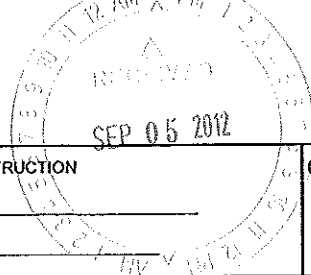


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2012  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/01/2012
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NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HLTH & RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 204 DAIRY RD CLAYTON, NC 27520
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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 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record reviews the facility failed to prevent skin exposure of 1 of 1 sampled resident seated in a hospital gown in the dining room, and the facility failed to prevent a nurse from performing a blood glucose finger stick in a corridor out side of the resident ' s room.</p> <p>Findings include:</p> <p>1 Resident #3 was admitted to the facility on 5/31/07 with diagnosis to include senile dementia, depression, and anxiety. Review of the resident ' s most recent Minimum Data Set, a quarterly assessment of 7/16/12, revealed the resident had short and long term memory problems and severely impaired decision making skills. The assessment documented the resident was rarely or never understood and rarely understood others. The resident required total assistance of one staff member for dressing.</p> <p>Review of the resident's care plan, dated 7/10/12, revealed a problem identified as "Resident has short term memory problem (due to) dementia, unable to communicate needs". The goal was documented in part as "Residents needs will be met (as evidenced by) clean neat appearance."</p>	F 241	<p>F 241</p> <p>1. Resident #3 was removed from the common area and dressed appropriately by staff. Resident #3 was then returned to the dining room.</p> <p>Resident #4 has had no additional observed fingerstick blood sugars in the hall.</p> <p>Nurse #2 received re-education on providing care and services in appropriate areas by the Director of Nursing.</p> <p>2. Staff received re-education on resident dignity with emphasis on appropriate clothing to be worn when in common areas. Nursing staff also received re-education on providing care and services in appropriate areas. Staff re-education was provided by the SDC and DON. All new hires will receive education on resident dignity. Licensed nurse new hires will receive education on providing care and services in appropriate areas.</p> <p>3. Rounds including dignity will be conducted by IDT members daily and by the DON and/or designee on weekends. Rounds will be made randomly throughout each day to include 1<sup>st</sup> and 2<sup>nd</sup> shifts. Results will be discussed M-F during Interdisciplinary meetings. Negative findings will be corrected immediately.</p>	<p>7/31/12</p> <p>8/1/12</p> <p>8/20/12</p> <p>8/20/12</p> <p>8/20/12</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sullivan TITLE: Administrator (X6) DATE: 8/31/12

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 241	<p>Continued From page 1</p> <p>Written interventions included: 1. anticipate needs, 2. explain all care in simple terms, and 3 assist with all (activities of daily living) care. Nursing and all disciplines were included for each intervention.</p> <p>Another problem written on the resident 's care plan was recorded as "(name of resident) requires staff assistance and intervention for completion of (activities of daily living) needs. Requires extensive assistance/total care utilizing 1 - 2 staff members ". Interventions included in part: assist with all (activities of daily living) care.</p> <p>On 7/31/12 at 4:57 PM, an observation was made of Resident #3 seated in a wheelchair in the dining room at a table on the locked unit. The resident was wearing a hospital gown and scratching her left shoulder. The gown was completely open in the back exposing the residents skin from the neck to the waist, the width of her back, and the top of the brief. The resident 's left side was positioned facing the wall. Observation of the resident 's right side revealed the flank was fully exposed and the top of the brief was visible. Two male residents entered the dining room; one went to the counter opposite the resident and the other male resident walked to the window.</p> <p>During an interview with Nurse #1 on 7/27/12 at 5:08 PM, the nurse stated she was unaware of the resident seated in the dining room. The nurse stated the resident should not have been exposed.</p> <p>During an interview with the Nursing Assistant (NA) #1 who cared for the resident on 7/27/12 at</p>	F 241	<p>Blood Sugar Audits will be conducted by the DON, ADON and/or designee daily, including weekends and all shifts, randomly, to ensure residents are receiving this service in an appropriate area. The observations will include 5 residents x 4 weeks and then 5 residents monthly x 2 months. Results of these audits will be discussed M-F during Interdisciplinary meetings. Negative findings will be corrected immediately.</p> <p>4. The DON and/or designee will review the results of both dignity rounds and blood sugar audits monthly times 3 months with the Quality Assessment and Assurance Committee. The Quality Assessment and Assurance Committee (including the Medical Director) will evaluate the effectiveness of the plan based on trends identified and develop and implement additional interventions as needed to ensure continued compliance.</p>	8/20/12  8/20/12	

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F 241	Continued From page 2 5:12 PM, the NA stated he had just given the resident a bed bath, put on the hospital gown, and taken the resident to the dining room. The NA stated he could have dressed the resident or put a robe on her while the resident was still in the room.  During an observation of the resident at 5:04 PM on 7/31/12 with the Administrator, Director of Nursing (DON), and a Corporate consultant, the resident remained exposed in the hospital gown in the dining room. The Administrator reported the resident 's exposure was inappropriate and expected the resident to have been covered.  2 On 7/27/12 at 4:43 PM, an observation was made of Nurse #2 in the process of a blood sugar finger stick for Resident #4 in the corridor of the 300 hall and was not wearing gloves.  During an interview with Nurse #2 on 8/1/12 at 4:45 PM, the nurse reported she should not have performed the resident's finger stick blood sugar in the hall, but was trying to obtain the sample before the nursing assistants took the resident to the dining room for dinner..  During an interview with the DON on 8/1/12 at 2:54 PM, the DON stated nurses were not expected to perform a finger stick on a resident in the hall and the nurse should have taken the resident to her room.	F 241			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and	F 441			

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F 441	Continued From page 3 to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.  This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record reviews the facility failed to ensure gloves	F 441	F441 1. Nurse #2 received re-education on the importance of wearing gloves when conducting fingerstick blood sugars by the DON.  2. Licensed nurses were re-educated by the SDC and/or DON on the use of wearing gloves when conducting fingerstick blood sugar monitoring. Newly hired licensed nurses will receive infection control education during orientation.  3. Blood Sugar Audits will be conducted by the DON, ADON and/or designee daily, including weekends and all shifts, randomly, to ensure staff members are wearing gloves when doing a fingerstick blood sugar. The observations will include 5 residents x 2 weeks and then 5 residents monthly x 2 months. Results of these audits will be discussed M-F during Interdisciplinary meetings. Negative findings will be corrected immediately.  4. The DON and/or designee will review the results of both dignity rounds and blood sugar audits monthly times 3 months with the Quality Assessment and Assurance Committee. The Quality Assessment and Assurance Committee (including the Medical Director) will evaluate the effectiveness of the plan based on trends identified and develop and implement additional interventions as needed to ensure continued compliance.	8/1/12  8/20/12  8/20/12  8/20/12

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F 441	<p>Continued From page 4</p> <p>were worn by nurses with blood glucose finger sticks for 1 (Resident #4) of 1 sampled resident with orders for blood glucose monitoring.</p> <p>Findings include:</p> <p>Review of a facility policy entitled " Blood glucose monitoring " revised July 7, 2012, revealed a section identified as " Implementation " . Instruction in the third bullet of Implementation was documented as " Perform hand hygiene and put on gloves " .</p> <p>On 7/30/12 at 4:43 PM, an observation was made of Nurse #2 in the process of a blood sugar finger stick for Resident #4 . Nurse #2 was observed piercing the resident ' s finger and applying the resident ' s blood to a glucose monitoring test strip. The nurse was not wearing gloves.</p> <p>During an interview with the Nurse #2 at 4:44 PM, the nurse reported the staff had gotten the resident in the hall to be transported to the dining room for dinner. The nurse stated she typically had to hurry to get the fingerstick done before staff took the resident to the dining room. The nurse stated she was in a hurry, but should have worn gloves when she performed the finger stick.</p> <p>During an interview with the Director of Nursing (DON) on 8/1/12 at 2:54 PM, the DON stated nurses were expected to wear gloves with blood glucose finger sticks.</p>	F 441			