

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

PRINTED: 09/13/2023
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 08/18/2023
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 A complaint investigation survey was conducted from 8/16/23 through 8/18/23. Event ID# 5VWE11. The following Intakes were investigated: NC00204940 and NC00205238.	F 000		
F 660 SS=D	One of 10 allegations resulted in deficiency. Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix) §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. (ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes. (iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan. (iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs. (v) Involve the resident and resident representative in the development of the	F 660		9/13/23

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

TITLE

(X6) DATE

Electronically Signed

09/08/2023

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 660	Continued From page 1 discharge plan and inform the resident and resident representative of the final plan. (vi) Address the resident's goals of care and treatment preferences. (vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community. (A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose. (B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities. (C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why. (viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences. (ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or	F 660			

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F 660	<p>Continued From page 2</p> <p>resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident, staff, and durable medical equipment (DME) agency interviews, the facility failed to implement an effective discharge plan that included ensuring a resident who required home health services was referred and accepted for services and that DME was ordered with arrangements coordinated for receipt of DME for 1 of 1 resident reviewed for discharge planning (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility 7/12/23 and discharged 7/19/23. Her diagnoses included aftercare following joint replacement surgery, presence of right artificial hip joint, right hip unilateral primary osteoarthritis and generalized muscle weakness.</p> <p>Review of Resident #1's Baseline Care Plan dated 7/13/23 included Initial Admission/Discharge Goals as return to the community.</p> <p>A 7/17/23 hand-written physician telephone order for discharge revealed Resident #1 was "to be discharged home on the 19th with physical therapy/occupational therapy. DME raised toilet seat and shower chair."</p> <p>Review of the 7/18/23 PT Discharge Summary by Physical Therapist (PT) #1 revealed Resident #1</p>	F 660	<p>1) No further planned discharged residents suffered any ill effects related to this noted deficient practice.</p> <p>2) All facility residents that have a planned discharge in place have the potential to be affected by this deficient practice if the Interdisciplinary Team (IDT) fails to implement an effective discharge plan that includes ensuring a resident who requires home health services was referred and accepted for services and the Durable Medical Equipment (DME) was ordered with arrangements coordinated for receipt of DME. The facility in-house audit of planned discharges was completed by 09/08/2023 by the Social Services Team and Facility Administrator.</p> <p>3) All IDT members involved with the discharge planning process were in-service educated on proper policy and procedures on discharge planning, which is resident specific for their appropriate discharge needs. The in-service education was completed on 09/08/2023.</p> <p>4) The Social Services Team or Facility Administrator will audit all planned discharges 5X week to ensure a cohesive discharge plan that includes ensuring if residents require home health services, if</p>		

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F 660	<p>Continued From page 3</p> <p>met her goals and was to be discharged home. PT recommendations included home health services and assistive device for safe functional mobility.</p> <p>Review of the 7/18/23 OT Discharge Summary by Occupational Therapist (OT) #1 revealed the discharge recommendation of a rolling walker, a 3-in-1 commode, and home health OT services.</p> <p>The 7/18/23 16:02 pm Social Worker (SW) #1's note revealed Resident #1 would be discharged on 7/19/23.</p> <p>Review of the Discharge Plan and Summary Recapitulation of Stay had an e-signature by SW #1 dated 7/18/23. There was an undated signature of Resident #1 who discharged 7/19/23, and an undated signature of Nurse #2. Nurse #1 wrote the discharge note in the EMR on 7/19/23. Under the section "Caregiver Responsibility," "Home Health therapy" was check-marked. A list of medications and prescriptions were sent with Resident #1. "Special Therapies" section was left blank with no check marks for PT or OT. The Final Summary of Resident Status revealed "None at this time." The "Other instructions" section revealed "Patient does not have a primary care physician on file. It is recommended that patient see a new provider." The Ombudsman and other provider and services sections were blank with no referrals or appointments. Equipment and supplies were blank. The sections of Functional Status, Rehabilitation Services, rehabilitation potential and resident use of assistive devices were blank. Equipment and supplies were blank.</p> <p>The discharge notes on 7/19/23 at 14:13 pm by</p>	F 660	<p>there were accepted to these said services and if applicable, DME Was ordered and coordinated appropriately. Post discharge, a member of the IDT will follow up with the resident after planned discharge to ensure all follow-ups for home health, therapies and DME are in place and if they need any further assistance with their transition back into their home setting. This will be audited 5X a week X 12 weeks. Results of the audits and any concerns identified will be reported and trended to our Quality Assurance committee monthly times three.</p>		

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F 660	<p>Continued From page 4</p> <p>Nurse #1 revealed that Resident #1 was discharged home and was accompanied by her daughter. The discharge packet was noted to be provided and reviewed with Resident #1 and there were no voiced questions or concerns.</p> <p>An undated Durable Medical Equipment (DME) Provider Order Summary page 1 revealed that a wheeled walker, 3-in-1 Commode, and Shower Chair with Back were to be delivered to Resident #1's home address after the discharge date of 7/19/23.</p> <p>An undated printout of the DME status update between the DME Provider and SW #1 revealed that the DME order was ready on 7/20/23 and available for pick up at a DME office local to Resident #1's home in the community. The DME Provider cancelled the DME order on 8/12/23 because Resident #1 did not come to pick up the DME.</p> <p>An interview with SW #1 on 8/16/23 at 5:17 pm revealed she understood that Resident #1 had an order for home health, PT and DME to be set up for discharge and recommended to Resident #1 that she could go through outpatient PT therapy due to her commercial insurance policy. She further revealed that she contacted three home health providers, but two would not accept Resident #1's insurance, and the third did not have any PT for home health available in Resident #1's town where she lived. SW #1 did not try to contact any other home health providers and recommended to Resident #1 that she seek outpatient PT for therapy. DME was ordered and the DME provider informed SW #1 it would be available at the DME office near Resident #1's home on 7/20/23. SW #1 was informed by the</p>	F 660			

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F 660	<p>Continued From page 5</p> <p>DME provider that Resident #1's daughter was going to pick up the DME.</p> <p>A telephone interview with a DME Associate on 8/17/23 at 11:23 am revealed there was a note in their computer system dated 7/20/23 that Resident #1 was having her daughter pick up the DME at a DME office local to Resident #1's home. The DME Provider had free delivery for the DME but did not inform Resident #1 of this option.</p> <p>During a telephone call on 8/18/23 at 12:42 pm with Resident #1, she indicated she was not asked to sign anything when she was discharged from the facility and did not receive a discharge summary but did receive two documents that included a hand-written discharge order from the doctor with PT and OT ordered, DME including a shower chair and commode ordered, and a list of medications. Resident #1 confirmed she did not receive home health after discharge, nor in-home PT nor OT. She further revealed her daughter, who lived with her, attempted to pick up the DME at the DME provider location before and after her work hours, but the DME office was closed both times. The daughter purchased a cane for Resident #1 at a local store, which Resident #1 used inside her home. Resident #1 further revealed that her doctor wanted her to have PT and was concerned about her not receiving PT. Resident #1 reported she went out of her apartment on one occasion and took a rideshare to an outpatient PT office, but her right hip experienced a popping sensation, and she called her doctor and told him that she was afraid of returning to that outpatient PT. She revealed she attempted to do PT on her own in her home.</p> <p>During a 1:58 pm interview on 8/18/23 with the</p>	F 660			

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F 660	Continued From page 6 DON, she revealed that Social Services should keep trying until they were able to secure DME, home health, PT and/or OT services for a discharging resident with orders for the services upon discharge. There should be a long enough list of providers to provide required services. The resident could also be asked if they had home health before and who they had used. The DON continued that the Discharge Plan Recapitulation of Stay and/or discharge progress notes should have been filled out by the social worker, along with two copies of the discharge papers. One copy would be for the resident, and one copy would stay in the chart.	F 660		