

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

PRINTED: 10/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345408	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/17/2015
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 6000 FAYETTEVILLE ROAD DURHAM, NC 27713		
(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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to have requested pain medication available for 1 of 1 (Resident #47) sampled residents. Findings included: Resident #47 was admitted to the facility on 08/20/15 with cumulative diagnoses of chronic pain, congestive heart failure, and diabetes. Resident #47's Admission Minimum Data Set (MDS) dated 08/27/15 revealed she was cognitively aware. In an observation on 09/16/15 at 9:10 AM Resident #47 was sitting in a wheelchair at the bedside. She was tearful, grimacing, and running her hand down her left leg. She verbally informed Nurse #3 she was experiencing pain. A family member came into the room and spoke with Resident #47. Resident #47 told the family member she was experiencing pain but had been told by Nurse #3 there was no pain medication available. When questioned by the family member, Nurse #3 stated the facility had run out of Resident #47's pain medication the day before and had not received a new supply from the Pharmacy. In an interview on 09/16/15 at 9:15 AM Nurse #3 indicated she was unable to provide Resident #47</p>	F 309	<p>Upon identification of the alleged deficient practice on 9/16/15, a written script was obtained from the attending physician and immediately taken to the local backup pharmacy and the medication was obtained. The identified resident was provided the ordered medication at 9:33 am, approximately 23 minutes after the resident voiced her pain.</p> <p>An audit was conducted to ensure Facility residents identified with physician orders have the appropriate amount of ordered pain medication to prevent others from being impacted by the alleged deficient practices on 9/16/15 by the Director of Nursing and Unit Coordinator.</p> <p>The facility licensed nurses were provided re-education regarding process for re-ordering narcotic medication on 9/16/15 and completed 9/18/15 by the Director of Nursing and Staff Development Coordinator. Newly hired licenses nurses will receive education during orientation.</p>	10/5/15	

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

TITLE

(X6) DATE

Electronically Signed

09/30/2015

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 309	<p>Continued From page 1</p> <p>with pain medication as the facility did not have any available. She indicated she had requested the physician to write a prescription so the facility could go to a local pharmacy to have it filled. In an interview on 09/16/15 at 9:20 AM the Director of Nursing (DON) stated a resident should not run out of pain medication. She indicated she expected the nurses to re-order medications when a resident was down to five doses of the medication. The DON stated she felt it was a system error because they had recently begun using a computerized system to re-order medications. She indicated the facility was not informed that narcotics could not be re-ordered electronically.</p> <p>In an observation on 09/16/15 at 9:30 AM Resident #47's pain medication arrived from the local pharmacy and she received a dose of the pain medication at 9:33 AM.</p> <p>In an interview on 09/17/15 at 10:49 AM the Pharmacy Manager stated that during training on the new computer system, the facility was informed requests for narcotics still needed to be faxed to the Pharmacy. She indicated narcotics could not be ordered electronically.</p> <p>In an interview on 09/17/15 at 11:05 AM Nurse #4 indicated that to re-order medications the nurse would go on the computer and click the re-order box for the medication. She stated after re-ordering a medication the nurse should also call the pharmacy to follow-up that the order was received.</p> <p>In an interview on 09/17/15 at 11:15 AM Nurse #5 stated when narcotic medications needed to be re-ordered a prescription needed to be faxed to the pharmacy. She indicated narcotics could not be re-ordered electronically. She stated she had faxed a request to re-order Resident #47's pain medication to the Pharmacy on 09/15/15 but had</p>	F 309	<p>The Facility Director of Nursing will conduct an audit of three sampled residents identified with physician orders for pain medication to validate appropriate amounts of medication are available, and re-order of medication are completed per facility process. The audits will be conducted weekly times four and bi-monthly times one and monthly times one. The results will be documented on a QA&A Audit Form.</p> <p>The Director of Nursing will report findings of the audits to Quality Improvement Performance Committee weekly times four and monthly times two. Any negative findings or trends will be addressed. Intervention will be implemented as recommended by QAPI Committee with ongoing evaluation of effectiveness.</p>		

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F 309	Continued From page 2 not followed-up to make sure the fax had been received. In an interview on 09/17/15 at 11:38 AM the DON indicated that it did not matter if medications were ordered electronically or by fax, she expected the nurses to follow-up with the pharmacy. She stated she expected the nurses to follow the physician orders and to provide pain medications as ordered and if requested by residents.	F 309			
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to maintain pureed tuna salad made with mayonnaise at or below 41 degrees Fahrenheit during the operation of the trayline. Findings included: At 5:20 PM on 09/14/15 a calibrated thermometer used to check the temperature of the pureed tuna salad on the trayline registered 61.8 degrees Fahrenheit. The ice in the steam well under the pureed tuna salad had melted, and there was hot food in the steam well to the right of the pureed tuna salad. Inspection of the trayline temperature	F 371	Upon identification of the alleged deficiency, the pureed Tuna Salad was removed from the tray preparation line, placed in an ice bath and stirred to bring the temperature to a safe level immediately on 9/14/15 by District Dietary Manager. Other food items were observed and temperature measured to ensure items were at the appropriate temperatures on 9/14/15 by District Dietary Manager. Dietary staff was provided re-education	10/5/15	

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F 371	<p>Continued From page 3</p> <p>log revealed no food temperatures were recorded for the 09/14/15 supper meal. At this time the cook stated the facility made it's own tuna salad, and he completed the preparation of the tuna salad at 4:00 PM on 09/14/15. He reported the tuna salad contained tuna, mayonnaise, red and green peppers, onion, celery, garlic and onion powder, and salt and pepper. He commented once his preparation was completed the tuna salad was stored in the reach-in refrigerator until the trayline began operation at 4:45 PM on 09/14/15. The cook stated ice was placed in the steam table wells under the regular and pureed tuna salad. He reported even though he did not record the temperature, he used a calibrated thermometer to check food temperatures right before 4:45 PM, and the pureed tuna salad registered 37 degrees Fahrenheit. According to the cook, the trayline was beyond its mid-point in operation with two more meal carts to go out on the halls after the current cart was completed.</p> <p>At 11:50 AM on 09/17/15 the district manager stated the PM cooks prepared cold salads to be served at the supper meals as soon as they arrived on the days the salads were to be served. He reported cooks were in-serviced that when cold salads were to be served at meals with hot foods the cold salads were supposed to be placed in pans containing ice outside of the steam table. He also commented all hot and cold food temperatures were to be recorded by the cook in the trayline temperature log right before the trayline began operation.</p> <p>A 1:10 PM on 09/17/15 one of the facility's cooks stated she always recorded her food temperatures in the log book right before the trayline began operation at each meal. She</p>	F 371	<p>relative to the appropriate storage, handling and serving foods according to facility policy and regulatory requirements on 9/15/15 by the Dietary Manager.</p> <p>The Dietary Manager will conduct daily, Monday through Friday food temperature audits at a minimum of three times throughout each meal and record the temperatures on the appropriate temperature logs. Audits will continue for a period of no less than one month, then a minimum of four days per week for one month, then 3 days per week for one month and will continue with each months audit schedule decreasing by one day until audits are conducted according to facility policy.</p> <p>The Dietary Manager will report findings of the audits to Quality Improvement Performance Committee weekly times four and monthly times two. Any negative findings or trends will be addressed. Intervention will be implemented as recommended by QAPI Committee with ongoing evaluation of effectiveness.</p> <p>Results of these audits will be provided to the Administrator or Designee daily and presented to the facility Quality Assessment and Process Improvement Committee monthly for review and recommendations.</p>		

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F 371	Continued From page 4 reported cold salads were made on the same day they were served, and were stored in the walk-in refrigerator until the trayline began operation. This cook explained ice was placed under tray pans of cold salad in the wells of the steam table, and hot foods were placed at the end of the steam table away from the cold foods. She commented an even better practice was to place the cold salads in pans of ice away from the heat of the steam table.	F 371		