

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

PRINTED: 01/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345408	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/22/2021
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER SOUTHPPOINT			STREET ADDRESS, CITY, STATE, ZIP CODE 6000 FAYETTEVILLE ROAD DURHAM, NC 27713		
(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	F 000			
F 609 SS=D	<p>A complaint investigation survey was conducted from 12/20/21 through 12/22/21. Event ID# 4Y0G11. 1 of the 23 complaint allegations was substantiated but did not result in a deficiency. 1 of the 23 complaint allegations was substantiated resulting in a deficiency and 21 of the 23 complaint allegations were not substantiated.</p> <p>Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified</p>	F 609		1/15/22	

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

TITLE

(X6) DATE

Electronically Signed

01/12/2022

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 609	<p>Continued From page 1</p> <p>appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review the facility failed to report diversion of facility drugs to the State agency for the initial 24-hour report and the 5-day investigation report and failed to report to the local police department for a diversion of facility drugs by an employee.</p> <p>The findings included.</p> <p>Resident #5 was admitted in the facility on 8/25/21 for rehabilitation after hospitalization for fall and after repair of hip fracture. She had orders for rehabilitation and pain management with an order of oxycodone 5mgs (narcotic) every 4 hours as needed for pain along with orders for additional pain medications.</p> <p>Record review of the pharmacy delivery sheet showed the Oxycodone 5mgs 30 tablets were delivered on 8/26/21. The declining sheet was taken and there was no final count of the medication missing.</p> <p>Interview with the Nurse #1 on 12/21/21 at 3:45 PM who reported the missing narcotic medication incident to the Director of Nursing (DON) was done. She reported the incident on 9/17/21 to the DON after finding out that one card of narcotic medication and a declining inventory sheet was missing during the transition to 11-7 shift. She stated that the receiving Nurse (Nurse #2) concurred that the narcotic medication card and the declining sheet for Resident #5 was missing.</p> <p>Telephone calls to Nurse #2 was not answered and there was no return call from voicemail</p>	F 609	<p>Resident #5 was discharged from the facility and was not impacted by the missing medication. The Director of Nursing did report the employee to the Board of Nursing and he is no longer employed in the facility and his license has been revoked by the Board of Nursing.</p> <p>No other missing medications were identified when the Director of Nursing did a reconciliation of the medications on September 17 - September 18, 2021 when she became aware of the missing medications. There have been no other instances of missing controlled substances reported to the Director of Nursing. Licensed staff were in-serviced September 22, 2021 on procedure for proper reconciliation of medications at the end of each shift.</p> <p>The Director of Nursing and the Administrator were in-serviced on F609 by the District Clinical Director on January 11, 2022 as it related to completing a 24 hour and a 5 day report and notification of police with diversion of facility drugs by an employee.</p> <p>The Director of Nursing in-serviced all licenses nurses that taking controlled substances or any medication that was resident or facility property was not acceptable practice and would be reported to the Board of Nursing, the</p>		

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F 609	<p>Continued From page 2 message.</p> <p>An interview with the DON was done on 12/21/21 at 1:21 PM and she stated that Nurse#1 reported the missing narcotic medication incident on 9/17/21 (Friday) late in the day. The DON stated she checked the narcotics on the hall that reported the incident, and she was looking for the missing medication. She stated that on 9/20/21 (Monday) Nurse #3 admitted to taking the medication off the medication cart including the declining inventory sheet. The DON stated that Nurse #3 admitted to taking 11 tablets of narcotic medication from Resident #5. She also stated that the state agency and local police department was not notified.</p> <p>A telephone interview with the Administrator and the DON on 12/22/21 at 10:14 AM revealed there was no reporting done to the State agency and to the local police department. The Administrator and the DON believed it was not a reportable incident due to the Medicare status of the resident and that the narcotic medication belongs to the facility.</p>	F 609	<p>police and the State Agency. This education was completed on January 12, 2022.</p> <p>The Director of Nursing will do a weekly medication reconciliation review of all discharged residents that had a controlled substance to ensure the inventory sheet and medication count match and are accurate. Weekly reconciliation review will be documented on the "F609 Discharge Resident Controlled Substance Review." The Director of Nursing will alert the Administrator and the District Clinical Director of any missing medications. With the investigation of missing medications, if diversion of medication is identified, the Director of Nursing will be directed by the District Director of Clinical Services to complete a 24 hour report, and notify the police, and complete a five day report.</p> <p>The Director of Nursing will present the findings of the "F609 Discharge Resident Controlled Substance Review" audit tool to the Quality Assurance Performance Improvement (QAPI) Committee monthly x 2 months. The Quality Assurance Performance Improvement Committee will review the audit tool x 2 months to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p> <p>The Director of Nursing is responsible for the completion of this plan of correction by January 15, 2022.</p>		