

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

PRINTED: 06/07/2021  
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>05/05/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHABILITATION/WINDSOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1306 SOUTH KING STREET</b> <b>WINDSOR, NC 27983</b>	
(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 000	INITIAL COMMENTS  A complaint investigation survey was conducted from 05/04/21 through 05/05/21. Event ID# VRL911. 0 of the 4 complaint allegations were not substantiated.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to follow physician orders for barrier cream for 1 of 3 residents (Resident #1) reviewed for urinary tract infection.  The findings included:  Resident #1 was admitted to the facility on 04/19/2019 with diagnoses to include dementia, Parkinson's Disease, history of stroke, and diabetes.  A physician order dated 11/09/2020 read "apply barrier cream after each incontinent episode."  Resident #1's quarterly Minimum Data Set (MDS) assessment dated 04/21/2021 revealed severe cognitive impairment, and the need for extensive to total staff assistance for activities of daily living.  On 5/4/2021 at 10:47 AM, a continuous observation was conducted with Nurse Assistant	F 658	F658 D Resident #1 had no adverse effects related to the barrier cream not being applied after the observation of incontinent care on 5/4/21. The DON discussed Resident #1 barrier cream order with the attending medical doctor and clarification for the order was obtained on 5/4/21. The nursing assistant #1 and #2 received education by the DON on 5/4/21 regarding where barrier cream ointment was stored and that barrier cream should have been applied for this resident after incontinent care. All residents that have orders to use barrier cream after each incontinent episode could be affected. The DON reviewed all residents orders for barrier cream orders to ensure the data entry for the order was corrected to read as a when necessary order.	5/24/21

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

TITLE

(X6) DATE

Electronically Signed

05/19/2021

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 658	<p>Continued From page 1</p> <p>(NA) #1 and NA #2 administering a bath and incontinent care to Resident #1. After completing care, barrier cream was not observed to be applied to Resident #1.</p> <p>Immediately following the observations an interview was conducted with NA #1 at 11:06 AM. The NA stated she had applied barrier ointment after the previous incontinent care at 08:15 AM and had used the last of it. The NA stated she was new to the facility and did not know where additional barrier ointment was kept, and she had not informed anyone she had run out of barrier ointment.</p> <p>On 05/04/2021 at 1:35 PM, an interview was conducted with the Director of Nursing (DON). The DON stated the barrier cream the NAs could use was over-the-counter barrier ointment, and an order should not have been written for that. The DON stated it was the expectation that staff were to use over-the-counter barrier ointment for residents who were incontinent. The DON stated she would have expected the NA to ask the nurse or another staff where additional over-the-counter barrier ointment was kept.</p>	F 658	<p>The DON and designee will ensure agency, current and oncoming nursing staff receives education regarding location of barrier cream supply and that use of barrier cream as needed after incontinent episodes is part of the facilities protocol for skin care. This education will be completed by May 24, 2021.</p> <p>The DON or designee will observe five residents receive incontinent care weekly for four weeks, and then five residents monthly for two months to ensure staff knows where to obtain the barrier cream and that they utilize it after incontinent care if indicated.</p> <p>The DON is responsible for implementing the Plan of correct by May 24, 2021.</p>		