

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

PRINTED: 07/08/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345232	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2011
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NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHABI HICK	STREET ADDRESS, CITY, STATE, ZIP CODE 3031 TATE BLVD SE HICKORY, NC 28602
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F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, review of bowel records and staff interviews the facility failed to monitor and intervene when one (1) of four (4) sampled residents went extended time frames without a bowel movement. (Resident #1)</p> <p>The findings are:</p> <p>Resident #1 was admitted to the facility 5/31/11 after a hospitalization from 5/26/11-5/31/11. Physician admission orders for Resident #1 did not include any medications to promote regular bowel movements. The initial Minimum Data Set (MDS) dated 6/7/11 assessed Resident #1 as always being continent and requiring extensive assistance of one person with toileting. The corresponding activities of daily living Resident Assessment Protocol (RAP) dated 6/9/11 included, "Resident requires extensive assistance for all activities of daily living -transfers, bed mobility, toileting."</p> <p>Review of bowel records for Resident #1 since admission revealed the following:</p>	F 309	<p>This Plan of Correction is the facility's credible allegation of compliance.</p> <p>Corrective action has been accomplished related to the alleged deficient practice for Resident #1. The medication nurses responsible for providing care and Administrative nurses have reviewed daily Care Tracker charting performed by the Resident Care Specialist (Certified Nurse Aides) and interviewed Resident #1 to obtain knowledge of the occurrence of bowel movements. Interventions have been performed in accordance with physicians' orders when applicable in the absence of Care Tracker documentation of bowel movements and/or resident acknowledgement of not having had a bowel movement for a period greater than three days, unless otherwise specified by a physician.</p> <p>All facility residents have the potential to be affected by the same alleged deficient practice. The medication nurses responsible for providing care and Administrative nurses have reviewed daily Care Tracker charting performed by the Resident Care Specialist (Certified Nurse Aides) and interviewed alert and oriented residents to obtain knowledge of the occurrence of bowel movements. Interventions have been performed in accordance with physicians' orders when applicable in the absence of Care Tracker documentation of bowel movements and/or</p> <p><small>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.</small></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Wally Z. Smithy</i>	TITLE <i>Administrator</i>	(X6) DATE <i>7/15/11</i>
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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 309	<p>Continued From page 2</p> <p>orders for Reglan 5 milligrams four times a day. 6/27/11 A gastrointestinal consult was ordered due to nausea/vomiting and anemic. 6/28/11 Resident with complaints of constipation earlier this morning. Had Dulcolax. Checked for impaction and soft stool felt in rectal vault. Before lunch resident started having diarrhea and having incontinent accidents at least eight times. Hyperactive bowel sounds. Nursing order for Immodium times two at this time.</p> <p>The resident's June Medication Administration Record (MAR) was reviewed at the time of survey on 6/28/11 which included the 6/14/11 order for the Dulcolax suppository with the following dates blocked off for administration: 6/14/11, 6/17/11, 6/20/11, 6/23/11 and 6/26/11. The MAR indicated the Dulcolax was given 6/17/11, 6/23/11 and 6/26/11. Nursing notes and the nursing 24 hour report indicated the 6/14/11 dose had been given with good results though the MAR wasn't signed and the bowel record did not reflect a bowel movement on that date. There was no indication the 6/20/11 dose had been given and during that time frame it was the third day without a bowel movement for Resident #1.</p> <p>On 6/28/11 at 10:47 AM, 11:50 AM, 12:25 PM and 12:50 PM Resident #1 was in the bathroom in his room. On 6/28/11 at 12:40 PM the nursing assistant working with Resident #1 reported the resident had been in the bathroom all morning with very bad watery, runny diarrhea. The nursing assistant stated every time the resident attempted to stand the watery diarrhea would "pour".</p> <p>On 6/28/11 at 1:05 PM the Licensed Nurse #1</p>	F 309	<p>physician orders for a particular resident to address the absence of bowel movements within prior defined time parameters. Licensed Nurses and Resident Care Specialists (Certified Nurse Aides) have received additional education on the importance of documenting results of interventions that have been instituted to assist residents with the occurrence of bowel movements.</p> <p>Director of Nursing or designee will review the daily audit tool from the Care Tracker System for verification that each resident is having the occurrence of bowel movements minimally every three days unless otherwise indicated per the plan of care and physician evaluation. Upon discovery that a resident has experienced a period greater than three days, or a period other than three days as specified by a physician specific to that individual resident, the Director of Nursing or designee will interact with the medication nurse to obtain orders from the physician for interventions that are not prior specified in the medical record. If orders are present for a resident with specified interventions to occur in the absence of bowel movements, then the Director of Nursing or designee will consult with the medication nurse and review the medical record to ensure these interventions have been instituted with a resulting bowel movement.</p> <p>Director of Nursing or designee will review the daily audit tools and the Director of</p> <p><small>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.</small></p>	

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F 309	<p>Continued From page 3</p> <p>(LN #1) working with Resident #1 stated the facility system to monitor bowel movements was utilizing the electronic system used by nursing assistants to record individual residents bowel movements. LN #1 stated that a report was run every day which should flag any residents that did not have a bowel movement in the prior nine shifts (three days). LN #1 stated if a flagged resident does not have orders for a laxative then the resident's physician would be called for orders. On 6/28/11 at 3:00 PM LN #1 stated Resident #1 had reported early in her shift that he felt constipated. LN #1 stated she felt for an impaction and noted the stool was a little hard so she gave a Dulcolax suppository. LN #1 stated Resident #1 complained he still couldn't go to the bathroom and when she checked him a second time his stool felt soft. LN #1 stated after that the resident had an extended time of very loose, watery diarrhea and she obtained and administered two dose of Immodium.</p> <p>On 6/28/11 at 4:10 PM the Director of Nursing (DON) stated she was not aware Resident #1 had ongoing complaints of nausea/vomiting or had gone extended times without a bowel movement. The DON stated third shift nursing is supposed to print off the No Bowel Movement sheet (which identifies residents without a bowel movement for nine shifts-three days). The DON stated it was possible it wasn't identified for Resident #1 when he went from 6/5/11-6/14/11, 6/17/11-6/21/11 and 6/21/11-6/26/11 without a bowel movement. Although Resident #1 received Dulcolax on 6/23/11 the physician was not notified he did not have a bowel movement for the five day time frame. The DON stated there was not a policy for monitoring bowel movements but her expectation</p>	F 309	<p>Nursing will report to Quality Assurance with identified trends or patterns. The patterns or trends will be reported to the Quality Assurance and Assessment Committee weekly for four weeks and then monthly for three months. The Quality Assurance and Assessment Committee will evaluate the effectiveness of the plan based on trends identified and adjust the plan if negative trends are identified. If negative trends are identified, additional months of close observation and monitoring of the audit tool will occur.</p> <p>Date of Completion: July 22, 2011</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.</p>		

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F 309	Continued From page 4 was the physician would be notified if a resident went greater than three days without a bowel movement.	F 309		
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To: North Carolina Department of Health and Human Services
Division of Health Service Regulation
Nursing Home Licensure and Certification Section
Western Regional Office
952 Old US Hwy 70
Black Mountain, NC 28711 – 4501

Re: Brian Center Health & Rehab Hickory
Plan of Correction
Credible Allegation of Compliance,
Request for Re-survey, and
Request for Informal Dispute Resolution

Dear Mrs. Gail Maloney, RN, Section Chief:

On June 28, 2011, surveyors from the Department of Health Service Regulation completed an inspection at Brian Center Health & Rehab Hickory. As a result of the inspection, the surveyors alleged that the Facility was not in substantial compliance with certain Medicare and Medicaid certification requirements. Enclosed you will find the Statement of Deficiencies (CMS-2567) with the Facility's Plan of Correction for the alleged deficiency. Preparation of the Plan of Correction does not constitute an admission by the Facility of the validity of the cited deficiency or the facts alleged to support the citation of the deficiency.

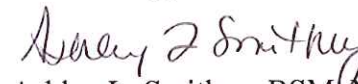
The Facility hereby requests Informal Dispute Resolution of the following deficiency: F309. The information that supports this request will be submitted no later than July 28, 2011.

Please also consider this letter and the Plan of Correction to be the Facility's credible allegation of compliance. The facility will achieve substantial compliance with the applicable certification requirements on or before July 22, 2011. Please notify me immediately if you do not find the Plan of Correction to be written credible evidence of the Facility's substantial compliance with the applicable requirements as of this date. In that event, I will be happy to provide you with additional evidence of compliance so that you may certify that the facility is in substantial compliance with the applicable requirements.

This letter is also our request for a re-survey, if one is necessary, to verify that the Facility achieved substantial compliance with the applicable requirements as of the dates set forth in the Plan of Correction and credible allegation of compliance.

Thank you for your assistance with this matter. Please call me if you have any questions.

Yours Truly,


Ashley L. Smithey, BSM, NHA
Administrator

Cc: Legal Department (with enclosures)