 was asked if he would consent to an interview after lunch and he agreed.</p> <p>An interview was conducted on 07/01/13 at 2:25 PM with Resident #7. He stated he had been without access to a call bell for about two to three weeks. He said he had asked staff for a call bell and staff told him they would get him one but had never brought one. During the interview Resident #7's roommate (Resident #12) was observed to have a working call bell tied to his side rail. Resident #7 was asked how he received assistance and he said when his roommate rang the call bell for assistance and staff entered the room he would then ask staff for assistance. Resident #12 was asked if he would allow Resident #7 to use his call bell to demonstrate that he was able to use it and he agreed. Resident #7 demonstrated he was able to use the call bell.</p> <p>An interview was conducted on 07/01/13 at 3:00 PM with nurse aide (NA) #1 who has cared for Resident #7. She stated Resident #7 has been able to express his needs. NA #1 said she had not noticed Resident #7 did not have a call bell and he had not told her he did not have a call bell. NA# 1 stated all residents should have access to a call bell and if not, it must be reported immediately to the supervisor on the hall and/or maintenance.</p>	F 246	<p>weeks for proper call bell functioning. Opportunities will be corrected daily as identified.</p> <p>4) The Administrator, Director Of Nursing, and Department Heads will analyze Call Bell Audits for patterns/trends and report in QAPI meeting weekly for 4 weeks and then monthly for 2 months. The QAPI Committee will evaluate the effectiveness of the above plan and will adjust the plan based on outcomes/trends identified.</p> <p>5) Completion Date: July 30, 2013</p> <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>	7-30-2013	

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F 246	<p>Continued From page 2</p> <p>An interview was conducted on 07/01/13 at 3:21 PM with nurse #1. She observed Resident #7's room and noted he did not have a call bell on the wall box. She said the expectation was that each resident had access to a working call bell. She reported that staff should know when providing care whether a resident had a working call bell or not. She said it is the responsibility of staff to report a missing or non-working call bell to the supervisor on the hall and/or maintenance.</p> <p>On 07/01/13 at 3:43 PM Resident #7 was observed sleeping with a call bell within his reach.</p> <p>On 07/01/13 at 3:44 PM an interview was conducted with nurse #1. She stated she had called maintenance and told him about the missing call bell and went to a vacant room to get a call bell and put it in Resident #7's room.</p> <p>On 07/01/13 at 3:59 PM an interview was conducted with the maintenance supervisor. He stated he had been made aware this afternoon by nurse #1 that Resident #7 did not have a working call bell. He stated he had a maintenance log book located at the nurses' stations for staff to document maintenance problems including non-working call bells. The maintenance supervisor revealed he had made available to staff an emergency kit that included bed controls, call cords, remotes, etc. for staff to switch out immediately to fix a problem. The maintenance supervisor said it was the expectation that each resident in a room have access to a working call bell.</p> <p>An interview was conducted on 07/01/13 at 3:50</p>	F 246			

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F 246	<p>Continued From page 3</p> <p>PM with the director of nursing. She stated if a resident does not have a working call bell staff should report it immediately to the supervisor on the hall and/or maintenance. If it takes some time to replace or fix a call bell the resident should receive a tap bell as a way of communicating needs. Each resident should have a working call bell and staff should be checking them when providing care.</p> <p>An interview was conducted on 07/01/13 at 5:01 PM with the administrator. She said each resident in a room should have a working call bell. Monitoring of call bells by staff should be checked during daily rounds and while providing care. In addition, the administrator stated it was all staff's responsibility to report missing or malfunctioning call bells. Staff had been made aware an emergency kit with call bell cords, etc. had been available for fixing a call bell malfunction.</p>	F 246			