

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

PRINTED: 01/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/03/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CTR HEALTH &amp; REHAB/SPRUC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>218 LAUREL CREEK COURT</b> <b>SPRUCE PINE, NC 28777</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 356 SS=B	<p><b>483.30(e) POSTED NURSE STAFFING INFORMATION</b></p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to post the daily nursing staffing data sheet in the facility for five (5) consecutive days.</p>	F 356	<p>The Unit Coordinator took corrective action for the alledged deficient practice on 12/2/13 by posting the missing staffing data.</p>	12/26/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/18/2013

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.

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

PRINTED: 01/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/03/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CTR HEALTH &amp; REHAB/SPRUC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>218 LAUREL CREEK COURT</b> <b>SPRUCE PINE, NC 28777</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 356	<p>Continued From page 1</p> <p>The findings included:</p> <p>Observation on 12/02/13 at 11:53 AM revealed the facility's daily staffing information for the nursing department was posted on a bulletin board in the main hallway leading to the nurse's station. The posting included the name of the facility, the date of 11/26/13, the number of Registered Nurses (RN's), Licensed Practical Nurses (LPN's), and Nursing Assistant's (NA's) for the 7-3 shift, 3-11 shift, and the 11-7 shift, and resident census. Further review of this document revealed no nursing staffing information was posted on the following dates; 11/27/13, 1/28/13, 11/29/13, 11/30/13, and 12/01/13.</p> <p>During an interview on 12/02/13 at 5:33 PM with the Director of Nursing (DON) she stated the Staff Development Coordinator was responsible for posting the daily staffing information. The DON also stated that the Unit Coordinator was the back up person for completing the daily staffing form. She revealed the Staff Development Coordinator and the Unit Coordinator had been on vacation for the recent holiday. The DON stated no other staff member had been assigned the task of completing the daily staffing information. The DON verified the nursing staffing information was not posted in the facility on 11/27/13, 11/28/13, 11/29/13, 11/30/13 and on 12/01/13.</p> <p>During an interview on 12/03/13 at 10:54 AM with the DON she stated it was her expectation for the daily nursing staffing sheet to be posted daily.</p>	F 356	<p>The alleged deficient practice has the potential to affect all residents.</p> <p>Systems have been put in place to assure that the alleged deficient practice does not reoccur. Responsibility for posting the staffing data is assigned to the Staff Development Coordinator. The Unit Coordinator is the first backup and the Charge Nurse is the second backup. The Staff Development Coordinator will in-service the Unit Coordinator and the Charge Nurses as to their responsibilities related to the daily posting of the nursing hours, inservice will be completed by 12/18/13. The Director of Nursing or designee will monitor the daily posting 3 times per week for 4 weeks and then weekly for 8 weeks to assure compliance.</p> <p>The Staff Development Coordinator will report the monitoring results to QAPI monthly for the next 90 days. The committee will evaluate the results and make recommendations for change if necessary.</p>		