

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

PRINTED: 08/18/2022
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 07/08/2022
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 07/06/2022 through 07/08/2022. Event ID# GQVO11. The following intakes were investigated: NC00190183, NC00190036, NC00189601, and NC00190021.	F 000		
F 641 SS=D	6 of the 6 complaint allegations were not substantiated. Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to code the Minimum Data Set (MDS) accurately for pressure ulcer for 1 of 3 resident (Resident #1) reviewed for pressure wounds. The findings included: Resident #1 was admitted to the facility on 12/8/2021 with diagnoses to include moisture associated skin damage (MASD), and Alzheimer's disease. A review of a wound consult report dated 4/6/2022 revealed a wound on the right posterior upper thigh, full thickness. The measurements were 5 centimeters (cm) length by 3.5 cm width, by 0.1 cm depth. The wound had 30% granulation (healing) tissue, with light serous exudate. The wound was described as healing, MASD related skin breakdown with associated fungal infection.	F 641	F – 641 The statements made on this plan of correction are not an admission to and do not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated It is the intended practice of the facility to ensure accuracy of assessments as outlined in CFR(s): 483.20(g); to include accurately coding the Minimum Data Set (MDS) for pressure ulcers. 1. Upon notification from surveyor on	7/28/22

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

TITLE

(X6) DATE

Electronically Signed

07/23/2022

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 641	<p>Continued From page 1</p> <p>Resident #1's admission Minimum Data Set (MDS) assessment, dated 4/8/2022 revealed the resident had severe cognitive impairment, and required extensive to total staff assistance for activities of daily living. The resident was noted to have Moisture Associated Skin Damage (MASD), with no pressure wounds.</p> <p>On 7/7/2022 at 10:19 AM, an interview was conducted with the Treatment Nurse (TN). The TN stated the consulting wound physician came in once per week to see Resident #1. The TN indicated the wound physician had not staged the wounds and had always described them as MASD, so that is the terminology she used on her weekly skin assessment notes.</p> <p>On 7/8/2022 at 12:37 PM, an interview was conducted with the MDS nurse. The MDS nurse stated the wounds were described as MASD by the TN on the medical record for review when updating the MDS assessment. The MDS nurse stated she thought full thickness skin involvement, according to the Resident Assessment Instrument (RAI), was considered pressure, but she was not a wound care specialist.</p> <p>On 7/8/2022 at 5:19 PM, an interview was conducted with the Administrator who stated if the RAI manual described a set of parameters of depth for pressure ulcer, then if appropriate for the circumstance, it should be coded as described in the RAI manual.</p>	F 641	<p>7/7/2022 regarding the review of Resident #1's Minimum Data Set, completed on 4/8/22, which did not reflect pressure wound for the wound described as MASD with full thickness by the Wound Doctor. The Interdisciplinary Team (IDT) reviewed the MDS assessment coding and compared the Wound Doctors notes, ICD-10 codes, and MDS assessment code to the RAI manual.</p> <p>Resident #1 discharged from the facility on 6/16/22.</p> <p>After review of the concern presented by the surveyor, the ADON, MDS nurses and Administrator identified that the Wound Doctors notes had discrepancies between the notes and ICD-10 code which needed clarification with the Wound Doctor and the treatment nurse and MDS nurses to ensure accurate MDS assessments are coded. The ADON completed education on 7/15/2022 with the wound nurse and MDS nurse on reviewing the Wound Physician progress notes and identifying areas that could be considered pressure vs MASD.</p> <p>2. Residents who reside in the facility with wounds coded as MASD with full thickness, have the potential to be affected.</p> <p>A 100% audit was conducted by the MDS nurses on 7/18/22 to identify any other residents with potential to be affected by the deficient practice. Other residents with MASD were reviewed for appropriate</p>		

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F 641	Continued From page 2	F 641	<p>assessments in accordance to the RAI manual guidance, The residents identified were reviewed through the IDT process for accurate MDS assessments and corrections as appropriate.</p> <p>3. ADON and/or designee educated clinical IDT on 7/18/22 regarding the review of wound physician progress notes to ensure accuracy in the medical record and MDS.</p> <p>4. The ADON and MDS nurses and/or designee completed a 100% audit on 7/18/22 for current residents who have wounds coded as MASD to ensure MDS accuracy. DON or ADON and/or designee will audit 25% of the wound care physician notes & MDS coding within the facility 3 days a week x 4 weeks and then monthly x 2 months. The results of the audits will be reported to the QAA Committee for review and follow up recommendations as indicated.</p>		