

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

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/03/2019
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/YA			STREET ADDRESS, CITY, STATE, ZIP CODE 1086 MAIN STREET NORTH YANCEYVILLE, NC 27379	
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.	F 550		10/24/19

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

TITLE

(X6) DATE

Electronically Signed

10/23/2019

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 550	<p>Continued From page 1</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to promote dignity of the residents during meals for 6 out of 26 residents (Resident #106, Resident #43, Resident #30, Resident #95, Resident #62, and Resident #27) observed having to wait for assistance with meals while other residents were being served and assisted with the meals.</p> <p>Findings included:</p> <ol style="list-style-type: none"> Resident #106 was admitted to the facility on 11/2/16 with diagnoses that included vascular dementia, depression, and chronic ischemic heart disease. <p>Resident #106's most recent (MDS) Minimum Data Set coded as an annual and dated 8/30/19 revealed the resident was cognitively impaired. The MDS coded the resident as</p>	F 550	<p>F550</p> <ol style="list-style-type: none"> Residents #106, #43, #30, #95, #62, and #27 are receiving assistance for their meals served ongoing. Beginning 10/24/2019 nursing staff was educated on offering assistance to residents during meals by the Staff Development Coordinator. Residents requiring assistance during meals have the potential to be affected by this deficient practice. On 10/24/2019 residents residing in the facility had section G0110 H of their most recent minimum data sets reviewed to identify residents requiring assistance with meals and their respective Kardexes were updated by the Unit Managers and or Assistant Director of Nursing. 		

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F 550	<p>Continued From page 2</p> <p>needing supervision during eating.</p> <p>A review of Resident #106's most current care plan dated 9/14/19 revealed the resident was care planned for needing assistance with all Activities of Daily Living including meals.</p> <p>An observation was made on 9/29/19 at 1:15pm of Resident #106. It was observed that the resident was served his lunch tray. He was noted to pick at his food with his fingers but ate very little. It was observed at 2:15pm the resident had not touched most of his food. At that time as NA #15 was clearing the tables, she came over to Resident #106 and cut up his meat and assisted him with his meal. The resident was observed eating 90% of his meal.</p> <p>2. Resident #43 was admitted to the facility on 6/19/17 with diagnoses that included metabolic encephalopathy, dementia, glaucoma, and cerebral infarction.</p> <p>A review of Resident #43's most recent MDS (Minimum Data Set) coded as a quarterly assessment and dated 7/25/19 revealed the resident was cognitively impaired. The MDS coded the resident's vision as highly impaired with no corrective lenses. The resident was coded as needing one-person assistance with eating.</p> <p>A review of Resident #43's care plan dated 6/19/19 revealed the resident was care planned for assistance with meals and to have staff notify resident where items are placed.</p> <p>An observation was made of Resident #43 on 9/29/19 at 1:15pm. The resident was given her meal tray with lid over the plate. The tray had</p>	F 550	<p>3. Unit Managers or Assistant Director of Nursing will complete an as needed update, based on observations, to resident Kardexes, to reflect the changes in levels of assistance needed during meals. Changes of level of assistance will also be communicated via the 24 hour change of condition report by 10/24/2019. Newly admitted residents will have their Kardexes updated by the Unit Managers, Assistant Director of nursing, and or Admitting Nurse. Nursing staff will be in-serviced on reviewing resident Kardexes at the beginning of their shift and on offering assistance, to residents requiring assistance, or more at meal time, by the Staff Development Coordinator, Assistant Director of Nursing and or Unit Managers by 10-24-2019. Nursing staff will have to complete inservicing prior to returning to work after 10-24-2019. During their classroom orientation, the Staff Development Coordinator will in-service newly hired nursing staff on reviewing resident Kardexes at the beginning of their shift for the amount of assistance residents require with meals and for residents who require more at meal time.</p> <p>4. For twelve weeks, the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator or Unit Managers will perform observation audits of ten residents, five times per week, during meal time, to validate proper assistance is given to residents. Results of the audits and any concerns identified will be reported/ trended to our Quality</p>		

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F 550	<p>Continued From page 3</p> <p>a Kennedy cup for liquids which was empty, but she had 2 different cups of liquid on the tray. NA #15 unwrapped the resident's sandwich and handed to her. It was observed Resident #43 ate her sandwich and then sat in her wheelchair at the table. No staff came over to her until 2:05pm when NA #17 came to her table to pick up the trays and said, "I didn't know you hadn't been fed," and proceeded to assist the resident with her meal.</p> <p>An interview was conducted with NA #17 on 9/29/19 at 3:00pm. NA #17 reported she didn't usually work the dementia unit so didn't know who all needed help with meals.</p> <p>3. Resident #30 was admitted to the facility on 8/6/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and psychosis.</p> <p>Resident #30's most recent quarterly MDS dated 7/8/19 revealed the resident was cognitively impaired. The MDS coded the resident as needing extensive one-person assistance with eating.</p> <p>Resident #30's care plan dated 4/9/19 revealed the resident was care planned for risk of nutritional decline due to dementia. Interventions included meal assistance.</p> <p>An observation of Resident #30 was conducted on 9/29/19 at 1:20pm. The resident was observed attempting to open his ice cream cup. It was observed Resident #30 attempted for approximately 15 minutes to open his ice cream with no staff near his table. After approximately 15 minutes, the resident</p>	F 550	<p>assurance and Performance Improvement Committee monthly times three. The Quality Assurance and Performance Committee will review the audits and make recommendations, as needed, to assure compliance is sustained ongoing.</p> <p>5. 10-24-2019</p>		

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F 550	<p>Continued From page 4</p> <p>took his fork and tore the ice cream container opened and ate the ice cream with his fork.</p> <p>4. Resident #95 was admitted to the facility on 1/20/17 with diagnoses that included Alzheimer's disease, Non-Alzheimer's dementia, and depression.</p> <p>Resident #95's most recent quarterly MDS assessment dated 8/21/19 coded the resident as cognitively impaired. The MDS coded Resident #95 as needing total assistance of one person with eating.</p> <p>The care plan dated 7/3/19 revealed Resident #95 was care planned for being at risk for altered nutritional problems due to self-feeding difficulties with interventions to include meal assistance.</p> <p>An observation of Resident #95 was conducted on 9/29/19 at 1:20pm. Resident #95 was sitting at a table in the dining area with one other resident. The other resident was given her meal tray and began eating. Resident #95 had to wait 20 minutes before his tray was given to him and staff was able to assist him with his meal. During the 20 minutes Resident #95 had to wait for his meal, he was frequently noted to attempt to pull the other resident's tray towards him or attempt to take food off her plate. The staff did not stop him or notice Resident #95's actions.</p> <p>An interview was conducted with NA #13 on 9/29/19 at 2:15pm. She reported it was difficult to get to everyone that needed assistance at the same time.</p>	F 550			

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F 550	<p>Continued From page 5</p> <p>5. Resident #62 was admitted to the facility on 9/7/12 with diagnoses that included dementia.</p> <p>Resident #62's most recent quarterly MDS dated 8/6/19 coded the resident as cognitively impaired. Resident #62 was coded as needing extensive one-person assistance with eating.</p> <p>An observation of Resident #62 was conducted on 9/29/19 at 1:10pm. Resident #62 was seated at a table with 3 other residents in the dining area. It was observed at 1:10pm 2 of the residents at the table were served their meal trays and NA #16 began assisting those 2 residents with their meal. At 1:40pm Resident #62 was given her meal tray and NA #17 began assisting her with her meal.</p> <p>6. Resident #27 was admitted to the facility on 2/3/18 with diagnoses that included dementia, depression, and bipolar disorder.</p> <p>A review of Resident #27's most recent quarterly MDS dated 7/5/19 revealed the resident was cognitively impaired. Resident #27 was coded as needing extensive one-person assistance with eating.</p> <p>Resident #27's most current care plan dated 7/6/19 revealed the resident was care planned for being at risk for nutritional decline due to dementia. Interventions included assisting resident with meals.</p> <p>An observation was conducted of Resident #27 on 9/29/19 at 1:10pm. Resident #27 was seated at a table with 3 other residents in the dining area. It was observed at 1:10pm 2 of the</p>	F 550			

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F 550	Continued From page 6 residents at the table were served their meal trays and NA #16 began assisting those 2 residents with their meal. At 1:40pm Resident #27 was given his meal tray and NA #17 began assisting him with his meal. An interview was conducted on 10/2/19 at 12:00pm with NA #13. She reported the staff was to give the residents who could feed themselves their food first then the ones who need assistance would get their meals at the same time, so everyone got their food at the same time at the same table. An interview was conducted on 10/3/19 at 11:40am with the Director of Nursing. She reported she expected all residents were served meals at the same time and the residents who needed assistance with their meal be assisted at the same time.	F 550			
F 679 SS=D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to provide activities	F 679	F 679 1. Resident #43 is receiving activities that	10/24/19	

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F 679	<p>Continued From page 7</p> <p>for 1 of 1 residents (Resident #43) with visual impairment.</p> <p>Findings include:</p> <p>Resident #43 was admitted to the facility on 6/19/17 with diagnoses that included metabolic encephalopathy, dementia, glaucoma, and cerebral infarction.</p> <p>A review of Resident #43's most recent MDS (Minimum Data Set) coded as a quarterly assessment and dated 7/25/19 revealed the resident was cognitively impaired. The MDS coded the resident's vision as highly impaired with no corrective lenses.</p> <p>A review of Resident #43's most current care plan dated 6/19/19 read the resident was dependent on the staff for meeting emotional, intellectual, and social needs related to cognitive deficit and impaired vision. The goal was noted to be that Resident #43 would participate in activities of choice. Interventions included ensuring the activities the resident was attending were compatible with known interests and preferences and are compatible with physical and mental capabilities.</p> <p>An observation was made of Resident #43 on 9/30/19 at 10:30pm. The resident was sitting at a table in the dining area. Other residents were present and were given table top activities such as stacking cups, activity blanket, and play dough. No activities were given to the resident nor did any staff come over to the resident.</p> <p>An observation was made of Resident #43 on 10/1/19 at 1:55pm. The resident was sitting at a</p>	F 679	<p>are appropriate for a visually impaired resident with dementia. Nursing and Activity staff was educated on offering assistance to residents with visual impairments during activities.</p> <p>2. Residents with visual impairments have the potential to be affected by this deficient practice. On 10-24-2019 residents residing in the facility had section B1000 of their most recently completed minimum data sets reviewed to identify residents with visual impairments, and their respective Kardexes were updated by the Unit Manager and or Assistant Director of Nursing to reflect visual impairments and activities of interest to meet their needs.</p> <p>3. Nursing and activity staff will be in-serviced on providing assistance for visually impaired residents during activities per the Kardexes, by the Staff Development Coordinator, Activity Director or Unit Managers by 10-24-2019. Nursing staff will have to complete inservicing prior to returning to work after 10-24-2019. A special activity group will be initiated five times per week, by the Activity Director, or Activity assistants for the visual impaired by 10-24-2019. Visually impaired residents will be offered these activities by 10-24-2019. During their classroom orientation, the Staff Development Coordinator will in-service newly hired nursing staff and newly hired activity staff on reviewing the Kardexes at the beginning of their shift and on offering activities to visually impaired resident.</p>		

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F 679	<p>Continued From page 8</p> <p>table in the dining area. The other residents sitting in the dining area had table top activities they were working with. Resident #43 was sitting with no activities nor anyone interacting with her.</p> <p>An interview was conducted on 10/2/19 at 10:24am with NA #13 (Nursing Assistant). She reported Resident #43 did not participate in activities "because she can't see." NA #13 reported the resident loved to talk and listen to music when music was playing in the dining area. She reported when she had time she would talk with the resident.</p> <p>An interview was conducted with the Activities Director on 10/2/19 at 11:00am. He reported if a resident had visual impairments, he would have the staff beside the resident during activities to assist the resident and would place the resident closer to the activities leader. He reported Resident #43 should have an activity blanket to work with when table top activities were being performed. He could not say why the resident did not have any activities during the observations.</p> <p>An interview was conducted on 10/3/19 at 11:40am with the DON (Director of Nursing). The DON reported it was her expectation that the dementia residents have activities that are more appropriate for the level of dementia each has. She also reported Resident #43 should have activities that are appropriate for a visually impaired resident and that focus on her interests.</p>	F 679	<p>4. The Nursing Home Administrator, Activity Director, or Unit Managers will observe ten visually impaired residents weekly, for twelve weeks, to validate proper assistance is being offered during activities by 10-24-2019. Results of the audits and any concerns identified will be reported/ trended to our Quality assurance Performance Improvement Committee monthly times three. The Quality Assurance and Performance Improvement Committee will review audits and make recommendations, as needed, to assure compliance is sustained ongoing.</p> <p>5. 10-24-2019</p>		