

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

PRINTED: 08/25/2015  
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>07/30/2015</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 272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:            Identification and demographic information;            Customary routine;            Cognitive patterns;            Communication;            Vision;            Mood and behavior patterns;            Psychosocial well-being;            Physical functioning and structural problems;            Continence;            Disease diagnosis and health conditions;            Dental and nutritional status;            Skin conditions;            Activity pursuit;            Medications;            Special treatments and procedures;            Discharge potential;            Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and            Documentation of participation in assessment.</p>	F 272		8/14/15	

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

TITLE

(X6) DATE

Electronically Signed

08/14/2015

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 272	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to code Section M (Skin Conditions) correctly on an admission Minimum Data Set for 1 of 3 residents reviewed for pressure ulcers. (Resident #3). The Findings Included: Resident #3 was admitted to the facility 06/15/15 with diagnoses which included traumatic brain injury, diabetes mellitus, multiple contractures, and anxiety.</p> <p>A review of an admission Minimum Data Set (MDS) with an assessment reference date (ARD) of 06/23/15 revealed Resident #3 was admitted with one unstageable pressure ulcer that measured 3 centimeters (cm) by 2 cm.</p> <p>A review was conducted of a Nursing Admission Intake Form dated 06/15/15. The form did not contain a documented skin assessment.</p> <p>A review of Resident #3's medical record revealed an interim care plan dated 06/15/15 specified the resident had the potential for developing pressure ulcers, but did not have one at this time. Additional medical record review revealed daily nursing notes from 06/15/15 through 6/28/15 with documentation that specified no problems with skin issues.</p> <p>Further medical record review revealed a nursing note written on 06/29/15 documented Resident #3 was noted with an area on the right inner heel which measured 3 cm long and 2 cm wide. The area was described as blue/black in color and spongy to touch in the middle.</p>	F 272	<p>F272 SS=D Alleged deficient practice in Comprehensive Assessments</p> <p>1. Corrective action was accomplished on 7/30/15 for the alleged deficient practice regarding Resident #3, by modifying the comprehensive MDS which contained incorrect coding for Section M.</p> <p>2. Residents who have comprehensive assessments have potential to be affected by the same alleged deficient practice. MDS staff will audit all current residents' comprehensive assessments for the last 30 days to insure that items coded on Section M have documentation within the ARD lookback. Completion date for this action will be 8/21/14.</p> <p>3. Measures put into place to ensure that the alleged deficient practice does not reoccur include:</p> <p>Resident Care Management Director completed in-service/reeducation of MDS staff on 8/12/15, regarding ARD's and Section M coding, according to the current RAI 3.0 manual.</p> <p>Review of all comprehensive assessments, for 3 months, by a second</p>		

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F 272	Continued From page 2  A physician's order dated 06/29/15 provided instructions for skin prep (a protective barrier wipe) to be applied to the resident's heels every shift (three times a day). A review of the treatment administration record dated 06/15/15 through 06/30/15 specified the treatment as ordered by the physician was initiated 06/29/15.  An interview was conducted with Nurse #1 on 07/30/15 at 2:38 PM. The nurse stated she had done the nursing assessment and paperwork when Resident #3 was admitted to the facility on 06/15/15 and had cared for him regularly. Nurse #1 stated she completed a skin assessment for Resident #3 upon admission but did forget to document the assessment. She stated she did not note any skin breakdown or discoloration on the resident's heels upon admission. Nurse #1 explained on the morning of 06/29/15, nurse aides reported finding a discolored area on the resident's right heel as they were dressing the resident. At that time she assessed the area and found an unstageable pressure ulcer that measured 3 cm by 2 cm. She obtained treatment orders from the physician and initiated those orders that day.  An interview was conducted with the Resident Care Management Director (RCMD) on 07/30/15 at 3:00 PM. He stated it was his job to see MDS assessments were completed on schedule and make sure the documentation was correct. The RCMD reviewed the information in Resident #3's medical record and confirmed the pressure area on the resident's heel was not found until after the admission MDS's ARD of 06/23/15. He acknowledged this MDS should not have contained skin issues before the ARD of 06/23/15	F 272	MDS staff member (as available), to determine if any wounds, other skin impairments and/or treatments are coded on Section M of the MDS. If so, audit will be done to insure items coded occurred within the ARD lookback. If not coded correctly, modification of MDS will be performed and transmitted.  For 3 months, RCMD or MDS coordinator, will audit all comprehensive assessments before transmission (if not previously audited by 2nd MDS staff member) for correct coding of Section M according to the ARD of that MDS. If Section M coding is not correct for ARD lookback period, MDS modification will be performed and transmitted.  4. The Resident Care Management Director will review data obtained during comprehensive assessment audits, analyze the data and report patterns/ trends to the QAPI committee every month x 3 months. The QAPI committee will evaluate the effectiveness of the above plan, and will add interventions based on identified trends/outcomes to ensure continued compliance.		

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F 272	Continued From page 3 and the pressure ulcer occurred after the ARD. The RCMD stated another nurse assisted him with MDS assessments on a part time basis. He added that nurse had just moved out of state and he did not have an available phone number at this time. The RCMD stated this error in the admission MDS documentation would affect the facility's case mix (a measure of the relative cost or resources needed to treat residents). The RCMD was observed filing a correction for the admission MDS.	F 272		