

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/19/2015
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER NURSING CARE/LEXI			STREET ADDRESS, CITY, STATE, ZIP CODE 279 BRIAN CENTER DRIVE LEXINGTON, NC 27292		
(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 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interviews, and observations, the facility failed to provide assistance for completing activities of daily living (adls), which included shaving and nail care, for 1 of 3 (Resident #4) sampled residents. Findings included: Resident #4 was admitted to the facility on 5/6/2015 with cumulative diagnoses which included: fractures of the: the pelvis, right and left forearms, right and left shoulder blades, hypotension (low blood pressure), and diabetes mellitus (DM). A review if the Interim Plan of Care dated 5/6/15 revealed Resident #4 was totally dependent on staff for all ADLs except eating, had goals listed to include " grooming and hygienic needs met with staff assistance, and required extensive assistance with 2 staff members ". Interventions initiated included " Provide assistance as required for completion of ADL tasks. " No Minimum Data Set was completed. An observation of Resident #4 was made on 5/19/15 at 9:50AM and revealed Resident #4 had casting material to both forearms. The cast on Resident #4 ' s right arm covered all of the resident ' s forearm and hand, and included all fingers. The cast on the resident ' s left forearm covered the resident ' s arm from below the elbow</p>	F 312	<p>1) On 5/19/2015 resident # 4 was shaved and received nail-care.</p> <p>2) All residents were audited on 5/19/2015 related to ADL Care Shaving/Nail care to ensure appropriate care was rendered.</p> <p>3) A mandatory in-service was completed on 6/4/2015 with all staff related to ADL Care (Shaving/Nail Care). Compliance rounds will be conducted by Unit Managers/Unit Coordinators daily x 2 weeks, then weekly x 4, then monthly thereafter, to ensure ongoing compliance with ADL Care Shaving/Nail care . Ambassador Rounds are conducted Mon-Fri by the Management Team related to providing ADL Care. Audits will be conducted utilizing the Compliance round audit tool.</p> <p>4)The QAPI Committee will monitor and evaluate for the effectiveness of the above plan to ensure ongoing compliance monthly thereafter.</p> <p>"Preparation and/or execution of this plan</p>	6/4/15	

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

TITLE

(X6) DATE

Electronically Signed

06/08/2015

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 312	<p>Continued From page 1</p> <p>to the middle of the left hand, and had the fingers exposed. Resident #4 had a full face of unshaved facial hair, fingernails on the left hand which extended ½ " beyond the fingertips, and a black substance underneath all 5 fingers of the left hand.</p> <p>An interview with Resident #4 was conducted on 5/19/15 at 10:00AM and revealed Resident #4 was able to make his needs known. Resident #4 stated he usually wore a mustache, and a beard that covered his chin only (" a goatee. "), Resident #4 further stated he had not been able to shave himself since breaking both arms and had not been shaved since he arrived in the facility. He stated his preference was to be shaved, but no one had offered to shave him since he arrived. He also stated his fingernails were not clipped or cleaned according to his preference, and no one had offered to clip or clean his fingernails since he arrived.</p> <p>An interview was conducted on 5/19/15 at 10:05AM with a nursing assistant (NA#1) typically assigned to care for Resident #4 and revealed: For male residents with facial hair the staff asked the resident if he liked to have a beard and moustache. If the resident indicated he did not, the NA notified the care nurse and the NA followed the care nurses instructions. The NA further stated NAs provided nail care (clipped and cleaned) for all non-diabetic residents. The NA stated licensed staff provided nail care for diabetic residents. Nails were checked every day during morning care.</p> <p>An interview was conducted on 5/19/15 at 10:10AM with a nurse (Nurse #1) typically assigned to the hall where Resident #4 resided, and revealed: alert and oriented male residents were asked about preferences for having facial hair. If the resident indicated a preference for no</p>	F 312	<p>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>		

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

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F 312	Continued From page 2 facial hair the NAs would shave non-diabetic residents. If the resident was diabetic the nurse assigned to the resident would shave them. Nurse #1 also stated NAs provided nail care for non-diabetic residents, and licensed nurses provided nail care for diabetic residents. NAs cleaned under resident nails during showers and as needed (PRN). An interview was conducted on 5/19/15 at 10:55AM with the Director of Nurses (DON) and revealed her expectations were for NAs to shave all residents except diabetics. Diabetics were shaved by licensed staff. She also stated NAs provided nail care during showers, except for diabetic residents. Diabetic residents received nail care from licensed staff, as needed. The DON also indicated alert and oriented residents were asked after 24 hours in the facility what their shaving preferences were. NAs shaved all residents, except diabetic residents. Diabetic residents were shaved by licensed staff.	F 312			