

JUN 24 2015

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

PRINTED: 06/22/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/17/2015
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	
(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 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225	<p>F225</p> <p>Resident #1 was discharged to home prior to the survey.</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>The Administrator and DON were re-educated on the Facility's Abuse Policy including requirements to complete a timely 24 hour and 5 day Report to the NC Health Care Personnel Registry when any allegation of abuse or neglect is reported. This education was completed by 6-23-2015. All allegations will be reviewed by the Administrator, Director of Nursing and District Director of Clinical Services weekly for 12 weeks to validate accurate and timely reporting of allegations of abuse and neglect to the NC Health Care Personnel Registry. Opportunities will be corrected as identified.</p> <p>The Administrator will present evidence of compliance to the Quality Assessment and Performance Improvement Team at all meetings. The committee will evaluate the effectiveness of this plan and suggest changes as needed.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Joyce McGuire* TITLE *Administrator* (X6) DATE *6/24/15*

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 225	Continued From page 1- This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to submit a 24 hour and 5 working day report to the health care personnel registry for 1 of 1 sampled residents (Resident #1) when an allegation of abuse was reported to the facility. The facility also failed to submit a 24 hour report within the required parameters for 1 of 1 sampled residents (Resident #1) when the allegation was reported again. Findings included: Resident #1 was admitted to the facility on 05/12/15 with cumulative diagnoses of pressure ulcers, diabetes and anemia. Resident #1's Admission Minimum Data Set (MDS) dated 06/19/15 indicated Resident #1 was cognitively aware. Resident #1 required extensive care for hygiene (shaving) and was dependent on staff for bathing. Review of the facility Concern Log dated 05/25/15 revealed a concern had been raised regarding alleged abuse by Resident #1. Resident #1 stated a Resident Care Specialist (RCS) hit him in the face with a washcloth. Review of the facility Concern Log dated 06/01/15 revealed the same concern had been raised by Resident #1 again. Review of the facility investigation into the alleged abuse of 05/25/15 revealed that a 24 hour report and a 5 working day report were not completed. Review of the facility investigation into the alleged abuse of 06/01/15 revealed the 24 hour and 5 working day reports had been submitted to the health care personnel registry	F 225			

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F 225	Continued From page 2 on 06/05/15. In an interview on 06/17/15 at 4:51 PM the Director of Nursing (DON) stated she had spoken to the Administrator on 05/25/15 and was told the incident did not need to be reported as she felt it was not done purposely. The DON indicated she had sent the 24 hour report to the health care personnel registry on 06/01/15 but was only able to show that it was sent on 06/05/15. In a telephone interview on 06/17/15 at 5:21 PM the Administrator stated that although she did not read the RCS written statements of 05/25/15 until a later date she did not feel the allegations made on 05/25/15 constituted abuse. She stated the accused RCS had been an aide for a long time and felt if she was abusive other residents would have reported her. The Administrator indicated that when Resident #1 again alleged the abuse of 05/25/15 on 06/01/15 the Assistant DON sent the 24 hour report. In an interview on 06/18/15 at 9:35 AM the healthcare personnel registry verified the 24 hour report for the investigation begun 06/01/15 was not received until 06/05/15.	F 225			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to implement their policy in the	F 226		6/24/15	

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F 226	Continued From page 3 areas of reporting, protection, and investigation for 1 of 1 sampled residents (Resident #1) when an allegation of abuse was reported to the facility. Findings included: A review of the facility Abuse & Neglect Prohibition revised 06/13 showed under investigation, " The facility will conduct an investigation of any alleged abuse/neglect, injuries of unknown origin, or misappropriation of resident property in accordance with state law. Any employee alleged to be involved in an instance of abuse and/or neglect will be suspended immediately and will not be permitted to return to work unless and until such allegations of abuse/neglect are unsubstantiated. " The policy showed under Reporting and Response, " The facility will report all allegations and substantiated occurrences of abuse, neglect, injuries of unknown origin, and misappropriation of property to the state agency and law enforcement officials as designated by state law. " The policy listed under Protection, " The facility will protect residents from harm during the investigation. " Resident #1 was admitted to the facility on 05/12/15 with cumulative diagnoses of pressure ulcers, diabetes and anemia. Resident #1 ' s Admission Minimum Data Set (MDS) dated 05/19/15 indicated Resident #1 was cognitively aware. Resident #1 required extensive care for hygiene (shaving) and was dependent on staff for bathing. Review of the facility Concern Log dated 05/25/15 revealed a concern had been raised regarding alleged abuse by Resident #1. Resident #1 stated a Resident Care Specialist (RCS) hit him in the face with a washcloth. Review of the Daily Staffing Sheets showed the	F 226	Resident #1 was discharged to home prior to the survey. All other residents have the potential to be affected by this alleged deficient practice. The Administrator and DON were re-educated on the Facility's Abuse Policy including requirements to complete a timely 24 hour and 5 day Report to the NC Health Care Personnel Registry when any allegation of abuse or neglect is reported, providing immediate protection to all residents following the reporting of an allegation, and the completion of an accurate investigation. This education was completed by 6-23-2015. All allegations will be reviewed with the Administrator, Director of Nursing and District Director of Clinical Services weekly for 12 weeks to validate accurate and timely reporting of allegations of abuse and neglect to the NC Health Care Personnel Registry, immediate protection provided to all residents following the report of an allegation and completion of an accurate investigation. Opportunities will be corrected as identified.		

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F 226	<p>Continued From page 4</p> <p>RCS accused of alleged abuse worked on 05/25/15, 05/26/15, 05/27/15 and 05/29/15. Review of the facility Concern Log dated 06/01/15 revealed the same concern had been raised by Resident #1 again.</p> <p>Review of the Daily Staffing Sheets showed the RCS accused of alleged abuse worked on 06/02/15, 06/03/15, and 06/04/15.</p> <p>Review of the facility investigation into the alleged abuse of 05/25/15 revealed that a 24 hour report and a 5 working day report were not completed. Review of the facility investigation into the alleged abuse of 06/01/15 revealed the 24 hour and 5 working day reports had been submitted to the health care personnel registry on 06/05/15.</p> <p>In an interview on 06/17/15 at 4:51 PM the Director of Nursing (DON) stated she had spoken to the Administrator on 05/25/15 and was told the incident did not need to be reported as she felt it was not done purposely. The DON indicated she had sent the 24 hour report to the health care personnel registry on 06/01/15 but was only able to show that it was sent on 06/05/15.</p> <p>In a telephone interview on 06/17/15 at 5:21 PM the Administrator stated that although she did not read the RCS written statements of 05/25/15 until a later date she did not feel the allegations made on 05/25/15 constituted abuse. She stated the accused RCS had been an aide for a long time and felt if she was abusive other residents would have reported her. The Administrator indicated that when Resident #1 again alleged the abuse of 05/25/15 on 06/01/15 the Assistant DON sent the 24 hour report.</p> <p>In an interview on 06/17/15 at 6:30 PM the DON stated a thorough investigation into the alleged abuse should have been completed and the</p>	F 226	<p>The Administrator will report findings to the Quality Assurance and Performance Improvement Committee at every meeting. The committee will review and recommend changes as needed.</p>		

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F 226	Continued From page 5 facility policy should have been followed. In an interview on 06/18/15 at 9:35 AM the healthcare personnel registry verified the 24 hour report for the investigation begun 06/01/15 was not received until 06/05/15.	F 226			