

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

PRINTED: 07/12/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345343</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/07/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WAYNE MEMORIAL DRIVE</b> <b>GOLDSBORO, NC 27534</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  An unannounced complaint investigation was conducted on 06/06/2022 through 06/07/2022. Event ID: #Q89311. The following intakes were investigated: NC00186529; NC00186592; NC00186950; NC187277; NC00189687; NC00189693; NC00188020.  Twenty seven of twenty seven allegations were not substantiated.	F 000			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and	F 880		6/14/22	

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

TITLE

(X6) DATE

Electronically Signed

06/14/2022

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 880	<p>Continued From page 1</p> <p>procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interview and review of the facility's infection control and COVID-19 policy, the facility failed to conduct the complete COVID-19 screening process for 3 of 3 visitors upon entry to the facility.</p> <p>Findings included:</p> <p>A review of the facility's Infection Control Policy dated 03/03/20202 under Screening Process for Visitors read in part, "the center uses an electronic screening system kiosk to screen visitors for signs and symptoms consistent with COVID-19 infection. As part of the screening process, visitors will identify whether they have worked in a nursing center, medical office, or other healthcare setting that has confirmed COVID-19 cases in the past 14 days. This information will be evaluated as part of the screening process to determine eligibility to enter the building."</p> <p>A review of Screener #1's education provided by the Facility Administrator on 06/02/2022 revealed the education content included "be sure each visitor or vendor screens into the building by using the electronic screening system kiosk which prints a sticker for the visitor indicating clearance to enter the building."</p> <p>On 06/06/2022 at 8:34 am, Screener #1 unlocked the front door of the facility and permitted surveyors to enter the building. When the surveyors entered the building, Screener #1 directed the surveyors to use a separate wall unit temperature reader to record temperature. The</p>	F 880	<p>F880=Infection Prevention &amp; Control</p> <ol style="list-style-type: none"> <li>1. Visitors #1, #2, and #3 suffered no ill effects related to this incident. No residents suffered any ill effects related to this incident. The facility failed to conduct the complete Covid-19 screening process for 3 of 3 visitors upon entry to the facility.</li> <li>2. All visitors that enter the facility have the potential to be affected by this deficient practice. All visitors must be screened appropriately upon entrance to the facility via the electronic screening system kiosk for s/sx consistent with COVID-19 infection.</li> <li>3. All department staff and all hired screening staff will be educated on proper policy and procedures in relation to the facilities COVID-19 screening process prior to entry into the facility by the ADM/DON or designee by 06/14/2022.</li> <li>4. The ADM/DON or designee will audit a random sampling of visitors that enter the facility to be sure that the appropriate COVID-19 screening was performed via the electronic screening system kiosk daily for each visitor X12 weeks. All results of the audits and any concerns identified will be reported/trended to our Quality Assurance Committee monthly times three.</li> <li>5. Date of compliance: 06/14/2022</li> </ol>		

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F 880	<p>Continued From page 3</p> <p>surveyors were not directed to the electronic kiosk for COVID-19 screening questions prior to being escorted to the facility's conference room. The electronic screening kiosk records temperature as well as asks COVID-19 screening questions and requires visitors to sign in at entry and sign out at exit.</p> <p>Interview with Screener #1 on 06/06/2022 at 08:45 am revealed she was the screener for the facility and screened visitors every day.</p> <p>Interview with the Administrator on 06/06/2022 at 9:02 am revealed Screener #1 was educated and trained to have visitors use the electronic screening system kiosk upon entry to the building which includes answering all COVID-19 screening questions. The Administrator stated she was not sure why Screener #1 did not screen the surveyors appropriately unless she may have gotten nervous.</p> <p>An interview with the Infection Preventionist (IP) on 06/06/2022 @ 9:28 am revealed Screener #1 should have directed the surveyors to the electronic screening Kiosk located at the front desk upon entry of the building. She stated the wall temperature reader only records temperature and does not ask COVID-19 screening questions like the kiosk.</p> <p>An additional interview with the Screener #1 on 06/06/2022 at 9:34 am revealed, "I panicked at the time." Screener #1 also stated she had been educated on the electronic screening kiosk and should have asked the surveyors to use this system to be cleared to enter the building.</p>	F 880			