

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

PRINTED: 09/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/13/2011
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB HICKORY VIEWMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVE PLACE NW HICKORY, NC 28601
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(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
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F 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, resident interview, staff interviews and record reviews the facility failed to honor food preferences for one (1) of four (4) sampled residents. (Resident #5)</p> <p>The findings are:</p> <p>Review of Resident #5's medical record revealed that she was admitted to the facility on 03/09/11. A dietary history/food preference list that was completed for Resident #5 on 03/09/11 specified that she did not like the following foods; pork, bacon, sausage, roast pork, pork chops, fruit cocktail and carrots. Review of Resident #5's Minimum Data Set (MDS) of 06/13/11 assessed her as being able to make herself understood, being able to understand others and having no problems with cognitive patterns. Resident #5 was included on the facility's 09/13/11 listing of interviewable residents.</p> <p>Review of Resident #5's current plan of care, which was reviewed by facility staff on 06/09/11, specified that she was at nutritional risk related to her many food dislikes and intolerances. The plan</p>	F 242	<p>This written plan of correction constitutes my written allegation of compliance to the deficiency cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by State and Federal Law.</p> <p>Food preferences for resident #5 were reviewed and updated. Dietary meal tray slip currently reflects the resident's food preferences and dislikes.</p> <p>Resident #5 care plan was reviewed and updated with preferences.</p>	<p>9/14/2011</p> <p>10/7/11</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE NHA	(X6) DATE 10/7/11
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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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BY: MH

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

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OMB NO. 0938-0394

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/13/2011
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB HICKORY VIEWMONT			STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVE PLACE NW HICKORY, NC 28601	
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F 242	Continued From page 1 of care contained the following approaches; determine Resident #5's individual food likes and dislikes and to offer preferred foods. On 09/13/11 at 12:10 p.m. Resident #5 was interviewed. During this interview Resident #5 voiced a concern that her food preferences were not always honored. Resident #5 stated that she was frequently served foods at meals that she had previously informed staff that she did not like and would not eat including; pork, any foods seasoned with pork, fruit cocktail and carrots. The resident specified that her meal tray slip specified that she did not like these foods, but dietary continued to serve them to her at meals. The resident stated that she did not know what was planned to be served during the lunch meal of 09/13/11, but believed that she would be served pork if it was on the menu despite telling staff on a number of occasions that she did like any kind of pork. Observations on 09/13/11 at 12:20 p.m. revealed that Nursing Assistant (NA) #1 served Resident #5 her lunch meal in her room. Observations of the foods served on the resident's meal tray revealed that she was served barbecue ribs, cabbage and black eyed peas. Before eating her meal Resident #5 asked NA #1 if the ribs on her tray were pork ribs and if the cabbage was seasoned with any type of pork. NA #1 told Resident #5 that she would check with the dietary staff and confirmed that she was aware that Resident #5 did not like pork. Review of the Resident #5's tray slip, that was served with this meal, specified in bold letters that pork and ham were disliked foods and that she also disliked carrots and fruit cocktail. The resident stated that	F 242	An audit of resident meal tray slips were done to ensure all food preferences and dislikes are accurate and listed on the meal tray slips this was completed on Sept 16th by the Dietary Manager. In-service education for Dietary and Nursing staff regarding reviewing meal tray slips prior to delivery of meal tray to ensure food preferences are honored was initiated on Sept 16th by the Dietary Manager, this information has also been incorporated in the new employee orientation for dietary and nursing staff.	9/16/2011 10/11/2011

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F 242	<p>Continued From page 2</p> <p>it was frustrating to continue to receive foods on her meal trays that she had told dietary and nursing staff that she did not like to eat. The resident stated, "They just do not listen to me."</p> <p>Observations of the kitchen's tray line on 09/13/11 at 12:40 p.m. revealed barbecue ribs, cabbage and black eyed peas were served to residents from the tray line. Observations of the cabbage served from the tray line revealed that it was seasoned with bacon.</p> <p>On 09/13/11 at 12:40 p.m. Dietary staff #1, who served the 09/13/11 lunch tray line, was interviewed. This staff member stated that during the lunch meal of 09/13/11 the ribs served to residents were pork ribs and the cabbage was seasoned with bacon.</p> <p>On 09/13/11 at 12:45 p.m. the facility's Dietary Manager (DM) was interviewed. The DM confirmed that Resident #5 had previously made staff aware of her dislike of certain foods which included; pork, fruit cocktail and carrots. The DM further stated that the resident's meal tray slip specified that the resident did not like these foods and that they should not be served to her especially any type of pork.</p>	F 242	<p>Dietary Manger/Director of Nursing/Nurse manager and Weekend Manager will audit meal tray accuracy, 3 days per week at random meal times for a total of 20 trays per week, for a period of four weeks. After the four weeks, meal tray audits will be done weekly at random.</p> <p>Results of the audit will be reviewed weekly by the administrative team in morning meeting: parties involved in this meeting include the Administrator, Dietary Manager, Staff Development Coordinator, Director of Nursing and Social Worker.</p> <p>Results of the audits are reviewed monthly in the Quality Assurance meetings. Analyzing for patterns/trends and report in QA&A meeting weekly for 4 weeks and then monthly thereafter. The QA&A Committee will evaluate the effectiveness of the above plan and will adjust the plan based on outcomes/trends identified.</p> <p>The Dietary Manager/Director of Nurses will be responsible for monitoring compliance.</p>		