PRINTED: 05/10/2013 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABWAYNESVILE (X4) ID SPECIAL TAG (X4) ID SPECIAL TAG (X4) ID SPECIAL SPECI	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMBED:		TIPLE C	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABIWAYNESVILLE XM ID PRISTIX SUBMANY STATELIER OF PERIORINGES SISWALL STREET XM ID PRISTIX SUBMANY STATELIER OF PERIORINGES XM ID PRISTIX PROPRIET OF PERIORINGES XM ID PRISTIX PROPRIET XM ID PRISTIX PROPRIET XM ID PRISTIX PROPRIET XM ID PRISTIX PROPRIET XM ID PRISTIX XM PRISTIX XM PRISTIX XM ID PRISTIX XM			345411					
PREFIX TAG RECULATORY OR LSC IDENTIFYING INFORMATION) (F 431) 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced					516	S WALL STREET	<u> U4/</u>	16/2013
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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	SS=B	The facility must emp a licensed pharmacis of records of receipt a controlled drugs in su accurate reconciliation records are in order a controlled drugs is mareconciled. Drugs and biologicals labeled in accordance professional principle appropriate accessor instructions, and the capplicable. In accordance with Stracility must store all locked compartments controls, and permit to have access to the ket. The facility must provipermanently affixed occurrolled drugs listed Comprehensive Drug Control Act of 1976 a abuse, except when the package drug distributed quantity stored is min be readily detected. This REQUIREMENT by:	loy or obtain the services of t who establishes a system and disposition of all afficient detail to enable an in; and determines that drug and that an account of all aintained and periodically sused in the facility must be the with currently accepted in and cautionary expiration date when the drugs and biologicals in a under proper temperature only authorized personnel to eys. Inde separately locked, compartments for storage of d in Schedule II of the in Abuse Prevention and and other drugs subject to the facility uses single unit ution systems in which the imal and a missing dose can		131}			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345411 B. WING				R-C 04/16/2013		
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHAB/WAYNESVILLE					REET ADDRESS, CITY, STATE, ZIP CODE 616 WALL STREET WAYNESVILLE, NC 28786	1 04/	10/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH ACTION SHOUTH APPRICATE PROPERTY OF THE APPRICATION OF THE			(X5) COMPLETION DATE	
{F 431}	2. Resident #3 was a 01/18/13 with diagnos dementia, bladder tur Minimum Data Set (M 01/25/13 assessed th term memory problen impairment of cognitive making. The MDS increceive scheduled pareceive pain medicati Resident #3 was assepain which was at a sof 0 to 10, with 10 indicand 0 indicating no pareceive of the physic order dated 01/18/13 Hydrocodone/acetam (mg) one every 4 hour A review of Resident Administration Recordinventory record for the Hydrocodone/acetam discrepancies in the cadministration of the indiscrepancies were a A. Nurse #1 documer AM on the declining in administered one Hydrocodone/scetam of the indiscrepancies were a Signature of the Madministered. B. Nurse #2 documer PM on the declining in individual in the declining in individual individ	admitted to the facility on sees which included nor and pain. The admission IDS) assessment dated e resident as having short as and as having moderate we skills for daily decision licated Resident #3 did not in medication but did on as needed (PRN). Essed as having frequent everity level of 8 on a scale icating the most severe pain ain. Scian's orders revealed an for inophen 5/325 milligrams rs PRN pain. #3's April 2013 Medication of (MAR) and declining ne inophen 5/325 mg revealed documentation of medication. The	{F 4	431}				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
						R-C		
		345411	B. WING			04/	16/2013	
	ROVIDER OR SUPPLIER ENTER HEALTH AND RE	HAB/WAYNESVILLE		510	ET ADDRESS, CITY, STATE, ZIP CODE 6 WALL STREET AYNESVILLE, NC 28786			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)			(X5) COMPLETION DATE	
{F 431}	5/325 mg. There was front or back of the M administered. C. Medication Aide # at 08:00 PM on the do he administered one Hydrocodone/acetam was no documentation MAR that the medication D. Medication Aide # at 01:00 PM on the dohe administered one Hydrocodone/acetam was no documentation MAR that the medication MAR that the medication MAR that the medication MAR that the medication PM with Medication PM with Medication PM with Medication PM expected to documentation MAR he should documedication, his initials administering the medication medication record expected to sign the marcotic declining involved #2 reviewed Reservantation record expected Reservantation Reservantation record expected Reservantation Reservantation record expected Reservantation Reserva	no documentation on the AR that the medication was I documented on 04/14/13 eclining inventory record that inophen 5/325 mg. There in on the front or back of the tion was administered. I documented on 04/16/13 eclining inventory record that inophen 5/325 mg. There in on the front or back of the tion was administered. I were not available for urvey. I were n	{F 4	331}				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345411			(X2) MUL A. BUILD			(X3) DATE SURVEY COMPLETED		
		B. WING			R-C 04/16/2013			
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHAB/WAYNESVILLE				516 V	T ADDRESS, CITY, STATE, ZIP CODE NALL STREET (NESVILLE, NC 28786	<u> 04/</u>	716/2013	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE API DEFICIENCY)		HOULD BE COMPL		
{F 431}	04/16/13 at 01:00 PM declining inventory shon the MAR. Medicat understood the import administration of PRN so the resident would. An interview was con PM with Medication A expected to documer PRN narcotic pain meter expected to initial the giving the medication MAR he should documedication, his initials administering the meter expected to chart the medication an hour at also expected to comadministration record expected to sign the inarcotic declining inventory record and he did give Resident Hydrocodone/acetam 04/14/13 at 08:00 PM declining inventory shon the MAR. Medicat understood the import administration of PRN so the medication would have a complete the inventory of the MAR. Medicat understood the import administration of PRN so the medication would have a complete the inventor of Nursing redocument administration of precount administration of placing their initials by placing their initials.	I as indicated on the neet but forgot to document it ion Aide #2 stated he tance of documenting I medications on the MAR n't get too much medication. ducted on 04/16/13 at 4:26 aide # 1 about what he is int regarding administration of edication He stated he is front of the MAR after then on the back of the ment the date, time, is and the reason for dication. He stated he is effectiveness of the fter he gives it. He said he is plete the PRN pain and In addition, he stated he is medication out on the entory record. Medication sident #3's declining April 2013 MAR. He stated #3 one innophen 5/325 mg on I as indicated on the neet but forgot to document it	{F 4	331}				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
345411			B. WING	B. WING			I-C /16/2013
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHAB/WAYNESVILLE				516	T ADDRESS, CITY, STATE, ZIP CODE WALL STREET YNESVILLE, NC 28786	1 04	10/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE .	(X5) COMPLETION DATE
{F 431}	and dose of medicatic and effectiveness on DON stated controlled documented on the dinal 3 places. The Diand declining inventor and verified there we 2 nurses and 2 Medic confirmed the potenting getting too much PRM. Based on medical reconstruction on the Medication Administrated declining inventory reconstruction on the Medication Administrated and pressure of narcotic as needed 2 of 3 sampled resided The findings included 1. Resident (#4) was 04/20/12 with diagnos wounds and pressure Minimum Data Set (Massessed the resident for daily decision make term or long term medicated Resident #4 medication and PRN Resident #4 was asseconstant pain which won a scale of 0 to 10, severe pain and 0 inconstant pain and 0 inconstant pain which won a review of the April 2 and 2 and 2 and 2 and 3 and	on, reason for administration the back of the MAR. The d substances should also be eclining inventory record. documentation should match ON reviewed the April MAR ry record for Resident #3 re 4 discrepancies involving cation Aides. The DON also al risk to the residents of N pain medication. Cord reviews and staff failed to have matching a front and back of the ation Record (MAR) and the cord for the administration of (PRN) pain medication for ents. (Residents #3 and 4). Endamitted to the facility ses which included open a ulcer. The most recent MDS) dated 03/25/13, the as being cognitively intact unique and as having no short mory problems. The MDS of received scheduled pain medication for pain. Eassed as having almost was at a severity level of 10 with 10 indicating the most	{F 4	131}			

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		345411	B. WING			04/	16/2013
	OVIDER OR SUPPLIER	HAB/WAYNESVILLE		516	ET ADDRESS, CITY, STATE, ZIP CODE WALL STREET LYNESVILLE, NC 28786		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	1	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRODE			(X5) COMPLETION DATE
{F 431}	routinely scheduled be two tablets orally ever Both medications are Review of Resident # Administration Recordinventory record for opain revealed discrep of administration of the discrepancies were at A. Medication Aide #2 at 01:00 PM on the dehe administered 2 Oxno documentation on MAR that the medication where the medica	arams (mg) extended ally every 8 hours on a asis and oxycodone 30 mg ry 6 hours as needed (PRN). used to treat pain. 4 's April 2013 Medication of (MAR) and declining exycodone 30 mg PRN for ancies in the documentation e medication. The stollows: 2 documented on 04/08/13 eclining inventory record that exicon was administered. Anted on 04/12/13 at 02:30 expentory record that she and on 30 mg. There was not front or back of the MAR as administered. Anted on 04/14/13 at 02:30 expentory record that she and on 30 mg. There was not front or back of the MAR as administered. Anted on 04/14/13 at 02:30 expentory record that she and on 30 mg. There was not front or back of the MAR as administered. Anted on 04/14/13 at 05:00 expentory record that she and on 30 mg. There was not front or back of the MAR as administered.	{F 4	31}			

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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHAB/WAYNESVILLE			B. WING	516 V	T ADDRESS, CITY, STATE, ZIP CODE WALL STREET YNESVILLE, NC 28786	04/	16/2013
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{F 431}	at 04:01 PM revealed administering PRN m Resident #4. He state to document administ medications by placing the MAR; then to document, strength, and for administration on the bar Aide # 2 stated that coalso be documented or record and that the doin all three places. Me that he gave the med documented on the documented on the documenting MAR on 04/08/13 at 02 acknowledged that documenting appropriate resident to receive An interview with Nurrevealed she was resident to receive PRN medications on She stated that the exadministration of all Pher initials on the frond document the date, tidose of medication, rethe effectiveness of the MAR. Nurse #3 sinarcotics should also declining inventory resident administration or received the MAR. Nurse #3 sinarcotics should also declining inventory resident.	dication Aide #2 on 04/16/13 The was responsible for edications on 04/08/13 for ed that the expectation was tration of all PRN ag his initials on the front of the ument the date, time, and dose of medication, reason at the effectiveness of the ck of the MAR. Medication controlled narcotics should be the declining inventory ocumentation should match edication Aide # 2 confirmed dication as he had eclining inventory record but on the front and back of the 21:00 PM. Medication Aide # the importance of diately ensures the safety of the the correct medications. See #3 on 04/16/13 04:11 PM ponsible for administering 04/14/13 for Resident #4. Expectation was to document the RN medications by placing at of the MAR; then to the medication on the back of the endication on the back of the documented on the cord and that the did match in all three places.	{F 4	31}			

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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHAB/WAYNESVILLE				516 V	FADDRESS, CITY, STATE, ZIP CODE NALL STREET (NESVILLE, NC 28786		
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{F 431}	declining inventory redocumenting on the fon 04/14/13 at 02:30 acknowledged that the documenting appropring the resident to receive. An interview with the on 04/16/13 at 04:35 staff to document admedications by placing the MAR; then to document the MAR; then to document the medication on the bastated controlled narrodocumented on the distance of the DON confirmed to should match in all the reviewed the April Marecord for Resident # discrepancies involving Medication Aide. The documentation discrepance in the formal of the documentation discrepance in the formal of the documentation discrepance in the formal of	ad documented on the acord but missed ront and back of the MAR AM and 05:00 PM. Nurse #3 to importance of ciately ensures the safety of the the correct medications. Director of Nursing (DON) PM revealed she expected ministration of all PRN to their initials on the front of the ument the date, time, name, dication, reason for the effectiveness of the tok of the MAR. The DON cotics should also be the eclining inventory record. That the documentation ree places. The DON that and declining inventory 4 and verified there were 4 to 2 nurses and 1	{F 4	31}			