

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

PRINTED: 05/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/25/2022
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/HERTFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 DON JUAN ROAD HERTFORD, NC 27944		
(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 4/20/22 through 4/25/22. Event ID# WXC711. 1 of the 12 complaint allegations was substantiated resulting in a deficiency. The following intakes were investigated: NC00187032, NC00187779, NC00186888, NC00187500, and NC00186650.	F 000			
F 690 SS=E	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.	F 690		5/13/22	

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

TITLE

(X6) DATE

Electronically Signed

05/12/2022

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 690	<p>Continued From page 1</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interview the facility failed to secure indwelling urinary catheter tubing to prevent tugging or pulling for 4 of 5 residents reviewed with urinary indwelling catheters. (Resident #2, #5, #8, #11)</p> <p>The findings included:</p> <p>1. Resident #2 was initially admitted on 3/19/21 and last readmitted on 3//22 with diagnoses that included hypertension and obstructive uropathy.</p> <p>Review of a physician's order dated 6/17/21 read in part; "Use catheter securing device to reduce excessive tension on the tubing and facilitate urine flow."</p> <p>An observation of Resident #2's urinary catheter with the Wound Nurse was conducted on 4/21/22 at 2:35 PM. There was no catheter securing device in place.</p> <p>On 4/22/22 at 1:25 PM, Resident #2 was observed in the bed with Nursing Assistant (NA) #1 present. Resident #2 was wearing a hospital gown and the sheets were pulled up to his mid chest. NA #1 checked Resident #2's catheter for an anchoring device and there was no device holding the urinary catheter tubing.</p>	F 690	<p>F 690 Bowel/Bladder Incontinence, Catheter</p> <p>On 04/21/22 & 04/22/22, it was observed that the facility staff failed to secure indwelling catheter tubing to prevent tugging or pulling on Resident #2, #5, #8 & #11. Upon notification of the concern, nurse # 1 & 2 and NA #1 was educated regarding utilizing the catheter securing device to secure and anchor the catheter tubing to prevent the tubing from pulling to prevent injury and to maintain urine flow.</p> <p>On 04/23/22, a 100% audit of all Residents with indwelling urinary catheters was completed to ensure the tubing is secured to prevent any injury to the resident and maintain urine flow by the SDC/IP and Director of Nursing. The audit was to ensure all residents with urinary catheter devices are properly being secured per the physician's orders. Any concerns identified during the audit where addressed with the employee by the DON, and corrected immediately by the DON</p> <p>An in-service was initiated by the Staff Development Coordinator/DON on</p>		

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F 690	Continued From page 2 An interview was conducted with NA #1 on 4/22/22 at 1:29 PM. NA #1 stated that it was the nurse's responsibility to place the catheter securing device. An interview was conducted with Nurse #1 on 4/22/22 at 1:39 PM. Nurse #1 stated that she replaced the catheter stabilizer when the NA notified her that the device was missing. Nurse #1 stated that she was aware that the resident had an order for catheter securing device and she checked for placement during the shift. 2. Resident #5 was admitted to the facility on 7/2/21 with diagnoses that included obstructive uropathy and urinary tract infection. Review of a physician's order dated 3/15/22 read in part; "Use catheter securing device to reduce excessive tension on the tubing and facilitate urine flow." An observation of Resident #5's urinary catheter was conducted on 4/22/22 at 12:57 PM. The resident was laying in the bed with the sheets pulled to the side. There was no catheter securement device in place. An interview was conducted with NA #1 on 4/22/22 at 1:29 PM. NA #1 stated that it was the nurse's responsibility to place the catheter securing device. An interview was conducted with Nurse #1 on 4/22/22 at 1:39 PM. Nurse #1 stated that she replaced the catheter stabilizer when the NA notified her that the device was missing. Nurse #1 stated that she was aware that the resident had an order for catheter securing device and she	F 690	04/23/22 with all Nursing staff related to ensuring that all residents that have an indwelling urinary catheter have the securing device in place to anchor the tubing, to prevent injury, pulling on tubing, and to maintain adequate urine flow. All newly hired employees and any nurse agency staff will also receive this education. 100% of all indwelling urinary catheters in the facility will be monitored by the Nurse Supervisor, DON, ADON or treatment nurse daily x 6 weeks utilizing the Bowel/Bladder Incontinence, Catheter Audit Tool. Any employee will be immediately re-trained by the Nurse Supervisor for any identified areas of concern and the indwelling catheter will have the securing device in place. The Director of Nursing will review and initial the Bowel/Bladder Incontinence, Catheter Audit Tool weekly x 6 weeks to ensure all areas of concerns were addressed. The Director of Nursing will present the findings of the Catheter Audit Tool to the Executive Quality Assurance (QAPI) committee monthly for 2 months. The Executive QA Committee will meet monthly for 2 months and review the Bowel/Bladder Incontinence, Catheter Audit Tools to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring. The Executive Director will be responsible for the plan of correction.		

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F 690	<p>Continued From page 3 checked for placement during the shift.</p> <p>3. Resident #8 was admitted to the facility on 5/21/14 with diagnoses that included neurogenic bladder, urinary tract infection and diabetes mellitus.</p> <p>Review of a physician's order dated 12/29/21 read in part; "Use catheter securing device to reduce excessive tension on the tubing and facilitate urine flow."</p> <p>On 4/22/22 at 1:10 PM, Resident #8 was observed in the bed. Resident #8 had the sheets pulled back and there was no device to secure the catheter tubing.</p> <p>An interview was conducted with Nurse #2 on 4/22/22 at 1:15 PM. Nurse #2 stated that the NA would notify her when the securement device was not there, and she had not been made aware Resident #8 did not have a securement device. Nurse #2 stated there was on order for the catheter securing device. Nurse #2 stated that she looked for the device when doing an assessment of the residents.</p> <p>4. Resident #11 was admitted to the facility on 4/6/21 with diagnoses that included hypertension, diabetes mellitus and neurogenic bladder. Review of a physician's order dated 4/6/21 read in part; "Use catheter securing device to reduce excessive tension on the tubing and facilitate urine flow."</p> <p>An observation was conducted of Resident #11 on 4/22/22 at 1:13 PM. Resident #11 was sitting up in a wheelchair at the bedside and the catheter tubing could be seen hanging across the</p>	F 690	Administrator is responsible for the Plan of Correction.		

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F 690	<p>Continued From page 4</p> <p>resident's waist band of his pants. Resident #11 stated that there was no securement device to hold his catheter tubing in place.</p> <p>An interview was conducted with Nurse #2 on 4/22/22 at 1:15 PM. Nurse #2 stated that the NA would notify her when the securement device was not there, and she had not been made aware Resident #11 did not have a securement device. Nurse #2 stated there was on order for the catheter securing device. Nurse #2 stated that she looked for the device when doing an assessment of the residents.</p> <p>An interview was conducted with the Director of Nursing (DON) on 4/22/22 at 3:40 PM. The DON stated that the nursing assistants and nurses could apply the securement device for the urinary catheters. The DON stated that she expected that indwelling urinary catheters would have a securement device in place.</p>	F 690			