

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

PRINTED: 12/13/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/01/2011
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NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & RET/LINCOLNTON	STREET ADDRESS, CITY, STATE, ZIP CODE 515 S GENERALS BLVD LINCOLNTON, NC 28093
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F 167 SS=C	<p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, resident interviews and staff interviews, the facility failed to post the survey results in a place that was accessible to all residents.</p> <p>The findings are: On 11/30/11 at 3:50 PM Resident # 52, the representative of resident council, stated she was not sure where the state survey results were kept. She further stated that the report was discussed after each survey in resident council meetings.</p> <p>On 11/30/11 at 4:00 PM the main bulletin board opposite the main dining room was observed to have multiple types of information posted for residents and families. On this bulletin board was a sign that directed the reader to find the state survey reports in the front lobby. Observations revealed that the survey results were located in a notebook on an end table in the front lobby. At this time and at all times, a code is required to</p>	F 167	<ul style="list-style-type: none"> • Corrective action was accomplished for the alleged deficient practice by the Administrator immediately posting the survey results on the main bulletin board opposite the main dining room. • The Administrator checked the main lobby to validate that the current survey book was in place and complete. The survey book was in place and current. • Measures put in place to ensure that the alleged deficient practice does not recur include: The Administrator met with the Resident Council on 12-13-2011 to review the current survey findings and to inform them that the survey results are also now posted on the main bulletin board outside the Main Dining Room. Weekly spot checks for 4 weeks then monthly spot checks to validate that survey results are in place and accessible to all residents • The Administrator will evaluate the above plan for the right to survey results being readily accessible in the monthly QA&A meeting for 3 months or until resolved. <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 law.</p>	12/29/11 PER CONVERSATION WITH ADMINISTRATION ON 12/29/11 J.V.
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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.

RECEIVED
DEC 22 2011
BY: SPW

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F 167	<p>Continued From page 1</p> <p>unlatch a door and access the lobby area.</p> <p>Interviews with other alert and oriented residents were conducted on 11/30/11 regarding the location of the survey results as follows: *Resident #90 at 4:44 PM stated she did not know where the survey results were located and did not know what the code was to access the lobby. She stated she would be interested in reading them. *Resident #158 stated at 4:32 PM that she did not know where to find the survey results and did not have a code to access the front lobby. *Resident #141 stated at 4:35 PM she did not know where to find the survey results and she did not have the code to access the front lobby. *Resident #85 stated at 4:40 PM that she thought the survey results would be posted on the main bulletin board but she did not have the code to the main lobby.</p> <p>On 12/1/11 at 8:46 AM the Administrator stated that the code to access the lobby changes monthly. She further stated no resident should have the code to access the main lobby.</p> <p>On 12/1/11 at 8:57 AM the Activity Director and Assistant Activity Director stated they go over the survey results on a quarterly basis during resident council meetings and remind residents they are located in the front lobby. They stated residents would have to ask an administrative person to let them in the main lobby to read the survey results.</p> <p>On 12/1/11 at 10:30 AM, follow up interview with the Administrator revealed that she would gladly go over the survey results with anyone who wanted to review them.</p>	F 167	<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 law.</p>		

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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 and staff interviews and medical record review the facility failed to honor food preferences for one (1) of three (3) sampled residents. (Resident #200)</p> <p>The findings are:</p> <p>Resident #200 was admitted to the facility with diagnoses including Right Hip Athroplasty and Diabetes Mellitus. Review of the medical record revealed Resident #200 was alert, oriented, and had no confusion. An undated "Diet History/Food Preference List" for Resident #200 indicated food dislikes included chicken liver, chicken, lasagna, tuna, macaroni, noodles, whole wheat bread, grits, and spaghetti.</p> <p>During an initial resident interview on 11/28/11 at 3:15 PM Resident #200 stated he disliked chicken and had received it several times since his admission to the facility even though he had reminded staff each time it was served to him.</p> <p>Observations of Resident #200's lunch meal tray on 11/29/11 at 12:45 PM revealed he was served</p>	F 242	<ul style="list-style-type: none"> • Corrective action was accomplished for the alleged deficient practice for resident # 200 by FSD checking with the resident on 12-1-11 to validate and update current food preferences. Resident was discharged home on 12-03-2011. • The facility identified other residents with the potential to be affected by the same alleged deficient practice by checking trays of other residents to verify that food preferences were honored. There were no other observations of food preferences not being honored during the remainder of the survey. • Measures put in place to ensure that the alleged deficient practice does not recur include: FSD conduct a mandatory dietary staff inservice 12-16-11 through 12-21-11 to ensure knowledge that food preferences must be closely monitored by dietary staff for compliance of food preferences at point of service. Administrator/SDC conduct mandatory nursing staff inservice on 12-16-11 through 12-21-11 to re-educate on the following: Food Preferences must be closely monitored at point of delivery. At point of service for each meal, dietary staff will monitor for accuracy of honoring food preferences by comparing diet card to meal served prior to placement on cart for delivery. 	

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F 242	Continued From page 3 chicken and dumplings. Review of the resident's computerized tray slip, which was served with this meal, revealed chicken was listed as a disliked food item. Resident was observed opening the lid on his lunch entree and requesting the staff member get him a substitute of "anything but chicken." An interview with the Dietary Manager (DM) was conducted on 12/01/11 at 5:47 PM. During the interview the DM revealed there were three (3) dietary staff members on the tray line. The first dietary staff member called out the residents dislikes and special preferences to the server. The DM further stated she expected all three (3) dietary staff members on the tray line to review the computerized tray slip while preparing each meal tray to assure residents food preferences were honored.	F 242	Cont. At point of delivery, staff serving trays will check the food preferences on the tray card when meal is served for accuracy, will not serve tray if food dislike is observed and will obtain an alternate immediately. The FSD/AFSD complete audits on 10% of meal trays 5 days a week at varying meals to validate compliance of food preferences and record on worksheet. The FSD/AFSD will obtain food preferences on admission, quarterly, annually & with identified concerns. Nursing staff will report other changes of food preferences between scheduled reviews to dietary via Diet Order Communication form. <ul style="list-style-type: none">The Administrator and FSD will evaluate the above plan for honoring resident food preferences in the monthly QA&A meeting. Action Plan will be revised as needed and will be continued for 3 months or until resolved.	12/29/11 PER CONVERSATION WITH ADMIN 03 12/23/11 JV	
F 365 SS=D	483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS Each resident receives and the facility provides food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to provide food in the form of pureed as ordered by the physician for three of five sampled residents. Resident #106, #136, and #141. The findings are: 1. Resident #106 was admitted to the facility with	F 365	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 law.		

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F 365	<p>Continued From page 4</p> <p>diagnoses including pneumonia, depressive disorder, diabetes, dysphagia, congestive heart failure, and chronic obstructive pulmonary disease.</p> <p>The annual Minimum data Set (MDS) dated 1/8/11 and the quarterly MDS dated 9/27/11 coded her with short term memory impairments and decision making difficulties. She was coded as able to eat independently with set up, received a mechanically altered diet and also had a feeding tube. The Care Area Assessment dated 1/21/11 for nutrition stated she had good intake, received a pureed diet with nectar liquids and had no signs or symptoms of aspiration. She was noted to feed herself with tray set up and was not receiving a tube feeding at this time.</p> <p>The nutritional care plan last updated 10/5/11 included the need for pureed foods and nectar thick liquids. Current physician orders for November 2011 included the diet of pureed meals with nectar thickened liquids.</p> <p>On 11/28/11 at 12:15 PM, Resident #106 was observed in the Cueing Dining room. The tray card indicated her food should be pureed consistency and liquids should be nectar thick. She was eating a pureed meal with nectar thickened liquids and the tray also contained a cup of regular consistency fruit cocktail. She was observed to feed herself with staff cueing her to slow down as she ate her meal. At 12:44 PM, Nurse Aide (NA) #2 intervened as Resident #106 started to take a bite of some of her fruit cocktail. NA #2 spoke to the speech therapist (ST) #2, removed the regular fruit cocktail and got her a pureed desert. At this time, NA #2 stated she</p>	F 365	<ul style="list-style-type: none"> • Corrective action was accomplished for the alleged deficient practice for resident # 106 by providing puree fruit. For Resident # 136 and # 141 FSD will meet with each resident /family member to validate that the ordered diet type and consistency remains appropriate for good intake. • The facility identified other residents with the potential to be affected by the same alleged deficient practice by checking trays of other residents to verify that diet type and consistency were provided. There were no other observations of diet type or consistency not being provided as ordered during the remainder of the survey. • Measures put in place to ensure that the alleged deficient practice does not recur include: FSD conduct a mandatory dietary staff inservice 12-16-11 through 12-21-11 to ensure knowledge ordered diet type and consistency must be provided as ordered at point of service. Administrator/SDC conduct mandatory nursing staff inservice on 12-16-11 through 12-21-11 to re-educate on the following: diet type and consistency must be provided as ordered at point of service. At point of service for each meal, dietary staff will monitor for accuracy of diet type and consistency provided. At point of delivery, staff serving trays will check at each meal the diet type on the tray card for accuracy and will not serve tray if diet type and consistency is not correctly provided. 	
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F 365	<p>Continued From page 5</p> <p>always works in the Cueing Dining Room and knows what each resident was supposed to have and just missed the regular fruit cocktail on her tray this date.</p> <p>On 12/1/11 at 4:26 PM interview with ST #1 revealed Resident #106 had received a lot of speech therapy because she wanted to eat regular consistency food and has tried to sneak food from others. ST #1 stated that Resident #106 was at risk for aspiration if she did not eat pureed consistency food and nectar thick liquids.</p> <p>During interview on 12/1/11 at 5:46 PM the Dietary Manager confirmed that Resident #106's physician order was for pureed foods and she should receive all food in the pureed consistency.</p> <p>2. Resident #141 had a current physician's order for a puree diet. The current Minimum Data Set (MDS) for Resident #141 noted a mechanical soft diet with coughing or choking during meals or when swallowing medications. The resident's current care plan dated 11/23/11 included the problem area, weight loss potential related to poor food/fluid intake. Approaches to the problem area included: puree diet as ordered, offer preferred food and determine likes/dislikes.</p> <p>Resident #141 was seen by the Speech Language Pathologist (SLP) through 9/8/11. In an interview on 12/1/11 at 3:50 PM the SLP stated she saw Resident #141 to assess her ability to control liquids. The SLP stated Resident #141 was on a pureed diet only because of her cognitive problems. The SLP explained through her evaluation, Resident #141 consumed more food when served in a pureed texture versus a</p>	F 365	<p>Cont.</p> <p>Nursing staff will report any identified issues regarding diet type and consistency observed during tray delivery to the FSD and /or DON immediately. The FSD/AFSD complete audits on 10% of meal trays 5 days a week at varying meals to validate compliance of diet type and consistency.</p> <ul style="list-style-type: none"> The Administrator and FSD will evaluate the above plan for diet type and consistency in the monthly QA&A meeting. Action Plan will be revised as needed and will be continued for 3 months or until resolved. <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 law.</p>	<p>12/29/11 PER CONVERSATION WITH ADMIN. STAFF ON 12/28/11 J.V.</p>
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F 365	<p>Continued From page 6</p> <p>solid texture. The SLP stated Resident #141 did not have any swallowing problems and could handle foods with texture without difficulty. The SLP stated, for this reason, she had approved sandwiches and bananas to be served along with the pureed diet for Resident #141.</p> <p>The preplanned lunch menu on 11/28/11 included tropical fruit for dessert for residents on a regular diet. The preplanned menu indicated residents on a puree diet would receive applesauce instead of the tropical fruit. Observation of the tray line on 11/28/11 at 11:30 AM included individual portions of a pureed fruit as well as tropical fruit.</p> <p>On 11/28/11 at 12:50 PM, Resident #141 was observed in her room eating her lunch meal. Food observed on the tray of Resident #141 included a serving of regular tropical fruit. Nurse Aide #3 was present during the observation and stated that she thought it was a family request to receive regular desserts and that she thought it was acceptable that Resident #141 received a regular desert even though she was on a pureed diet.</p> <p>During interview on 12/1/11 at 5:46 PM the Dietary Manager confirmed that Resident #141's order was for pureed foods and she should have received all food (except a sandwich as indicated on the tray card and physician order) in the pureed consistency. The Dietary Manager could not explain why regular tropical fruit had been served to a resident on a puree diet.</p> <p>3. Resident #136 had diagnoses which included dementia. Review of the resident's medical record revealed the resident was totally dependant on staff for eating.</p>	F 365	<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 law.</p>		

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F 365	<p>Continued From page 7</p> <p>Review of the medical record revealed a Speech Therapy (ST) evaluation had been done for Resident #136 on 07/08/11 secondary to staff's concerns regarding the resident's difficulty chewing a mechanical soft diet and demonstrating poor food intake. The evaluation documented the resident had no signs or symptoms of aspiration with pureed foods and thin liquids. ST recommended pureed foods to increase the resident's food intake.</p> <p>Review of a Physician Order Record dated 11/04/11 revealed the resident's diet order was for pureed consistency.</p> <p>Observations on 11/28/11 at 12:20 PM revealed Resident #136 in the Total Assistance dining room. The resident was served a meal tray which consisted of pureed foods and a small bowl of chunky fruit cocktail. Review of the resident's tray card revealed a regular diet with pureed texture.</p> <p>Nurse Aide (NA) #1 was observed feeding the resident but the resident did not accept the pureed foods. The resident picked up a piece of fruit from the bowl and ate it with no problem. At 12:50 PM, NA #1 reported to the Staff Development Coordinator (SDC) that the resident was not eating but stated "she ate one piece of fruit". Neither NA #1 nor SDC offered to remove the fruit from Resident #136's meal tray.</p> <p>Observations on 11/29/11 at 12:20 PM revealed the SDC feeding Resident #136 lunch. All of the foods were pureed. At this time the SDC stated she had not noticed Resident #136 having the fruit on her tray yesterday but it should have been</p>	F 365	<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 law.</p>		

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F 365	Continued From page 8 pureed. During an interview on 11/29/11 at 12:30 PM NA #1 stated Resident #136 should not have received the fruit cocktail on her tray yesterday because normally the resident's food was all pureed. NA #1 further stated she had not noticed the fruit until after the resident had eaten some and she should have caught it. During an interview on 12/01/11 at 3:15 PM, ST #1 stated Resident #136 did not have an issue with swallowing but due to her cognition the resident did not have the ability to know to chew the food therefore a pureed diet was recommended in order to increase the resident's intake. During an interview on 12/01/11 at 5:45 PM, the Food Service Director (FSD) stated the fruit cocktail should not have gone out of the kitchen for the pureed diets and this was an error. The FSD further stated "it got by all of us".	F 365	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 the federal and state law.	