

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

PRINTED: 05/20/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345431</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/01/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRYAN HEALTH AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>921 JUNIOR HIGH SCHOOL ROAD</b> <b>SCOTLAND NECK, NC 27874</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	
E 000	Initial Comments  An unannounced recertification and complaint investigation survey was conducted on 4/28/2024 through 5/1/2024. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID#4TGC11.	E 000			
F 000	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted from 4/28/2024 through 5/1/2024. Event ID#4TGC11. The following intakes were investigated. NC00216095 and NC00205526. 4 of the 4 complaint allegations did not result in deficiency.	F 000			

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

TITLE

(X6) DATE

Electronically Signed

05/03/2024

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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345431</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>5/1/2024</b>
--	---------------------------------	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BRYAN HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>921 JUNIOR HIGH SCHOOL ROAD SCOTLAND NECK, NC</b>
---	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

<b>F 623</b>	<p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <ul style="list-style-type: none"> <li>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</li> <li>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</li> <li>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</li> </ul> <p>§483.15(c)(4) Timing of the notice.</p> <ul style="list-style-type: none"> <li>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</li> <li>(ii) Notice must be made as soon as practicable before transfer or discharge when- <ul style="list-style-type: none"> <li>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</li> <li>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</li> <li>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</li> <li>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</li> <li>(E) A resident has not resided in the facility for 30 days.</li> </ul> </li> </ul> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <ul style="list-style-type: none"> <li>(i) The reason for transfer or discharge;</li> <li>(ii) The effective date of transfer or discharge;</li> <li>(iii) The location to which the resident is transferred or discharged;</li> <li>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</li> <li>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</li> <li>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</li> <li>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address</li> </ul>
--------------	---

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

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345431</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>5/1/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRYAN HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>921 JUNIOR HIGH SCHOOL ROAD SCOTLAND NECK, NC</b>		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
<b>F 623</b>	<p>Continued From Page 1</p> <p>and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(1). This REQUIREMENT is not met as evidenced by: Based on record review, interview with the Resident Representative and staff interviews the facility failed to send written notification of the reason for transfer to the hospital to the Resident and the Resident Representative for 1 of 3 residents (Resident #42) reviewed for hospitalization.</p> <p>The findings included:</p> <p>Resident #42 was admitted to the facility on 7/7/23.</p> <p>Review of Resident #42's progress notes revealed the Resident was transferred to the hospital on 1/10/24 and returned to the facility on 1/12/24.</p> <p>The Minimum Data Set assessment dated 4/12/24 revealed Resident #42 was severely cognitively impaired.</p> <p>Review of Resident #42's medical record on 4/28/24 revealed no documentation Resident #42 or his Resident Representative received written notification of the reason for his transfer to the hospital.</p> <p>An interview was completed on 4/30/24 at 2:32pm with the Director of Nursing (DON). The DON stated the facility's transfer process included nursing staff notifying a resident's representative by phone regarding the reason for transfer from the facility. The DON indicated the Social Worker (SW) was responsible for sending the written notification of the reason for transfer to a resident when they were admitted to the hospital.</p> <p>An interview was completed on 4/30/24 at 2:46pm with the facility's SW. The SW stated when a resident was transferred to the hospital, the family was notified by phone and a written notification of the reason for transfer was sent to the resident and resident representative when the facility was notified the resident was admitted to the hospital. The SW revealed it was her understanding a written notification of the reason for transfer only needed to be completed when the resident was admitted to the hospital and not if they returned the same day or remained in observation only status at the hospital.</p>		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345431</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>5/1/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRYAN HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>921 JUNIOR HIGH SCHOOL ROAD SCOTLAND NECK, NC</b>		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
<b>F 623</b>	<p>Continued From Page 2</p> <p>An interview was completed on 5/1/24 at 9:30am with Resident #42's Representative. The Resident Representative stated she did not receive written notification of the reason for transfer to the hospital for her family member.</p> <p>An interview was completed on 5/1/24 at 11:06am with the facility's Administrator. The Administrator revealed it was the facility's understanding a written notification of the reason for transfer was required for hospital admissions only.</p>		
<b>F 867</b>	<p>QAPI/QAA Improvement Activities CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii)</p> <p>§483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:</p> <p>§483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.</p> <p>§483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.</p> <p>§483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.</p> <p>§483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.</p> <p>§483.75(d) Program systematic analysis and systemic action.</p> <p>§483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.</p> <p>§483.75(d)(2) The facility will develop and implement policies addressing: (i) How they will use a systematic approach to determine underlying causes of problems impacting larger</p>		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345431</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>5/1/2024</b>
--	---------------------------------	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BRYAN HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>921 JUNIOR HIGH SCHOOL ROAD SCOTLAND NECK, NC</b>
---	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

<b>F 867</b>	<p>Continued From Page 3</p> <p>systems;</p> <p>(ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and</p> <p>(iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.</p> <p>§483.75(e) Program activities.</p> <p>§483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.</p> <p>§483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.</p> <p>§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section.</p> <p>§483.75(g) Quality assessment and assurance.</p> <p>§483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must:</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;</p> <p>(iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff interviews, and interview with the Resident Representative the facility's Quality Assessment and Assurance (QAA) committee failed to maintain implemented procedures and monitor interventions the committee put in place following a recertification and complaint survey of 6/3/2021. This was for one recited deficiency on the current recertification and complaint survey in the area of Notice Requirements Before Transfer/Discharge (F623). The continued failure during two federal surveys of record shows a pattern of the facility's inability to sustain an effective QAA program.</p>
--------------	---

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345431</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>5/1/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRYAN HEALTH AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>921 JUNIOR HIGH SCHOOL ROAD SCOTLAND NECK, NC</b>		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
<b>F 867</b>	<p>Continued From Page 4</p> <p>The findings included:</p> <p>This tag is cross referenced to:</p> <p>F623: Based on record review, interview with the Resident Representative and staff interviews the facility failed to send written notification of the reason for transfer to the hospital to the Resident and the Resident Representative for 1 of 3 residents (Resident #42) reviewed for hospitalization.</p> <p>During the recertification and complaint survey of 6/3/2021 the facility was cited for failing to send written notification of the reason for transfer to the hospital to the resident and the Resident Representative.</p> <p>An interview was completed on 5/1/2024 at 11:06 a.m. with the Administrator. The Administrator revealed it was the facility's understanding that a written notification of the reason for transfer was required for hospital admissions only. The Administrator stated the facility failed to correctly interpret the regulation to the extent intended. She further stated the facility will follow the regulations correctly, and she will ensure written notification for the reason for transfer to the hospital is provided to the resident and sent to the Resident Representative. She stated the monthly Quality Assurance and Performance Improvement (QAPI) meetings have an agenda to ensure the QAA process is adhered to and monitored.</p>		