

10/12/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/01/2012
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/EDEN	STREET ADDRESS, CITY, STATE, ZIP CODE 226 N OAKLAND AVENUE EDEN, NC 27288
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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
F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews and physician interview, the facility failed to notify the</p>	F 157	<p>1. Residents identified to be affected by the alleged deficient practice.</p> <p>Resident #113 was discharged home on 7/31/2012.</p> <p>On 6/29/12 the physician visited the resident and noted that abdomen was benign. An order for Miralax 17 gm every day was obtained on that date. From that date there was marked improvement in his bowel elimination documented until his discharge home on 7-31-12.</p> <p>2. Residents with the potential to be affected by the alleged deficient practice.</p> <p>Residents who appear on the "No Bowel Movement in 9 Shifts" Report have the potential to be affected by the alleged deficient practice. The "No Bowel Movement in 9 Shifts" Report is generated from information that is entered by nursing staff into the Care Tracker computer system. The assessment nurses will run this report daily Monday through Friday. The charge nurse will run this report on Saturday and Sunday.</p> <p><small>Preparation and/or execution of this plan 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 because it is required by the provisions of Federal and State law.</small></p>	9-1-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Allen P. Myers</i>	TITLE <i>Administrator</i>	(X6) DATE 9-17-12
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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 their 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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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/EDEN			STREET ADDRESS, CITY, STATE, ZIP CODE 226 N OAKLAND AVENUE EDEN, NC 27288		
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F 157	<p>Continued From page 1</p> <p>physician of a change in condition for 1 (one) of 1 (one) sampled residents (Resident #113) when the resident complained of discomfort in lower abdomen and fecal impactions.</p> <p>Findings include:</p> <p>Record review of the facility Standing Orders, the nurses are to contact the physician if the symptoms persist or exceed 24 hours. Resident #113 had fecal impactions removed for three consecutive nights prior to the physician visit without documentation that the physician was notified.</p> <p>Resident #113 was admitted to the facility on June 19, 2012 from the hospital after having gastroenteritis with diarrhea. He was admitted to the facility with diagnoses of left atrial appendage thrombus, chronic ischemic heart disease, and arterial embolism. Resident #113 was admitted to the facility on the following medications: Remeron, Protonix, Zocor, and Cymbalta. According to the Physician 's Desk Reference, each of these medications had a side effect of constipation.</p> <p>The Minimum Data Set (MDS) dated 8-1-12, indicated Resident #113 was moderately cognitively impaired.</p> <p>The care plan dated 6-26-12 indicated the resident had a potential for constipation secondary to medication influence.</p> <p>In a nurse ' s note dated 6-26-12 at 4:06am, Nurse #1 documented that at 11:45pm she had</p>	F 157	<p>The licensed staff will be notified by the assessment nurse and/or charge nurse of those residents identified on the "No Bowel Movement in 9 Shifts" report. The licensed staff will inquire of residents who are able to answer and of direct care givers to verify the absence of BMs. This will occur during the 7-3 shift and interventions will be implemented per physician orders. If ordered interventions are not effective the physician will be contacted for additional intervention orders.</p> <p>Auditing of the "No Bowel Movement in 9 Shifts" Report will be conducted daily. Admission assessments will be completed on all newly admitted residents. The physician will be notified for those residents identified with a history of constipation and interventions will be implemented as ordered.</p> <p>3. Systemic Measures implemented to ensure the same alleged deficient practice does not recur:</p> <p>On August 30, 2012, facility management reviewed the facility's policy regarding bowel management and determined that the policy remained appropriate. According to the facility's policy the Interdisciplinary Team</p> <p><small>Preparation and/or execution of this plan 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 because it is required by the provisions of Federal and State law.</small></p>		

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F 157	<p>Continued From page 2</p> <p>digitally removed, " One small, very hard piece of BM (bowel movement). Nurse #1 also documented that this impaction removal was followed by 30cc of Milk of Magnesia (MOM) orally with no documented results.</p> <p>A nurse ' s note written by Nurse #1 on 6-27-12 at 2:32am, " Resident complains of constipation again. Had to digitally remove stool again tonight. Very large amount and it was very, very hard. Gave 30cc of MOM orally at 1:30am. " There were no documented results from the MOM.</p> <p>In a record review of telephone orders dated 6-28-2012, Nurse #2 wrote a Telephone Order (TO) to activate the Standing Orders (SO) to digitally remove a fecal impaction.</p> <p>Review of the standing orders revealed the following: One or all of the following measures may be taken:</p> <ol style="list-style-type: none"> Licensed nurse may check and remove fecal impaction if indicated by resident condition. Fleets enema - One per rectum every day as needed for constipation Milk of Magnesia - 30cc by mouth every day as needed for constipation Dulcolax suppository - one per rectum every day as needed for constipation <p>On 6-28-12 at 4:45am, Nurse #2 ' s documented in the nurse ' s notes, " Complaints of needing to have a BM, patient had an impaction and it was removed. Will follow up with MOM. Patient needs a better bowel regiment (sic), will talk to day shift nurse. "</p>	F 157	<p>(including the Director of Nursing, Administrator, Social Services Director, Activities Director, Therapy Program Manager, Dietary Manager, Resident Care Management Director, and MDS Coordinator) will review, on a daily basis, Monday through Friday, those residents who have exhibited acute changes in condition regarding bowel management to assure that assessments or observations of symptoms are documented in the nurses notes; the attending physician was contacted via telephone, where appropriate; with interventions initiated and evaluated for effectiveness. Staff have been trained to consider the following signs and symptoms in determining the appropriateness of contacting the physician: bowel sounds in all four quadrants describing sounds, with the absence of bowel sounds after 5 minutes being reported; abdominal distention; loss of appetite; fever; abdominal pain; nausea or vomiting; and complaints of loose stools. The charge nurse will monitor on Saturday and Sunday. The team and/or charge nurse will review the 24 Hour shift to shift report, Change of Condition forms, bowel records, and telephone orders daily. The 24 Hour Report sheet refers to the tool used by the charge nurses to receive and give report at the change of</p> <p><small>Preparation and/or execution of this plan 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 because it is required by the provisions of Federal and State law.</small></p>	

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F 157	<p>Continued From page 3</p> <p>Per record review, there is no documentation that the physician was notified of the three impaction removals or that Resident #113 had been complaining of constipation.</p> <p>Review of the Physician ' s Progress Notes, revealed the physician came in to the facility to visit the resident on 6-29-12. A new order was written at that time for Miralax 17gm to be given daily.</p> <p>Record review of the nurse note dated 6-29-12 at 3:39am, Nurse#1 revealed, " Have had to remove fecal impaction every night for the last four nights. Gave MOM orally at 1:15am. This is a recurring problem from admission. "</p> <p>During a phone interview on 8-29-12 at 2:15pm, Nurse #1 revealed she was visibly able to see the BM at the rectal opening and the resident requested to be " Dug out. " Resident #113 reported to the nurse that he had previous problems with constipation prior to the admission to the facility. Nurse #1 stated that she reported the impaction removals to the day shift nurse during shift report.</p> <p>An interview conducted on 8-29-12 at 2:45pm with Nurse #3 who was the day shift nurse taking report each morning after the impaction removals, revealed that she had been informed from the previous shift nurses, but could not recall if she had notified the physician.</p> <p>Record review of the shift - to -shift reports dated 6-26-12 through 6-29-12 indicated the following: On 6-26-12, Nurse #1 wrote a note to Nurse #3</p>	F 157	<p>shift to insure continuity of care. Nurses typically make note of report received, then notes throughout the shift of events affecting the resident, (prns received, or abnormal behaviors for example,) and use the form as a reminder at the conclusion of the shift. The Change of Condition form is the SBAR tool that the nurses use to cue assessment of a resident to facilitate the best report to the physician. Care plans will be reviewed and updated by the Director of Nursing, Assistant Director of Nursing and/or the Resident Care Management Director as identified.</p> <p>On August 30, 2012, the Director of Nursing, Assistant Director of Nursing, and/or the Staff Development Coordinator initiated a training program with all licensed nurses regarding the importance of the bowel assessment, the importance of notifying the physician via telephone regarding changes of condition, implementation of physician orders for residents who have not had a bowel movement in 9 shifts, use of Interact II tools as guidelines for assessment with noted change of condition, care plan development based on nursing assessment and implementation of interventions as appropriate. All staff on duty on</p> <p><small>Preparation and/or execution of this plan 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 because it is required by the provisions of Federal and State law.</small></p>	

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F 157	<p>Continued From page 4 concerning the impaction removal. On 6-27-12, documentation on the report showed a note stating, " Needs Miralax. "</p> <p>On 6-28-12, documentation showed a fecal impaction was removed with a dose of MOM given and on 6-29-12, there is documentation on the day shift report about the Miralax order and a note on the 2nd shift report that the resident was disimpacted.</p> <p>An interview conducted with the Director of Nursing (DON) on 8-29-12 at 11:45am, about constipation revealed that her expectation would be for the nurses to contact the physician if the symptoms persisted longer than 24 hours as the standing orders instructed.</p> <p>Phone interview with Resident #113 's physician on 8-30-12 at 2:45pm revealed that he had not been made aware that this resident had been having problems with constipation and impaction removals for three nights in a row prior to his visit and then again on the night of his visit. The physician stated that his expectation for notification would be 2-3 days or per the Standing Orders especially with the medical history of constipation.</p> <p>On 8-30-12 at 6:25pm, a phone interview was conducted with Nurse #2. Nurse #2 revealed that on 6-28-12 the resident had complained of discomfort in the rectal area. She reported she did a rectal check and stool was visible at the rectal opening. Nurse #2 reported digitally removing the BM and gave 30cc of MOM orally to assist with any further constipation. Nurse #2 reported that she had written the telephone order</p>	F 157	<p>August 30 were trained on that date. Education of all other staff was completed prior to allowing them to resume work duties with all staff completed by September 7, 2012.</p> <p>On August 30, 2012, the Director of Nursing, Assistant Director of Nursing, and/or the Staff Development Coordinator initiated a training program with all certified nursing assistants regarding the importance of notifying a nurse when a resident experiences a change in condition, including but not limited to constipation, using the Interact II tools. All staff who were on duty on that date were educated on that day. Education of remaining staff will be completed prior to allowing them to resume work duties with all staff completed by September 7, 2012.</p> <p>4. Quality Assurance Measures</p> <p>On August 31, 2012 staff held an impromptu QAPI Meeting to initiate the process to assure that the "No Bowel Movement in 9 Shifts" Report was in place, validated and reviewed in accordance with facility policy. This review of the system outlined in the previous paragraph will be recorded on a monitoring tool daily</p> <p><small>Preparation and/or execution of this plan 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 because it is required by the provisions of Federal and State law.</small></p>	

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F 157	Continued From page 5 to activate the standing orders per the facility policy. She stated she did pass the impaction removals on to the day shift nurse during the end of shift report. A telephone interview conducted with the DON on 9-5-12 at 10:45am reveled that her expectations were that all nurses would write a telephone order to activate the standing orders.	F 157	for a period of 4 weeks, weekly for a period of 4 weeks, then monthly x 3 months and randomly as deemed necessary by the Quality Assurance Performance Improvement Committee, and this tool reviewed by the QAPI Committee	
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, policy review the facility failed to remove expired insulin	F 425	Preparation and/or execution of this plan 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 because it is required by the provisions of Federal and State law.	

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F 425	<p>Continued From page 6</p> <p>violations from 1 of 4 medications carts on hall #500.</p> <p>Findings include The facility policy, dated revision 08/09/11, titled 5.3 Stage and Expiration Dating of Medication, Biologicals, Syringes and Needles read in part " One any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the dated opened on the medication container when the medication has a shortened expiration date once opened.</p> <p>The facility guideline, titled Insulin Storage Recommendations, indicated opened insulin was to be stored at room temperature for 28 days, except for Novolin R, N 70/30 or Levemir which can be kept for 42 days. The manufacturer ' s product information for Novolog read in part: " After starting use (open) vials: keep in the refrigerator or at room temperature below 86 degrees Fahrenheit (30 degrees Celsius) for up to 28 days. Throw away an opened vial after 28 days of use. "</p> <p>An inspection of the 500 hall medication cart on 8/31/12 at 10:23 am, revealed one 10 cc vial of Novolog (insulin), with an opened date of 7/30/12, and one 10cc vial of Novolog, with an opened date of 7/31/12.</p> <p>In an interview on 8/31/12 at 10:23 am, nurse #1 acknowledged the two vials of insulin were expired. Nurse #1 stated insulin had a 30 day expiration date after being opened. She stated every nurse was responsible for checking the medication cart. Each nurse that gave insulin</p>	F 425	<p>1. Resident affected by the alleged deficient practice:</p> <p>The insulin identified as having been open more than 28 days was immediately disposed of.</p> <p>2. All residents on insulin have the potential to be affected by the same alleged deficient practice:</p> <p>The medication carts were checked to ensure all opened insulin vials were labeled with an expiration date. Negative findings were addressed immediately. All licensed staff will be re-educated on labeling insulin when opened and marking the insulin with an expiration date. A copy of the latest revisions to the expiration of insulin recommendations has been placed in all MAR books</p> <p>3. Systemic Measure implemented to ensure the same alleged deficient practice does not recur:</p> <p>The Director of Nursing or designee will audit all insulin vials in the medication carts weekly times 4 weeks</p> <p><small>Preparation and/or execution of this plan 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 because it is required by the provisions of Federal and State law.</small></p>	9-17-12 AMM

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 425	<p>Continued From page 7</p> <p>was responsible for checking the expiration date before administering it. She added the pharmacy checked all drug storage areas monthly.</p> <p>In an interview on 8/31/12 at 10:57 am, Nurse #2 stated insulin could be used for 30 days after opening. She stated it was up to each nurse to check the cart for outdated items. Nurse #2 stated the pharmacy also checked the medication carts monthly.</p> <p>During an interview on 8/31/12 at 11:58 am, the Director of Nursing indicated she did not know when the insulin should be discarded and she would have to check. She provided the facility documents.</p>	F 425	<p>and monthly times 3 months and identify any insulin that will expire in the next seven days. Those insulin vials that will expire will have replacement vials ordered from the pharmacy, and opened and dated when received, with outdated bottles being discarded.</p> <p>4. Quality Assurance Measures;</p> <p>The Director of Nursing will bring the results of the audits to the Quality Assessment Performance Improvement (QAPI) meeting monthly 3 months. The QAPI Committee will determine the effectiveness of this plan. Additional interventions will be developed and implemented as deemed necessary by the committee to ensure continued compliance.</p> <p>Preparation and/or execution of this plan 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 because it is required by the provisions of Federal and State law.</p>	
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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type III protected construction, and is utilizing North Carolina Special Locking arrangements and delayed egress. The facility is equipped with an automatic sprinkler system.	K 000		
K 076 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 9/19/2012 the following Life Safety item was observed as noncompliant, specific findings include: The oxygen cylinders at the loading doc storage	K 076	1. Oxygen tanks in the storage room at the loading dock are now individually secured by chains. 2. The oxygen tanks in other storage areas are individually secured. 3. Maintenance will inspect oxygen storage areas as part of the preventive maintenance program and insure that tanks are properly secured. 4. Maintenance will report on the preventive maintenance program to the Quality Assurance and Process Improvement Committee at least quarterly.	10-1-12

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Michelle D. Myer</i>	TITLE <i>Administrator</i>	(X6) DATE 10-5-12
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/EDEN	STREET ADDRESS, CITY, STATE, ZIP CODE 226 N OAKLAND AVENUE EDEN, NC 27288
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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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K 076 K 144 SS=E	<p>Continued From page 1 area were not properly chained or supported during the survey. The cylinders were not individually chained.</p> <p>CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 9/19/2012 the facility's generator annunciator panel was in a "Normal Battery Voltage" trouble condition on the day of the Life Safety Survey.</p> <p>CFR#: 42 CFR 483.70 (a)</p>	K 076 K 144	<p>1. The emergency generator batteries have been replaced and the battery wiring has been repaired to clear the annunciator panel.</p> <p>2. There is only one emergency generator.</p> <p>3. Maintenance will review emergency generator status as part of the preventive maintenance program and insure that no trouble indicators are present.</p> <p>4. Maintenance will report on the preventive maintenance program to the Quality Assurance and Process Improvement Committee at least quarterly.</p> <p>Preparation and/or execution of this plan 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 because it is required by the provisions of Federal and State law.</p>	10-1-12
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