

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

PRINTED: 10/29/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345343</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/09/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534</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 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff and physician interviews, the facility failed to notify the physician of 1 of 1 sampled residents (Resident #1) who</p>	F 157		7/24/14	

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

TITLE

(X6) DATE

07/22/2014

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 157	<p>Continued From page 1 had fallen in the facility. Findings included:</p> <p>Resident #1 was admitted to the facility on 05/27/14 with cumulative diagnoses of anemia, diabetes, and hypertension.</p> <p>Resident #1's Admission Minimum Data Set (MDS) dated 06/03/14 showed Resident #1 was severely cognitively impaired. Resident #1 needed the extensive assistance of two persons for bed mobility.</p> <p>Review of the Nursing Progress Notes dated 06/13/14 showed that Resident #1 had been found on the floor next to the bed. Resident #1 complained of pain and a radiologic study (x-ray) was ordered. An in-house communication form was filled out for the physician.</p> <p>Review of the Physician Telephone Orders dated 06/13/14 at 2:00 AM showed an order for an x-ray had been filled out by the nurse but not signed by the physician.</p> <p>Review of the Physician Progress Notes dated 06/18/14 showed Resident #1 had no new concerns.</p> <p>In an interview on 07/08/14 at 5:46 PM Resident #1's Physician stated that the facility nurses called him at night if something happened to one of his patients. He stated he did not recall being notified by the facility of Resident #1's fall and if he had been notified he would have addressed it in his next Progress Note of 06/18/14. He indicated if an in-house communication form was filled out the nurse would place it in his box and he would sign it and put it back in the box. He stated he did not remember receiving an in-house</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>communication form regarding Resident #1's fall. He indicated he found out about Resident #1's fall from the family and not from the facility.</p> <p>In an interview on 07/09/14 at 9:19 AM Nurse #1 stated she attempted to call Resident #1's physician but he never returned the call. She indicated she ordered an x-ray for Resident #1 without speaking to the physician. Nurse #1 stated she filled out an in-house communication form for the physician but did not do any type of follow-up to make sure he was aware of Resident #1's fall.</p> <p>In an interview on 07/09/14 at 1:20 PM the Director of Nursing (DON) stated it was his expectation that the nurses notify the physician immediately if a resident sustained an injury or a suspected injury. He stated if the physician did not return a call, he expected the nurse to call the DON or a supervisor so they could involve the Medical Director.</p>	F 157			