STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345343	A. BUILDING _____ B. WING _____	C 05/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO	1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534

(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 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(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 observation, resident and staff interviews, and record review the facility failed to keep fingernails trimmed for 1 of 3 residents reviewed for activities of daily living care. (Resident #4) Findings included: Resident #4 was re-admitted to the facility on 2/14/17. His active diagnoses included anemia, hypertension, peripheral vascular disease, and dementia. Resident #4 did not have a diagnosis of diabetes mellitus. Review of Resident #4 ' s most recent quarterly minimum data set assessment dated 1/26/18 revealed Resident #4 was assessed as moderately cognitively impaired. He had no behaviors of rejecting care. Resident #4 was totally dependent on staff for personal hygiene and had impairment on both sides of his upper extremities. Review of Resident #4 ' s care plan dated 12/5/17 revealed the resident was care planned for limited physical mobility and functional impairments. An intervention was to provide supportive care as needed for activities of daily living. During observation on 5/15/18 at 9:49 AM Resident #4 was observed to have long	F 677	Resident #4 received nail care on 5/15/18 by the Unit Coordinator. The Director of Nursing or designee will check all other Resident's finger nails to ensure they are properly cleaned and cut to the Residents' satisfaction and/or the acceptable hygiene standard. The Staff Development Coordinator or designee will be re-educate all nursing staff on the facility's ADL care policy and more specifically the facility's policy regarding maintaining Resident's finger nails to their satisfaction and/or the acceptable hygiene standard. The Director of Nursing or designee will audit 10 Residents' finger nails to ensure acceptable hygiene x 4 weeks; then monthly times 3 months. The facility's Quality Assurance team will meet weekly times 4 weeks, then monthly times 3 months to review the staff re-education status and review the results of the weekly/monthly finger nail audits and adjust audits as needed based on any potential negative findings.	5/22/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/21/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 677	Continued From page 1	F 677		

fingernails.

During observation on 5/15/18 at 11:42 AM Resident #4 was observed to have long fingernails.

During an interview on 5/15/18 at 11:43 AM Resident #4 stated that his fingernails were long and that staff did not cut them like they should. He further stated he would ask a nurse aide to cut his fingernails and they would tell him they would come back later but they never did.

During an interview on 5/15/18 at 12:15 PM Nurse Aide #1 stated that she did not cut Resident #4 ' s fingernails because he was diabetic and staff could not cut fingernails of residents who had diabetes and would just file them if they got chipped or hurt. She further stated she did not think any staff was allowed to clip diabetic fingernails so she would only check and see if they needed to be filed. She further stated she did not remember if he had asked to have his nails trimmed recently, but she would file them for him if they were chipped. She further stated that diabetic fingernails could not be clipped by facility staff but that a podiatrist did come to the facility to cut nails.

During an interview on 5/15/18 at 12:43 PM Nurse #1 stated that nurses would clip resident fingernails when they requested it. She further stated no staff or nurse aides had informed her Resident #4 would like to have his fingernails clipped. She stated she oversaw the medication aide and nurse aide on Resident #4 ' s hall and that if he did request to have his nails trimmed, it should be reported to her.

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BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO	**1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534**

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F 677	Continued From page 2 During an interview on 5/15/18 at 12:21 PM the Director of Nursing stated Resident #4 was able to make his needs known and could communicate if he wanted his nails trimmed or not. She stated nurse aide ' s rarely trimmed residents ' nails. The Director of Nursing stated nurses were responsible for clipping the residents ' fingernails and not the podiatrist. She further stated upon observation of Resident #4 ' s fingernails that his nails were very long, and it was her expectation that a staff member would have brought it to her attention so she could get a nurse to clip them. She further stated she would clip Resident #4 ' s fingernails after the interview.	F 677		