

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

PRINTED: 09/25/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345339</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HLTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1306 SOUTH KING STREET</b> <b>WINDSOR, NC 27983</b>		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).	F 580		9/25/20	

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

TITLE

(X6) DATE

Electronically Signed

09/18/2020

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 580	<p>Continued From page 1</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review and staff and resident representative (RR) interviews the facility failed to notify the RR of a change in condition and the need for a new treatment order for 1 of 3 residents (Resident #1) reviewed for notification of change.</p> <p>Findings included:  Resident #1 was admitted to the facility</p>	F 580	<p>F580 = D/ Notification of Changes The licensed nurse that received a new treatment order on 7/26/20 resident # 1 failed to notify resident's Responsible Party, of change of the new order.</p> <ul style="list-style-type: none"> <li>Resident #1 responsible party was given an update on resident's healed skin condition on 9/2/20 by Unit Manager and a follow up call on residents continued intact skin on 9/13/20 by the Director of</li> </ul>		

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F 580	<p>Continued From page 2</p> <p>05/29/2020 with diagnoses including traumatic subdural hemorrhage (bleeding in the brain).</p> <p>A review of a Minimum Data Set (MDS) dated 06/01/2020 indicated Resident #1 was severely impaired for daily decision making, required the extensive assistance of one to two persons for toileting and personal hygiene and was always incontinent of bowel and bladder.</p> <p>A review of a nursing progress note dated 07/26/2020 at 8:45 PM indicated Resident #1 was noted to have perineal (groin area) redness and itching, her physician was notified, and a new order was received for Nystatin powder (an antifungal medication) for seven days.</p> <p>On 09/02/2020 at 11:30 AM an interview with the director of nursing (DON) indicated nursing staff should document any changes in a resident's condition and new treatment orders in a progress note and include the notification of both the resident's physician and RR.</p> <p>On 09/02/2020 a telephone interview with nurse #1 indicated she called Resident #1's physician on 07/26/2020 to notify him of the new skin condition and received a new treatment order for Resident #1. She stated she did not recall notifying Resident #1's RR. Nurse #1 stated she knew she was supposed to notify resident's RR of any change in condition or new treatment orders.</p> <p>On 09/02/2020 at 1:03 PM a telephone interview with Resident #1's RR indicated she did not recall being notified of Resident #1's new skin condition or new treatment order.</p>	F 580	<p>Nursing.</p> <ul style="list-style-type: none"> <li>The nurse failed to notify the RP received 1:1 education by the Director of nursing on 9/2/20 regarding the failure to notify the Responsible party of the new treatment order.</li> <li>All residents could be affected by this deficient practice a review of SBARs and new orders for current residents for the time frame 8/1/20 – 9/17/20 was audited the Director of Nursing and Unit Manager for MD and RP notifications. This audit was completed on 9/17/20 and has been implemented as part of clinical startup 5x weekly ongoing since 9/17/20. Updates were given to RP if indicated from the audits.</li> <li>Current licensed nursing staff was in-serviced by the Director of Nursing on utilization of the SBAR tool and its completion with notification of MD and Resident's Responsible Party for any new treatment orders. This education was completed on 9/17/20. This education will be provided to any new licensed staff. The Director of Nursing, Unit Manager or assigned licensed nurse will review SBAR's and new orders to ensure Responsible party notification occurred. This will be completed as part of the clinical startup 5 x weekly for 12 weeks. The results will be reviewed in QAPI for 3 months.</li> </ul> <p>The Director of Nursing is responsible for implementing this plan of care by 9/25/20.</p>		
F 880	Infection Prevention & Control	F 880		9/25/20	

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F 880 SS=E	Continued From page 3 CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a	F 880			

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F 880	<p>Continued From page 4</p> <p>resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, record review and facility staff, medical director and the facility's local health department nurse supervisor interviews the facility failed to implement the Centers for Disease Control and Prevention (CDC) practices for COVID-19 by not keeping a readmitted resident (Resident #1) under quarantine for 14 days from the date of her readmission to the facility, not keeping a resident (Resident #2) with a known exposure to COVID-19 under quarantine</p>	F 880	<p>F880 = E / Infection Control The facility failed to quarantine Resident #1 for 14 days from the date of readmission to the facility. The facility failed to keep Resident #2 under quarantine for 14 days from a known exposure to Covid 19. During the Fish Bone/ root cause analysis discussion which included the governing body Vice President of Operations,</p>		

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F 880	<p>Continued From page 5</p> <p>for 14 days from the date of her exposure and not requiring staff to wear all recommended Personal Protective Equipment (PPE) when caring for 2 of 3 residents (Resident #1 and Resident #2) under observation for COVID-19 for 14 days. This failure occurred during a COVID-19 pandemic.</p> <p>Findings included:</p> <p>The CDC guideline entitled "Responding to Coronavirus (COVID-19) in Nursing Homes" last reviewed on 04/30/2020 indicated the following statements:</p> <p>Considerations for new admissions or readmissions to the facility:</p> <ul style="list-style-type: none"> <li>* All recommended COVID-19 PPE should be worn during the care of residents under observation, which includes the use of an N95 or higher level respirator (or a facemask if a respirator is not available), eye protection (goggles or a disposable face shield that covers the front and sides of the face), gloves and a gown.</li> <li>* A single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE.</li> <li>* New residents could be transferred out of the observation area if they remain afebrile and without symptoms for 14 days after their last exposure (e.g. date of admission).</li> </ul> <p>Resident with new-onset suspected or confirmed COVID-19:</p> <ul style="list-style-type: none"> <li>* Ensure resident is isolated and cared for using all COVID-19 recommended PPE.</li> </ul>	F 880	<p>District Director of Clinical Services, Administrator, Medical Director and Director of Nursing, it was determined that the Director of Nursing simply miscounted when moving Resident #1 and the DON did understand the quarantine guidelines of 14 days.</p> <p>All new /re-admissions have the potential to be affected by this deficient practice. Resident # 2 received a COVID test 8/26/20 due to her roommate being diagnosed with COVID on 8/26/20. When Resident #2, test came back negative on 8/31/20, the Director of Nursing did not take into account the resident should have remained on quarantine due to the exposure for 14 days from the date of exposure, even though the COVID test was negative. The DON was re-educated that roommates of the residents with Covid-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and /or have tested negative for Covid, 14 days after their last exposure.</p> <p>All residents with Positive covid tested roommates may be affected by this deficient practice.</p> <p>Immediate Corrections were accomplished:</p> <ul style="list-style-type: none"> <li>• Resident #1 roommate (which was Resident #2) was moved into another room (304) on 9/1/20 so that Resident #1 and Resident #2 were in room by themselves. Both residents were placed on enhanced precautions for 7 additional days per the Medical Director's</li> </ul>		

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F 880	<p>Continued From page 6</p> <p>* Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit).</p> <p>A review of the facility's "COVID-19 Negative or Unknown COVID-19 Status Admissions or Readmissions Criteria" indicated the following statements:</p> <p>* Residents will be closely monitored for an observation period of 14 days. Based on improvement, resolution, or the continued absence of symptoms and the completion of 14 days of isolation, residents can be moved from isolation and droplet precautions to the broader resident population. The rationale in this case is that a negative test does not rule out incubating illness that may develop during the isolation period.</p> <p>During the entrance conference on 09/01/2020 at 9:00 AM the director of nursing (DON) indicated the 100 Hall was the facility's new admission/readmission quarantine hall.</p> <p>A review of the facility's list of Admissions/Readmissions from 07/01/2020 through 09/02/2020 indicated Resident #1 was readmitted to the facility into private room 106 on 08/20/2020 after a hospitalization.</p> <p>A review of the facility's COVID-19 timeline indicated Resident #2's roommate was sent to the hospital on 08/25/2020 at 1:00 PM and at 6:30 PM the facility was notified of this</p>	F 880	<p>recommendation and remained in the room by themselves. Enhanced Precaution Signage and PPE equipment was placed on each resident's door on 9/1/20 by the Director of Nursing. Resident #1 and Resident #2 had a negative COVID test on 9/9/20. Both residents remain in the facility on 9/17/20 and are without s/sx of Covid 19. All residents in the facility on 9/9/20 were for COVID on 9/9/20 and there are no positive cases of COVID identified.</p> <ul style="list-style-type: none"> <li>Fish Bone/ root cause analysis and in-service was held by the District Director of Clinical Services with the DON/Infection Preventionist, Administrator, Unit Manager, Business Office Manager and Social Services regarding quarantine time frames for new admissions/ readmissions and regarding times for a resident with known exposure to Covid 19 on 9/2/20.</li> <li>The Director of Nursing will review all room changes from the quarantine unit with Administrator and the District Director of Clinical Services prior to initiating any room changes for the quarantine unit to ensure 14 day quarantine time has elapsed before moving any resident for 12 weeks.</li> <li>The Director of Nursing will review all residents that are on Enhance Precautions with the Administrator, and the District Director of Clinical Services prior to discontinuing the precautions to ensure the isolation time meets the quarantine guidelines for known exposure for the next 12 weeks.</li> </ul>		

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F 880	<p>Continued From page 7</p> <p>hospitalized resident's positive COVID-19 test. Resident #2 was moved to the 100-quarantine hall on 08/25/2020 at 9:30 PM.</p> <p>On 09/01/2020 at 10:08 AM an observation was made of Resident #1 on the 300 Hall in semi-private room 314 with Resident #2 as her roommate. No enhanced droplet contact precaution signage indicating the need for staff to wear COVID-19 PPE when caring for Resident #1 or Resident #2 was observed. No COVID-19 PPE supplies available for use were observed outside the room.</p> <p>On 09/01/2020 at 10:22 AM an interview with nurse #2 indicated both Resident #1 and Resident #2 had previously been on the 100 Hall quarantine unit and were moved to room 314 on 08/31/2020. She stated Resident #1 was a readmission to the facility and Resident #2 had a previous roommate who tested positive for COVID-19. The nurse went on to say she was providing care to both Resident #1 and Resident #2 as well as other residents on the 300 Hall that day using an N95 respirator, a face shield and gloves. She stated gowns were not required to care for Resident #1 and Resident #2. The nurse further indicated if residents required staff to wear additional PPE such as a gown, signage was posted, and the required PPE was available for use at the door.</p> <p>On 09/01/2020 at 2:41 PM an interview with nursing assistant (NA) #1 indicated she had been responsible for the care of Resident #1 and Resident #2 that day. She stated neither resident required any special PPE other than the N95 respirator, face shield and gloves she used when caring for all residents. She stated if a resident</p>	F 880	<ul style="list-style-type: none"> <li>To monitor the effectiveness of the above plan, the Admin will review DON/Infection Preventionist's logged admissions and quarantine room changes weekly.</li> </ul> <p>This will be reviewed and discussed during monthly QAPI meetings for the next 3 months. The QAPI Committee will evaluate the effectiveness of the plan and make recommendations for changes in the plan as indicated.</p> <p>The Administrator is responsible for implementing this plan of care by 9/25.20.</p>		



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F 880	<p>Continued From page 8</p> <p>required additional PPE that information was posted on a sign and the needed PPE was present at the doorway to the room.</p> <p>On 09/01/2020 at 10:39 AM an interview with the DON indicated new admissions and readmissions to the facility resided on the 100 Hall for 14 days. She stated Resident #1 had been readmitted to the facility into room 106 on 08/20/2020, had one negative COVID-19 test from the facility wide testing done on 08/06/2020, a negative COVID-19 test on her admission to the hospital on 08/15/2020 and a negative COVID-19 test on 08/20/2020 prior to her readmission to the facility. The DON further indicated the movement of Resident #1 off the 100 Hall into room 314 and discontinuation of COVID-19 PPE on 8/31/2020 after only 12 days must have been a miscount. She went on to say she recalled speaking with the facility's medical director about Resident #1 and being told as Resident #1 had 3 negative COVID-19 tests it would be okay to take her off COVID-19 PPE precautions and move her off the 100 Hall. The DON indicated Resident #2's previous roommate tested positive for COVID-19 in the hospital on 08/25/2020 and after consulting with the Health Department, Resident #2 had been tested for COVID-19 on 08/25/2020 and moved to the 100 Hall into room 108 for isolation and observation and placed on COVID-19 PPE precautions. She stated Resident #2's COVID-19 test from 8/25/2020 was negative and as she remained free from any symptoms, she was moved off the 100 Hall to room 314 on 08/31/2020 after 7 days. The DON went on to say she must have misunderstood the guidance regarding the length of time COVID-19 PPE was needed for Resident #2. She stated because Resident #2 was a resident and not a new</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>admission she wanted to move her off the 100 Hall as soon as possible. She went on to say she thought after Resident #2's negative COVID-19 test on 08/25/2020 and the absence of any symptoms for 7 days this was long enough. The DON stated she did not recall consulting with the facility medical director regarding Resident #2.</p> <p>Further review of the facility's Admission/Discharge list from 08/01/2020 though 09/01/2020 indicated no other residents in the facility were moved off the 100 Hall after less than 14 days.</p> <p>On 09/01/2020 at 2:05 PM a telephone interview with the facility's local health department nurse supervisor indicated she was aware of the situation with Resident #2's exposure to a COVID-19 positive roommate. She stated she did not know why the facility would move Resident #1 off the observation unit and discontinue the COVID-19 PPE precautions after 12 days. She further indicated she also did not know why the facility would discontinue the COVID-19 PPE precautions for Resident #2 after only 7 days. The nurse supervisor stated Resident #1 should have remained on the observation unit on COVID-19 PPE precautions for 14 days. She stated Resident #2 should have remained on COVID-19 PPE precautions for 14 days from the date of her known exposure, 08/25/2020, as she could still have developed COVID-19 during this time period. The nurse supervisor went on to say she had been in frequent communication with the facility's DON providing support and guidance and thought the DON understood the CDC guidance regarding isolation and COVID-19 PPE as the DON told her 14 days of isolation and COVID-19 PPE for new admissions,</p>	F 880			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345339</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HLTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1306 SOUTH KING STREET</b> <b>WINDSOR, NC 27983</b>		
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F 880	<p>Continued From page 10</p> <p>readmissions and residents with a known exposure was the facility's plan.</p> <p>On 09/02/2020 at 1:13 PM an interview with the facility medical director indicated he was the physician for Resident #1 and Resident #2. He stated he was not consulted regarding the discontinuation of COVID-19 PPE or Resident #1's movement off the 100 Hall after 12 days or the discontinuation of COVID-19 PPE or Resident #2's movement off the 100 Hall after 7 days. He stated it was his understanding that for these residents the standard was for those measures to remain in place for 14 days.</p> <p>On 09/02/2020 at 1:25 PM an interview with the administrator indicated the discontinuation of COVID-19 PPE and movement off the 100 Hall after 12 days for Resident #1 and the discontinuation of COVID-19 PPE and movement off the 100 Hall after 7 days for Resident #2 was not the recommended protocol.</p>	F 880			