

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

PRINTED: 11/13/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/01/2017
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HLTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 204 DAIRY ROAD CLAYTON, NC 27520		
(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 154 SS=D	<p>483.10(c)(1)(2)(iii)(4)(5) INFORMED OF HEALTH STATUS, CARE, & TREATMENTS</p> <p>(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:</p> <p>(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>(c)(iii) The right to be informed, in advance, of changes to the plan of care.</p> <p>(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review it was determined that the facility failed to inform the residents legal guardian of (Resident #1) admission to the facility and failed to gain consent for treatment until days after admission. Findings included:</p> <p>Interview with the admissions director at 3:55 PM on 10/1/17 revealed that Resident #1 was admitted to the facility from the Assisted Living Facility across the street because the administrator called and stated that she needed skilled care due to multiple falls. She reported</p>	F 154	<p>Resident #1 --Legal Guardian signed Consent to Treat at facility on 9/19/17 The Director of Care Transitions (DCT) completed an audit of current residents to assure that consent for treatment had been signed on __10/3/17__. The Director of Care Transitions reviewed last 30 days of facility admissions and re- admissions to ensure that responsible or legal guardian were notified prior to admission. on __10/3/17__-</p> <p>The administrator re-educated the DCT</p>	10/19/17	

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

TITLE

(X6) DATE

Electronically Signed

10/20/2017

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.

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F 154	<p>Continued From page 1</p> <p>that she did not reach out to Resident #1's guardian to tell her the resident was being admitted to the facility. She said that she did reach out to tell the guardian that they needed to complete paperwork. The admissions director stated that she did not talk to Resident #1 because the resident has Dementia. She stated that she assumed the other administrator would reach out to the guardian.</p> <p>Per review of the facility admission policy dated August 2017, " If the resident has an appointed legal representative (i.e. conservator, guardian, or power of attorney, also referred to as the residents legal representative), the identifying paperwork is obtained prior to or upon admission. If no legal representative exist upon admission, facility staff shall encourage the resident to execute a power of attorney for healthcare and an advance directive." The admission policy included the following statement under After Hours & Emergency Admission, "Where necessary, all other steps of the Admission process, including completion of the Resident Admission Agreement, Facility Guide and Dispute Resolution Agreement are conducted on the next business day."</p> <p>Per telephone call on 10/2/17 at 1:20 PM, the resident's guardian stated that her client (Resident) was admitted to the facility on Thursday or Friday of the previous week without making her aware. The resident was at the facility from Thursday or Friday until Tuesday without any consents or admission paperwork. She stated that the administrator who came to the meeting on Tuesday did not seem to understand that this was not ok.</p>	F 154	<p>and Admissions Coordinator that the resident or legal guardian must be notified of admission and a consent to treat must be obtained prior to admission to the facility. 10/18/2017</p> <p>The administrator reviewed facility policy regarding admission and transfers , to include assure consent treatment and notification of resident or legal guardian is obtained prior to admission to the facility including off hours and weekends with the Director of Care Transition and the Admission Coordinator on __10/18/17.</p> <p>The Interdisciplinary team (to include business office manager, clinical managers and/or administrator) will review in facility morning meeting (Monday - Friday) times 30 days to ensure that consent to treat and notification of admission, transfer or re- admission are completed prior to admission to the facility.</p> <p>The Business Office Manager and/or administrator will review 2-3 sampled newly admitted residents to ensure that notification and consent to treat is obtained from the resident or legal guardian prior to admission to the facility weekly for 4 weeks, then monthly for 3 months. 10/12/2017</p> <p>Results of the audits will be reviewed at Quality performance committee to determine compliance, trend and other action monthly times three months. 10/19/2017</p>		

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F 154	Continued From page 2	F 154	Responsible for implementation of the Plan of Correction is Kevin Walsh, Administrator.		