

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

PRINTED: 02/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/13/2022
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/EDEN			STREET ADDRESS, CITY, STATE, ZIP CODE 226 N OAKLAND AVENUE EDEN, NC 27288		
(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	E 000			
F 000	<p>An unannounced recertification and complaint survey was conducted on 01/10/22 through 01/13/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #W6J511.</p> <p>INITIAL COMMENTS</p> <p>A recertification and complaint survey was conducted from 01/10/22 through 01/13/22. Event ID#W6J511 14 of the 14 complaint allegation(s) were not substantiated.</p>	F 000			
F 842 SS=E	<p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records,</p>	F 842		2/15/22	

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

TITLE

(X6) DATE

Electronically Signed

02/04/2022

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 842	<p>Continued From page 1</p> <p>regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews and record review, the facility failed to maintain accurate documentation in the medication administration record (MAR) for 3 of 6 residents reviewed for authorized access in the medical record (Resident #31, Resident #55, Resident #65).</p> <p>The findings included:</p> <p>On 01/13/22 at 8:30 AM Nurse #1 was observed administering medications to Resident #61. Nurse #1 was logged into the electronic health record (EHR), and in the resident's MAR, under Nurse #2's name.</p> <p>Review of Nurse #2's time clock information, provided by human resources (HR), revealed Nurse #2 had clocked out of her shift on 01/13/22 at 7:43 AM.</p> <p>An interview was conducted with Nurse #1 on 01/13/22 at 8:30 AM. The nurse stated she did not have a login due to a 30-day inactivity lockout rule for EHR access. Nurse #1 explained she had to wait for the HR Manager to arrive before she could get her login reset for the EHR.</p> <p>Review of a document titled: "Agency Access Staff Information", indicated Nurse #1's EHR access was reset on 01/13/22 at 8:58 AM.</p> <p>Review of residents' (Resident #31, Resident #55 and Resident #65) MARs on 500 Hall revealed</p>	F 842	<p>F842 Resident Records – Identifiable Information</p> <ol style="list-style-type: none"> Resident #31, Resident #55, and Resident #65 have suffered no ill effects related to this incident. Nurse #1 had been noted to be logged into the Electronic Health record (EHR) and in the resident's MAR, under Nurse #2's name. Nurse #2 had thought she had logged out of the EHR before leaving the facility. All facility residents have the potential to be affected by this deficient practice. All nursing staff must have their own personal login information in order to properly document in the electronic health record, and MAR. All nurses must ensure they log off completely after change in shift occurs. DON/designee corrected the issue immediately for Nurse #1 and completed an immediate audit to ensure all licensed staff in the center have the appropriate/individual log in information for documentation in the EHR/MAR. DON verified that All licensed/agency staff currently assigned to work in the center have the appropriate login information available to them immediately prior to their scheduled shift. All nursing staff, agency/contract staff, and all newly hired licensed staff will be educated on the proper process for obtaining your individual login to document in the EHR/MAR. This 		

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F 842	<p>Continued From page 3</p> <p>9:00 AM medications were documented on 01/13/22 with Nurse #2's EHR login.</p> <ol style="list-style-type: none"> Review of Resident #31's MAR revealed 9:00 AM medications were administered on 01/13/22 and documented with Nurse #2's initials. The medications included: Norvasc, venlafaxine, Colace and clonazepam. Review of Resident #55's MAR revealed 9:00 AM medications were administered on 01/13/22 and documented with Nurse #2's initials. The medications included: calcium + vitamin D3, Claritin, folic acid, and Zolof. Clonazepam was scheduled for 08:00 AM and documented with Nurse #2's initials. Review of Resident #65's MAR revealed 9:00 AM medications were administered on 01/13/22 and documented with Nurse #2's initials. The medications included: aspirin and multivitamin. Anastrozole and Zolof were scheduled for 8:00 AM and documented with Nurse #2's initials. <p>An interview was conducted with the director of nursing (DON) on 01/13/22 at 9:00 AM. She stated most of the time nurses let her know if they had issues logging into the EHR. The DON explained nurses administering medications should do so under their own name. Nurse #1 Should not have given medications under another nurse's login.</p> <p>An interview was conducted with the HR manager on 01/13/22 at 10:25 AM. She explained she had access to fix EHR logins for nurses. The DON and assistant director of nursing (ADON) were able to reset logins as well. HR stated Nurse #1 requested a login reset on 01/13/22, and it was</p>	F 842	<p>Education emphasizes that no nurse will document in the EHR/MAR under another nurse's login information. All nurses also educated that when the 30- day expiration is close, to let the DON/HR coordinator know immediately so they can reset the login information timely. An after - hours process for this is also in place and communicated to all licensed nurses during this mandatory education. Education also includes: Must properly log off when the nurse's shift is completed, and the cart is assigned to the upcoming nurse. All education will be completed DON/ designee by 2/15/2022. DON/ designee will keep an ongoing list of licensed nursing staff and validate all have individual login information daily, with identification of upcoming 30 - day expiration date.</p> <ol style="list-style-type: none"> The DON/ designee will audit all licensed nurse's shifts, five times a week x3 weeks, then 3x a week x 3 weeks, then 2x week x 6 weeks to ensure all licensed nurses login information is correct at all times, and accurate in the EHR and MAR. The Director of Nursing/ designee will keep running track of all licensed staff assigned an agency login and when the 30 expiration is expected, and any concerns/issues will be communicated to the DON/ designee. Results of the audits and any concerns identified will be reported/ trended to our Quality Assurance committee monthly times 3 months. 100 % compliance will be achieved by 2/15/22. 		

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F 842	<p>Continued From page 4 reset.</p> <p>In a follow up interview with the DON on 01/13/22 at 10:38 AM, she stated there was an afterhours process in place for any EHR access issues. Afterhours, the DON would be notified of EHR access issues. She would contact information technology (IT) to assist with issue resolution as needed.</p> <p>An interview was conducted with Nurse #3 (unit manager) on 01/13/22 at 10:55 AM. She explained she was made aware Nurse #1 did not have access to the EHR and sent the nurse to HR to have her access reset. Nurse #1 informed Nurse #3 she had not documented medication administrations under another nurse's name. Nurse #3 stated there was a process in place to ensure nursing staff had EHR access and all nurses had their own logins. Nurse #3 stated Nurse #1 should not have used another nurse's login to access the EHR.</p> <p>An interview was conducted with Nurse #2 on 01/13/22 at 11:29 AM. Nurse #2 stated she thought she had logged out of the EHR before leaving the facility. She revealed her typical process was to log out of the EHR when she was done with her shift. Nurse #2 explained the controlled substance count was correct when Nurse #1 assumed ownership of the medication administration cart. Nurse #2 voiced she had not known anyone to access the EHR under her login information.</p>	F 842			