

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

PRINTED: 09/14/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/30/2017
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NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHABILITATION/STATESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 520 VALLEY STREET STATESVILLE, NC 28677
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(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
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F 253 SS=D	<p>483.10(i)(2) HOUSEKEEPING &amp; 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 and staff interviews the facility failed to maintain a clean environment in 4 of 4 sampled resident rooms on the 200 hall (Rooms 203, 207, 216, 224).</p> <p>Findings included:</p> <p>Observations of the air units, over bed lights, bedside tables, and bed rails in resident rooms revealed these items were not clean and had an accumulation of dust and debris:</p> <p>08/30/2017 at 10:24 AM room 224 air unit had a large amount of dust/debris, on the upper surface of the over bed light and table top surface bed side table had dust. Resident #3's bed was next to the air unit and blew air through the dusty vents at the resident who was in bed.</p> <p>08/30/2017 at 10:52 AM room 207 on the upper cover surface of the over bed light had dust.</p> <p>08/30/2017 at 10:56 AM room 203 air unit had black debris/dust on the vents and dust on the top of the air unit.</p> <p>08/30/2017 at 11:10 AM room 216 air unit had black debris/dust on the vents and on the upper surface of the over bed light there was a large amount of dust. Resident #5 had his bed next to this air unit that was blowing air through the dirty and dusty vents.</p>	F 253	<p>F 253</p> <ol style="list-style-type: none"> <li>1) All Air Units, over bed lights, side tables and bed rails were cleaned by housekeeping staff between August 30-September 4. As the housekeepers had been deficient in cleaning these areas, they were re educated on proper cleaning of rooms and common areas by the Director of Housekeeping on September 1, 2017.</li> <li>2)             <ol style="list-style-type: none"> <li>a) All air units, over the bed lights, side tables and bed rails were cleaned by housekeeping staff between August 30- September 4, 2017 .</li> <li>b) On September 4, 2017 the Director of Housekeeping services inspected all rooms and common areas to ensure proper cleaning of all air units, over the bed lights, side tables and bed rails was completed.</li> <li>c) On September 4, 2017 the Director of Housekeeping service inspected all air units, over the bed lights, side tables and bed rails to ensure they had been properly cleaned.</li> <li>d) 2 times weekly there after the Director of Housekeeping Services will inspect all air units over the bed lights, side tables and bed rails to ensure they have been properly cleaned for the next 3 months and report the results to the QAPI Committee.</li> <li>e) The QAPI Committee will review the results of these audit at least monthly and direct further actions as needed.</li> </ol> </li> <li>3) At least monthly, the results of the rounds will be shared QAPI Committee. During those meeting the committee will decide if further measure need to be taken.</li> <li>4) The Director of Housekeeping Services has</li> <li>5) implemented the plan of correction.</li> <li>6) Corrective Action was completed September 27, 2017.</li> </ol>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Gyornemu Dealburn</i>	TITLE <i>Administrator</i>	(X6) DATE <i>9/29/17</i>
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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 253	Continued From page 1  An interview 08/30/2017 at 11:26 AM with Housekeeper #1 revealed she swept the floor, then mopped the floor in the residents' rooms and cleaned the bathrooms. She then moved on to the next assigned room. She stated she would also wipe the over bed tables.  An interview on 08/30/2017 at 2:55 PM with the Director of Housekeeping (DOH) revealed they use a 5-7 step program for cleaning resident rooms which included starting with the high dusting, middle dusting like the over bed tables and low/bottom which was sweeping and mopping the floors. The same process was used in the bathrooms doing high to low cleaning except they were to change the mop before proceeding to mop the bathroom floor. He stated the grab bars/rails on the beds, bedside tables, and air units should be dusted daily. He was not sure about being able to move a bed for a resident who doesn't get out of bed so the over bed light could be dusted. He stated it was his expectation that dusting would be done daily as part of the routine for cleaning each resident's room.  Observations on 08/30/2017 at 2:55 PM with the DOH revealed in room 224 the air unit had a large amount of dust and he confirmed it should be wiped daily as part of the room cleaning process when the resident is out of bed. He confirmed the top of the bedside table was very dusty. In room 216 he confirmed there were crumbs in an indentation on the grab rail on the left bed, the air unit was dirty and needed to be cleaned daily. In room 203 he confirmed the air unit was dusty and should be cleaned daily.	F 253		

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F 253	Continued From page 2 Interview on 08/30/2017 at 5:23 PM with the Administrator revealed that her expectation was that the staff were to dust the residents' rooms. She expects the rooms to be clean. She stated she had not seen dust in the rooms she had checked.  Interview on 08/30/2017 at 5:23 PM with the Administrator revealed that her expectation was that the staff were to dust the residents' rooms. She expects the rooms to be clean. She stated she had not seen dust in the rooms she had checked.	F 253		
F 312 SS=D	483.24(a)(2) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  (a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews and record review the facility failed to provide assistance with shaving and nail care for 2 of 3 sampled residents (Residents #3 and #5).  Findings included:  1. Resident #3 was admitted 04/10/2014 with diagnoses that included chronic obstructive lung disease, diabetes, and anxiety.  Review of Resident # 3's care plan dated 02/06/2017 indicated goals and interventions to meet Resident #3's needs with assistance with the activities of daily living (ADLs).	F 312		

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F 312	<p>Continued From page 3</p> <p>On his annual Minimum Data Set (MDS) dated 07/26/2017 he was assessed with some memory problems affecting his ability for daily decision making. It documented Resident #3 required assistance with his personal hygiene and being totally dependent for bathing.</p> <p>Observation on 08/30/2017 at 10:24 AM of Resident #3 revealed the resident had facial hair and long fingernails on all nails with brown debris under his index finger and middle finger on his right hand.</p> <p>During an interview on 08/30/2017 at 10:24 AM, Resident #3 stated he needed a shave and had not yet received assistance with a shower.</p> <p>Observation on 08/30/2017 at 11:26 AM NA #3 assisted Resident #3 with his partial bed bath and dressing. Resident #3 asked to be shaved. Resident #3 asked NA #3 two more times to shave him during his bath. NA #3 stated to Resident #3 she was going to lunch and had two more showers to give. If she had time later she'd do it.</p> <p>Interview on 08/30/2017 at 11:30 AM with NA #3 revealed she had a usual resident assignment for a facility. She worked for an agency and usually did staffing there. She had not worked at this facility on providing care to residents for a while. NA #3 stated she had 3 showers to give that day and still had two showers to give other residents.</p> <p>Observation on 08/30/2017 at 02:13 PM Resident #3 was resting in bed. He had not been shaved and fingers had not been cleaned.</p> <p>Interview on 08/03/2017 at 04:31 PM Nurse #1</p>	F 312	<p>F 312</p> <ol style="list-style-type: none"> <li>1) Resident #3 and Resident # 4 were shaved by their floor nurse on 8/30/17. The agency Staff member that lead to this deficient practice was prohibited from coming to the facility again. Staff was in serviced on Facial Hair and nail care between 8/30/2017-9/4/2017. An LPN, was hired to spend 8 hours per week on facial hair, nails and skin starting Tuesday, October 3' 2017. The Unit Coordinators will check all residents for facial hair and dirty nails 2 times a week. The results of their checks will become a key indicator in the QAPI meeting at least monthly.</li> <li>2) <ol style="list-style-type: none"> <li>a)Resident #3 and Resident # 4 were shaved by their floor nurse on 8/30/17.</li> <li>b) The agency Staff member that lead to this deficient practice was prohibited from coming to the facility again.</li> <li>c) Staff was in serviced on Facial Hair and nail care between 8/30/2017-9/4/2017.</li> <li>d) An LPN was hired to spend 8 hours per week on facial hair, nails and skin starting Tuesday, October 3' 2017.</li> <li>e)The Unit Coordinators will check all residents for facial hair and dirty nails 2 times a week for at least 3 months.</li> <li>f) The results of their checks will become a key indicator in the QAPI meeting at least monthly.</li> </ol> </li> <li>3) The QAPI Committee will review the results of these audit at least monthly and direct further actions as needed. During those meeting the committee will decide if further measures need to be taken.</li> <li>4) The Unit Coordinators have implemented the plan of correction.</li> <li>5) Corrective Action was completed September 27, 2017.</li> </ol>	

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F 312	<p>Continued From page 4</p> <p>stated that if a resident asked, the nurse aide would shave them.</p> <p>Interview on 08/30/2017 at 4:50 PM with NA #4 revealed nail care and shaving were done during the resident's shower or if they asked to have it done. She stated she had showered both Residents #3 and #5. She stated she didn't remember if she had shaved them or cleaned their fingernails. She stated residents were often shaved on their shower days and nail care was done then with the "sticks" they had for cleaning under nails.</p> <p>Interview on 08/30/2017 at 4:56 PM with the Director of Nursing (DON) revealed that cleaning finger nails and shaving were done during the residents' showers on their shower days. Shower days were twice a week. She stated if a resident asked for a shave or shower they definitely could receive them. She stated it was her expectation that the NA would make time and get it done. She stated it was not acceptable to tell the resident they didn't have time to provide the care. She stated she expected residents to be showered, shaved and have their nails cleaned. If a resident asked for that care to be done it was her expectation that it would be done.</p> <p>Interview on 08/30/2017 at 05:23 PM with the Administrator revealed if a resident requested care like shaving they would be provided that care. If a staff person could not do the care she expected they would let someone know and get help so the resident received the care they needed.</p> <p>2. Resident #5 was admitted on 06/23/2015 with diagnosis that included chronic obstructive</p>	F 312		
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F 312	<p>Continued From page 5</p> <p>pulmonary disease, left hemiplegia, left below the knee amputation (BKA) and depression.</p> <p>Resident #5's quarterly MDS dated 07/20/2017 assessed Resident #5 with moderate cognitive impairment affecting daily decision making and indicated he needed extensive assistance with his activities of daily living.</p> <p>Review of Resident #5's care plan (date of the care plan after the quarterly) documented goals and interventions to meet his need for extensive assistance with his activities of daily living (ADLs) including personal hygiene.</p> <p>Observation on 08/30/2017 at 9:43 AM of Resident #5 revealed he had a moustache and facial hair that appeared to be a short beard and looked like it had not been shaved recently. He had brown debris under his finger nails on his left hand.</p> <p>Interview on 08/30/2017 at 9:43 AM with Resident #5 revealed that staff sometimes shaved him. He stated he usually has a moustache. He stated they sometimes give assistance to clean his fingernails.</p> <p>Interview on 08/30/2017 at 9:45 AM with Nurse Aide #1 revealed she bathed Resident #5 and used a slide board to get him up in his wheelchair so he could go outside to smoke. His preference was to sleep late so she bathed him later in the morning.</p> <p>Observation on 08/30/2017 at 10:12 AM of Resident #5 receiving a bed bath from NA #1 and NA #2 was made.</p>	F 312		
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F 312	<p>Continued From page 6</p> <p>Interview at 10:12 AM on 08/30/17 with Resident #5 revealed he gets a shower twice a week and on other days he gets washed up in bed and dressed and then gets up in his wheelchair.</p> <p>Observation on 08/30/2017 at 4:44 PM Resident #5 was sitting up in his wheelchair in his room. He had not be shaven and his fingernails still had some debris under them.</p> <p>Interview on 08/30/2017 at 4:56 PM with the Director of Nursing (DON) revealed that cleaning finger nails and shaving were done during the residents' showers on their shower days. Shower days were twice a week. She stated if a resident asked for a shave or shower they definitely could receive them. She stated it was her expectation that the NA would make time and get it done. She stated it was not acceptable to tell the resident they didn't have time to provide the care. She stated she expected residents to be showered, shaved and have their nails cleaned. If a resident asked for that care to be done it was her expectation that it would be done.</p> <p>Interview on 08/30/2017 at 5:23 PM with the Administrator revealed if a resident requested care like shaving they would be provided that care. If a staff person could not do the care she expected they would let someone know and get help so the resident received the care they needed.</p>	F 312		
F 520 SS=D	<p>483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>(g) Quality assessment and assurance.</p>	F 520		

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F 520	<p>Continued From page 7</p> <p>(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of:</p> <p>(i) The director of nursing services;</p> <p>(ii) The Medical Director or his/her designee;</p> <p>(iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and</p> <p>(g)(2) The quality assessment and assurance committee must :</p> <p>(i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;</p> <p>(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.          This REQUIREMENT is not met as evidenced by:          Based on observations and staff interviews the</p>	F 520	<p>F 520</p> <ol style="list-style-type: none"> <li>1) All Air Units, over bed lights, side tables and bed rails were cleaned by housekeeping staff between August 30-September 4. As the housekeepers had been deficient in cleaning these areas, they were re educated on proper cleaning of rooms and common areas by the Director of Housekeeping on September 1, 2017.</li> <li>2)             <ol style="list-style-type: none"> <li>a) All air units, over the bed lights, side tables and bed rails were cleaned by housekeeping staff between August 30- September 4, 2017 .</li> <li>b) On September 4, 2017 the Director of Housekeeping services inspected all rooms and common areas to ensure proper cleaning of all air units, over the bed lights, side table s and bed rails was completed.</li> <li>c) On September 4, 2017 the Director of Housekeeping service inspected all air units, over the bed lights, side tables and bed rails to ensure they had been properly cleaned.</li> <li>d) 1 times weekly there after the Administrator and the Director of Housekeeping will inspect all air units, over the bed lights, side tables and bed rails to ensure they have been properly cleaned for the next 3 months and report the results to the QAPI Committee.</li> <li>e) The QAPI Committee will review the results of these audit at least monthly and direct further actions as needed.</li> </ol> </li> <li>3) At least monthly, the results of the rounds will be shared QAPI Committee. During those meeting the committee will decide if further measure need to be taken.</li> <li>4) The Administrator has implemented the plan of correction.</li> <li>5) Corrective Action was completed September 27, 2017.</li> </ol>	
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F 520	<p>Continued From page 8</p> <p>facility's Quality and Assessment and Assurance Committee failed to maintain implemented procedures and monitor the inventions put into place in March 2017 for maintaining a clean environment.</p> <p>Findings included:</p> <p>This tag is cross referenced to:</p> <p>1. F253 Housekeeping and Maintenance Services: Based on observations and staff interviews the facility failed to maintain a clean environment in 4 of 4 sampled resident rooms on the 200 hall. (Rooms #203, #207, #216, and #224).</p> <p>On a federal recertification survey in March of 2017 the facility failed to repair a missing call bell, failed to repair the smoke prevention doors with broken and splintered laminate, failed to repair dining room and bathroom doors with broken and splintered laminate, failed remove brown stains from sink drains, overflow drains and facets, failed to repair brown stains at the base of toilets and failed to repair wall damage and failed to remove debris from the grate of the heating and air conditioning unit. On the current survey the facility failed to maintain clean air conditioning units in sampled resident rooms.</p> <p>An interview on 08/30/2017 at 5:23 PM with the Administrator revealed she didn't know why the procedures they put in place and monitoring of those interventions had not worked. She stated they had done rounds for three months and extended the rounds to six months. She stated she had no idea how the dust in the residents' rooms had been missed.</p>	F 520		
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