

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345149	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DATE SURVEY COMPLETE: 3/20/2013
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 279	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the residents highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility medical record review and staff interviews, the facility failed to develop a care plan to address the resident's (Resident #1) hydration (fluid restriction) for 1 of 2 residents. Findings included: Review of the facility medical record revealed the resident was admitted on 11/17/12 and expired on 12/26/12. Cumulative diagnoses included fracture of left distal fibula, Congestive Heart Failure, Acute renal failure, Osteoporosis, Atrial Fibrillation. Review of the admission assessment MDS (Minimum Data Set) dated 12/3/12 indicated the resident was cognitively intact. The resident was a two person assist for mobility/transfers, locomotion, dressing, toileting, personal hygiene and one person assist with eating. The resident was occasionally incontinent of bowel and bladder. Review of resident #1 care plan dated 11/14/12 revealed no information regarding the resident's 1500cc fluid restriction per the physician order dated 12/13/12, and updated to indicate the fluid restriction was discontinued on 12/14/12 per the physician order. The order dated 12/14/12 also indicated to decrease Lasix (Diuretic) from 40 mg. (milligrams) per day to Lasix 20 mg. per day. Interview with the MDS Coordinator, RN on 3/18/13 at 4:00 p.m. stated she would be responsible for the initial care planning for fluid restrictions. She stated her expectation was to care plan for fluid restrictions. She also stated the RCMD (Resident Care Management Director is over the MDS Department) was ultimately responsible for updating the care plan and this person was no longer employed (RCMD left March 1, 2013). She further stated that she is interim RCMD and there is an action plan which is completed Monday through Friday to update care plans timely. She further stated the Care area Assessment (CAA) did not trigger for dehydration/ fluids; however the resident was at risk based on the diuretic use for Congestive Heart Failure. An interview with the interim DON and Administrator on 3/18/13 at 6:00 PM revealed it was their expectation Resident #1 care plan should have indicated the fluid restriction and updated when the fluid restriction was changed.</p>		

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 4 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents