

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2017
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & RET/LINCOLNTON			STREET ADDRESS, CITY, STATE, ZIP CODE 515 S GENERALS BOULEVARD LINCOLNTON, NC 28093	
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F 000	INITIAL COMMENTS	F 000		
F 253 SS=D	<p>483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to replace elevated toilet seats that had rusted and marred finishes for rooms on 5 of 6 residential hallways (Rooms 104, 216, 309, 505 and 608).</p> <p>The findings included:</p> <p>Observation on 07/10/17 at 3:11 PM of Room 505 revealed in the bathroom over the commode an elevated toilet seat with a rusted chrome metal frame.</p> <p>Observation on 07/10/17 at 3:57 PM of Room 104 revealed in the bathroom over the commode an elevated toilet seat with a rusted chrome metal frame.</p> <p>Observation on 07/10/17 at 4:45 PM of Room 216 revealed in the bathroom over the commode an elevated toilet seat with missing finish from the metal frame with rust.</p> <p>Observation on 07/11/17 at 8:33 AM of Room 608 revealed in the bathroom over the commode an elevated toilet seat with a rusted chrome metal frame.</p>	F 253	<p>F 253 Housekeeping and Maintenance The Maintenance Director and Housekeeping Supervisor removed or replaced the elevated toilet seats in rooms 104, 216, 309, 505, and 608 on 7-13-2017.</p> <p>The facility acknowledges that all residents have the potential to be affected by the same alleged deficient practice. The Maintenance Director completed an audit on 7/20/17 for all resident bathrooms with raised toilet seats on 7/20/2017 to validate acceptable surfaces with opportunities corrected as identified during the audit.</p> <p>The Administrator and /or SDC will re-educate Nursing and Housekeeping staff on the process to identify and remove an elevated toilet seat with a marred finish or rust from a resident's bathroom and inform Housekeeping and /or Maintenance Director immediately to ensure that the elevated toilet seat can be replaced timely. The Maintenance Director will conduct random bathroom</p>	7/23/17

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

TITLE

(X6) DATE

Electronically Signed

07/24/2017

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.

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

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OMB NO. 0938-0391

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F 253	Continued From page 1 Observation on 07/11/17 at 9:32 AM of Room 309 revealed in the bathroom over the commode an elevated toilet seat with missing finish from the metal frame with rust. Interview on 07/13/17 at 10:31 AM with Housekeeper #1 revealed she was assigned to all of the 600 hallway and half of the 500 hallway and that typically housekeepers were assigned to one and a half halls. She stated that resident room cleaning began on her shift after trash was picked up and common areas like the nursing station and nourishment room were cleaned. She stated routine room cleaning included the wiping down of horizontal surfaces, the cleaning of toilets and any "booster seats." She stated if booster seats were wobbly, had cracked or chipped seats or were rusted, this was reported to Maintenance and they were responsible for replacing them. She stated she was not aware of any booster seats in rooms assigned to her that require replacement at this time. Interview on 07/13/17 at 10:44 AM with Housekeeper #2 revealed she was assigned to the 100 hallway and half of the 200 hallway. She stated everyday routine resident room cleaning included taking cleaning spray into rooms with rags to wipe down surfaces, which included the commode. She stated the "handicapped chairs" over the commodes were also cleaned daily. She stated if the "chairs" were chipped, cracked, rusted or loose she would tell "the boss" or the Floor Technician and they would get them replaced. She stated she was not aware of any that were in need of repair. Interview on 07/13/17 at 4:54 PM with the	F 253	checks weekly in at least 10 rooms for 12 weeks to verify that elevated toilet seats are in good order with no marred finish or rust. The results of these bathroom audits were submitted for review on 7/23/17 to the QAPI committee and will be submitted for review each month for 3 months. The QAPI committee will evaluate effectiveness and amend as needed.		

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F 253	<p>Continued From page 2</p> <p>Account Manager/Housekeeping Director and the Maintenance Director (with the Administrator present) revealed the cleaning of "over-toilet seats" were expected as part of the daily room cleaning. The Account Manager/Housekeeping Director stated that safety was "first thing," which he defined as the seats being not broken, with no rust and no cracks in the seats that could break skin. The Account Manager/Housekeeping Director stated housekeeping staff came to him to tell him of seats needing replacement or they entered their findings on maintenance log boards at each nursing with their initials and dates. The Account Manager/Housekeeping Director stated he followed up on reports of seats and he would get the Maintenance Director to take care of issues. The Maintenance Director stated he had some seats in supply to replace any immediately but there were no seats that either the Account Manager/Housekeeping Director or the Maintenance Director were aware of that needed replacing.</p> <p>Interview on 07/13/17 at 4:54 PM with the Administrator revealed there were no rooms with over-toilet seats that she was aware of needing replacing. She stated Rehabilitation staff had requested the purchase of an over-toilet seat, she could provide a copy of this invoice, but she could not say for what resident this new seat was intended.</p> <p>Review of a purchase order provided by the Administrator revealed invoice data for one 3-in-1 folding commode with an elongated seat with an updated status dated 07/05/17.</p> <p>A tour on 07/13/17 at 5:00 PM with the Account Manager/Housekeeping Director and the</p>	F 253			

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F 253	Continued From page 3 Maintenance Director of rooms 104, 216, 309, 505 and 608 revealed in bathrooms over the commode elevated toilet seats with missing finish from the metal frame with rust or rusted chrome frames. A second interview on 07/13/17 at 5:26 PM with the Administrator revealed her expectation of staff to keep the facility clean and safe, which would include over toilet chairs. She stated staff did report them when they were rusted or in need of replacement, which is why she had ordered one.	F 253			
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS (b) Comprehensive Assessments (1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit.	F 272		7/28/17	

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F 272	<p>Continued From page 4</p> <p>(xiv) Medications.</p> <p>(xv) Special treatments and procedures.</p> <p>(xvi) Discharge planning.</p> <p>(xvii) Documentation of summary information regarding the additional assessment performed on the _____ care areas triggered by the completion of the Minimum Data Set (MDS).</p> <p>(xviii) Documentation of participation in assessment. The assessment process must include direct _____ observation and communication with the resident, as well as communication with licensed and _____ non-licensed direct care staff members on all shifts.</p> <p>The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to comprehensively assess the cognition for 1 of 25 sampled residents reviewed for comprehensive assessments (Resident #124).</p> <p>The findings included:</p> <p>Resident #124 was admitted to the facility on 09/14/15. Her diagnoses included muscle weakness, difficulty walking, hyponatremia, chronic obstructive pulmonary disease, anxiety disorder, a history of falls and insomnia.</p> <p>Review of the annual Minimum Data Set (MDS)</p>	F 272	<p>F 272 Comprehensive Assessments The Resident Care Management Director (RCMD), Dietary, Social Services, and Activities completed a new comprehensive MDS for Res.#124 with ARD of 7-19-2017.</p> <p>The facility acknowledges that all SNF residents have the potential to be affected by the alleged deficient practice. The RCMD completed an audit on 7/21/17 of all current residents receiving a comprehensive assessment during the last 14 days to verify completion of BIMS with opportunities corrected as identified</p>		

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F 272	<p>Continued From page 5</p> <p>dated 08/11/16 revealed Resident #124 was coded as having clear speech, being understood and understanding but the Brief Interview for Mental Status (BIMS) was coded as "not assessed" in the Cognitive Patterns section. The Staff Assessment for Mental Status indicated she had long and short term memory impairments and was independent with decision making skills.</p> <p>The Care Area Assessment dated 08/19/16 for Cognition stated that Resident #124 was interviewed after the assessment reference date and noted to receive 14 out of 15 on the BIMS indicating she was cognitively intact.</p> <p>On 07/13/17 at 2:57 PM, the Social Worker stated that the social service department was responsible for completing the cognition section of the MDS. She checked and stated that her assistant at that time (who is now the admissions coordinator) completed the cognition section.</p> <p>On 07/13/17 at 4:25 PM, the Social Worker and the Admissions Coordinator stated in a joint interview that neither could recall any circumstances or reasons that the BIMS could not be completed with Resident #124. They stated at that time they tag teamed/shared responsibilities and each would assist the other to complete the assessments. The Social Worker stated Resident #124 always scored high on the BIMS.</p> <p>The MDS Coordinator #1, who is the nurse who signs that the MDS have been completed, stated during interview on 07/13/17 at 5:01 PM that she expected the BIMS to be completed by the assessment reference date.</p>	F 272	<p>during the audit.</p> <p>The RCMD will re-educate the Social Worker and other IDT members (Activities, Dietary Manager) that complete comprehensive MDSs per the RAI manual guidelines. The RCMD and/or MDS coordinator will randomly audit 5 comprehensive MDS assessments per week for 12 weeks to verify accurate MDS completion, including BIMS, per the RAI manual guidelines. Opportunities will be corrected as identified.</p> <p>The results of these MDS audits will be submitted to the QAPI committee for review by the QAPI committee each month for 3 months. The QAPI committee will evaluate effectiveness and amend as needed.</p>		

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F 278 F 278 SS=D	Continued From page 6 483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment. (2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews the	F 278 F 278		7/28/17	
		F 278			

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F 278	<p>Continued From page 7</p> <p>facility failed to enter an accurate height on the quarterly Minimum Data Set (MDS) for 1 of 4 residents reviewed for nutrition (Resident #28) and failed to accurately assess the dental condition on the Care Area Assessment for 1 of 1 resident reviewed for dental needs (Resident #116).</p> <p>The findings included:</p> <ol style="list-style-type: none"> Review of the medical record revealed Resident #28 was admitted to the facility on 02/29/16. <p>Review of the admission MDS completed on 03/07/16 revealed the Height and Weight section indicated Resident #28 was 64 inches tall and weighed 128 pounds.</p> <p>Review of the annual MDS completed on 03/02/17 revealed the Height and Weight section indicated Resident #28 was 64 inches tall and weighed 130 pounds.</p> <p>Review of the quarterly MDS completed on 05/31/17 revealed the Height and Weight section indicated Resident #28 was 68 inches tall and weighed 126 pounds.</p> <p>An interview was conducted with the Dietary Manager (DM) on 07/13/17 at 2:30 PM. During the interview the DM confirmed she was responsible for completing Section K of the MDS assessments which included the resident's height and weight. The DM indicated she obtained height and weight information from the electronic medical record when completing MDS assessments. When the DM was asked about the discrepancy between the weights on the</p>	F 278	<p>The Resident Care Management Director (RCMD) completed a modification for the 5/31/2017 quarterly MDS for Res. # 28 on 7-21-2017.</p> <p>The RCMD will complete a significant correction comprehensive MDS for Res. # 116 on 7-25-2017.</p> <p>The facility acknowledges that all SNF residents have the potential to be affected by the alleged deficient practice. The RCMD completed an audit on 7/21/17 for all current residents receiving a MDS during the last 14 days to verify accurate entry of data on the MDS including the heights and accurate CAAs, with opportunities corrected as identified during the audit.</p> <p>The RCMD will re-educate the Dietary Manager (DM), MDS coordinators and any other IDT members (Activities and Social Service) that are entering MDS data and completing CAA's per the RAI manual guidelines. The RCMD and/or MDS coordinator will randomly audit 5 MDS assessments per week for 12 weeks to verify accurate data entry and accurate CAAs per the RAI manual guidelines. Opportunities will be corrected as identified.</p> <p>The results of these MDS audits will be submitted to the QAPI committee for review by the QAPI committee each month for 3 months. The QAPI committee will evaluate effectiveness and amend as needed.</p>		

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F 278	<p>Continued From page 8</p> <p>annual MDS completed on 03/02/17 and the quarterly MDS completed on 05/31/17 she requested time to review her notes and the MDS assessments.</p> <p>During a follow up survey on 07/13/17 at 3:01 PM the DM stated she had reviewed her information and the height of 68 inches on the quarterly MDS completed on 05/31/17 was a data entry error.</p> <p>An interview with the MDS Coordinator on 07/13/17 at 5:21 PM revealed she was responsible for checking MDS assessments were completed before signing off on the assessment. The MDS Coordinator indicated she had not detected a trend of inaccurate weights being entered into the MDS assessments. The interview further revealed the Corporate MDS Consultant came to the facility regularly and reviewed a random sample of MDS assessments for accuracy with the last review being conducted on 06/27/17.</p> <p>During an interview on 07/13/17 at 5:33 PM the Administrator stated she expected residents' heights to be entered accurately on the MDS assessments.</p> <p>2. Resident #116 was admitted to the facility on 02/04/13. Her diagnoses included transient cerebral ischemias, dysphagia, and esophageal reflux.</p> <p>The most recent comprehensive assessment, an annual dated 11/10/16, coded her with severely impaired cognitive skills, requiring extensive assistance with all activities of daily living skills, and having "no natural teeth or tooth fragment(s) (edentulous)."</p>	F 278			

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F 278	Continued From page 9 The Care Area Assessment (CAA) for dental was dated 11/21/16 and stated Resident #116 did not have any natural teeth at this time and no problems with the fit of her dentures. Review of physician orders revealed that Resident #116 was changed from a pureed diet to a mechanical soft diet on 03/31/17. On 07/11/17 at 9:23 AM, Resident #116 conversed with the surveyor. She was noted to have multiple missing teeth from her lower gum. Upon closer inspection on 07/12/17 at 12:10 PM, she was observed to have only 2 teeth on the lower front gum and what appeared to be several tooth remnants in the lower front gum. Resident #116 denied any chewing problems at this time. An interview was conducted on 07/13/17 at 2:40 PM with the MDS Coordinator #2 who completed the dental CAA of 11/21/16. She stated she must have mixed Resident #116 up with another resident as she normally will do several assessments at one time. She stated she always inspected residents' mouths and questioned the alert residents about dental concerns during her assessments.	F 278			