STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345221	A. BUILDING _____ B. WING _____	C 05/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER H & REHAB WEAVERV	**78 WEAVER BOULEVARD WEAVERVILLE, NC 28787**

(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 Recertification survey was conducted on 5/10/21 thru 5/13/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID IL0Z11.	E 000		
F 000	INITIAL COMMENTS An unannounced Recertification and Complaint survey was conducted on 5/10/21 thru 5/13/21. 11 allegations were investigated, all 11 of the allegations were unsubstantiated. Event ID IL0Z11	F 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.	F 583		5/28/21

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

Electronically Signed | 05/28/2021

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 583	Continued From page 1 §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to protect the private health information for 1 of 1 sampled resident (Resident #14) by leaving confidential medical information unattended and exposed in an area accessible to the public for 1 of 4 medication carts. The findings included: Resident #14 was admitted to the facility on 06/28/20. A continuous observation was made on 05/13/21 from 9:59 AM through 10:04 AM for an unattended medication cart in the hallway of 400 Hall. Medication Aide (MA) #1 left the medication cart with the Medication Administration Record (MAR) visible on the medication cart's computer screen when she was administering medications in Room 411 about 10 feet away. The screen showed a picture of Resident #14, her room number, a list of medications she was receiving, her diagnoses, and other personal or health related information. The unattended computer screen was accessible to anyone who passed by including those who were not authorized to view	F 583	Criteria 1: To correct alleged deficient practice for resident personal privacy, the staff member who failed to use appropriate privacy protocol was immediately re-educated on privacy policies and procedures that include using the lock screen button or minimizing the computer screen to shield private information. This occurred on 5/13/21. Criteria 2: An observation audit of the facility computer users was completed on 5/14/21 to identify any additional users who were not compliant with privacy practices. During this audit, no additional privacy infractions were observed. Computer users will be re-educated on privacy policies and procedures that include using the lock screen button or minimizing the computer screen to shield private information. This education will be completed by the Director of Nursing (DON) by 5/27/21. Criteria 3: An audit of 5 computer users/screens will be completed 5 x	

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F 583	Continued From page 2 this confidential information. During an interview with MA #1 on 05/13/21 at 10:05 AM she explained she had about 30 residents to do medication pass that morning. She was moving too fast and had forgotten to turn on the privacy protection screen before leaving the medication cart. She acknowledged that it was not an appropriate action to leave the MAR screen unattended. MA #1 stated she had received training related to Health Insurance Portability and Accountability Act (HIPAA) from the facility during orientation. During an interview with Nurse #1 on 05/13/21 at 10:09 AM she stated she was the nurse for 400 Hall and MA#1 was under her supervision. She added MA #1 did not usually leave resident's confidential medical information unprotected during medication pass. Nurse #1 acknowledged that MA#1 should turn on the privacy protection screen before leaving the medication cart. During an interview with the Director of Nursing (DON) on 05/13/21 at 10:48 AM she stated MA#1 should turn the privacy protection screen on before leaving the medication cart to protect resident's confidential personal and medical information. It was her expectation for all the staff to follow the HIPAA guidelines while working in the facility. During an interview with the Administrator on 05/13/21 at 11:09 AM she stated it was her expectation for all the staff in the facility to follow HIPAA guidelines all the time.	F 583	weekly x 2 weeks, 3 x weekly x 4 weeks, and 1x weekly x 6 weeks. The audits will be completed by the DON or designee. The results of these audits will be reported at the monthly (Quality Assurance and Process Improvement)QAPI meeting until such time that substantial compliance is achieved and agreed upon by the QAPI committee. Criteria 4: The DON is responsible for implementing the corrective actions. Criteria 5: The facility will be in full compliance with this plan of correction no later than 5/28/21.	