STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345339	A. BUILDING _____ B. WING _____	C 12/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & REHAB	**1306 SOUTH KING STREET WINDSOR, NC 27983**

(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
E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 12/09/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 1CNN11.	E 000		
F 000	INITIAL COMMENTS . An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 12/08/2020 through 12/09/2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID # 1CNN11. 1 of the 3 complaint allegation(s) were substantiated resulting in deficiencies.	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);	F 580		12/31/20

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

Electronically Signed | 12/23/2020

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F 580	Continued From page 1 (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). (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. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §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, staff, family representative interviews, the facility failed to inform the family representative of the resident ' s	F 580	F580 - D Notification of Changes The Licensed nurse #1, that received weight on 11/25/20 for resident #1, did	

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F 580	Continued From page 2 significant weight loss for 1 of 1 resident reviewed for weight loss. Resident #1 Findings included: Resident #1 was admitted to the facility on 4/24/2020 with the diagnosis of dysphagia (difficulty swallowing), adult failure to thrive, and feeding difficulties. A quarterly Minimum Data Set (MDS) dated 10/5/2020 showed Resident #1 was moderately cognitive impaired, alert and able to make her needs know. Resident #1 ate meals with setup and supervision, had no weight gain or loss with in the last 6 months, and no rejection of care during the 7 day look back assessment period. Resident #1 weight was recorded at 131 pounds. Review of the weight record showed Resident #1 ' s weight was 131 pounds (lbs.) on 11/5/2020, 116 lbs. on 11/25/2020. An interview with the family representative on 12/8/2020 at 4:00 pm revealed the family representative had spoken with a nurse (unnamed nurse) at the facility during the Thanksgiving holiday and was told Resident #1 was doing fine. He stated the nurse did not inform him Resident #1 was not eating well or had loss any weight. The family representative stated on 11/30/2020. Nurse #1 called to inform him Resident #1 had loss a lot of weight and informed him of new physician's orders. The nurse progress note dated 11/30/2020 showed Nurse #1 attempted to notify the family representative of the weight loss on 11/30/2020 at 6:00 pm. There was no answer to the call. The note on 12/1/2020 at 9:28 am showed Nurse #1	F 580	inform resident's representative of a weight loss but the notification was not accomplished until 12/1/20. A voice mail was left for the resident representative on 11/30/20. Licensed Nurse #1 received education by the Director of Nursing on 12/24/20 of the plan of correction related to this citation. All residents could be affected, therefore all current residents were weighed, re-weighed if indicated and reviewed by Director of Nursing. MD and RP notifications were completed for any identified significant weight loss by the Director of nursing or designee. This was completed on 12/14/20. The Director of nursing or designee will review all weights obtained three times a week to identify need for a reweight, and to determine based on reweights if a significant change in weight has occurred. MD and RP will be notified within 72 hours of the identified significant weight changes by the Director of nursing or designee. Current nursing staff received education that the resident representatives was to receive notification of significant weight changes once that determination is made within 72 hours and that the Director of Nursing or Designee would review all weight losses 3x weekly . This education will be provided to any new nursing staff by the Director of Nursing or designee and will be completed by 12/24/20. The Director of Nursing or designee will review all weights 3 x weekly for 12 weeks to identify needs for reweights and to determine if significant weight losses occurred and to ensure Responsible	

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F 580	Continued From page 3	F 580		

spoke with the family representative on 12/1/2020 and informed him of Resident #1's weight loss.

The physician orders dated 11/30/2020 included dietary supplement three times a day, Marinol twice a day, weights every Friday, and dietary consult for weight loss. Labs work ordered: complete blood count, comprehensive metabolic panel, thyroid stimulating hormone test. Orders on 12/1/2020 speech consult for weight loss, 12/3/2020 Regular diet with mechanical soft texture, regular texture.

Nurse #1 on 12/9/2020 at 2:45 pm stated she worked with Resident #1 on 11/25/2020 when the weight was taken. Nurse #1 said she did not call the family representative at that time to report the weight loss. Nurse #1 said she forgot about the weight until the weekend of 11/28/2020 and called the family representative on 11/30/2020 when she came back to work.

During an interview with the Director of Nursing (DON) on 12/9/2020 at 2:57 pm she stated Resident #1's family representative should have been informed of the weight loss. She said the resident's weights were obtained by the restorative aide. The DON said significant changes in resident's weight would be reported to the nurse and weights placed in the computer by the aide. The DON said any nurse could report a change in condition to a family representative.

The interview with the physician on 12/9/2020 at 3:15 pm revealed he believed a nurse notified him of the weight loss on 11/25/2020 or 11/27/2020. The physician stated he gave new orders for marinol and weekly weights on 11/30/2020. He stated Resident #1's weight loss

party notification occurred for identified significant weight losses. The results will be reviewed in QAPI for 3 months.
The Director of Nursing is responsible for implementing this plan of care by 12/31/20.

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F 580	Continued From page 4 was unavoidable due to her diagnoses of adult failure to thrive, swallowing difficulties, and schizophrenia. The Administrator stated during an interview on 12/9/2020 at 4:00 pm she felt the nurse completed the notification correctly even if it was late. She said Nurse #1 waited until the resident was reweighted on 11/30/2020 before contacting the family representative. The Administrator said there was no staff member in the facility to reweigh Resident #1 until 11/30/2020. She stated weights were monitored and reweights requested by Nurse #1 who did not work during 11/26/2020 to 11/29/2020.	F 580		