

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

PRINTED: 09/13/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/29/2013
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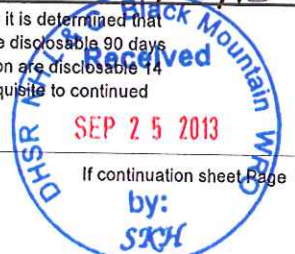
NAME OF PROVIDER OR SUPPLIER  BRIAN CTR HEALTH & REHAB/SPRUC	STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777
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F 000	INITIAL COMMENTS	F 000		
F 253 SS=B	<p>No deficiencies were cited as a result of the complaint investigations. Event ID# RTUS11.</p> <p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to remove from service a punctured and split shower bed mattress for 1 of 2 observed shower beds.</p> <p>The findings included:</p> <p>On 08/26/13 at 9:28 AM, the mattress on the shower bed in the 100/200 unit shower room was observed with multiple splits approximately 8 to 10 inches long on the head rest, exposing white foam cushioning. Numerous punctures and tears exposing white foam cushioning were observed over the remainder of the mattress.</p> <p>On 08/28/13 at 11:10 AM Nursing Assistant (NA) #1 was interviewed. She stated she was the shower team leader. NA #1 stated the shower bed for the 100/200 unit shower room was used daily and the Maintenance Director was notified when equipment required a repair.</p> <p>On 08/28/13 at 2:30 PM the Staff Development Coordinator (SDC) was interviewed. She stated her expectation that NA #1 would notify her or the</p>	F 253	<ol style="list-style-type: none"> <li>Corrective action has been taken in regard to the alleged deficient practice by covering the shower gurney with a plastic mattress cover while waiting for the replacement gurney to arrive. New gurney arrived by September 2<sup>nd</sup>, 2013. Capital expenditure request had been submitted for this equipment prior to the survey entrance.</li> <li>Corrective action has been taken to assure that no other equipment is affected by the same alleged deficient practice. Administrator inspected all shower equipment on 9/9/13 to assure that no other equipment has punctured surfaces. There were no additional punctures found in shower equipment but four shower chairs have had the mesh backing replaced due to frayed material.</li> <li>Systems have been put into place to assure that the alleged deficient practice</li> </ol>	9/09/13             9/26/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Max Campbell RN DON for Alisa Bradford, Admin.</i>	TITLE	(X6) DATE 9/23/13
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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 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.

*original signature 9-18-13 mh*



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F 253	<p>Continued From page 1</p> <p>Maintenance Director if equipment required repair. During the interview, the SDC observed the shower bed mattress in the 100/200 unit shower room and stated it needed to be replaced due to the tears.</p> <p>On 08/29/13 at 9:30 AM NA #1 was interviewed. She stated she noticed the splits on the mattress of the 100/200 unit shower room bed about one month before and had been covering the mattress with a bed sheet when in use by a resident.</p> <p>On 08/29/13 at 1:57 PM the SDC was interviewed. The SDC stated she was aware the shower bed mattress was splitting about a month ago, but because she did not order supplies or equipment she approached the Administrator who could start the ordering process.</p> <p>On 08/29/13 at 3:05 PM the Administrator was interviewed. She stated her expectation that all staff monitor equipment for tears or for need of repair. She stated staff disinfected the mattress after each use but she could not ensure proper disinfection once the outer cover of the mattress was torn.</p>	F 253	<p>does not re-occur. Administrator will monitor equipment twice each month for the next 90 days to assure all equipment is in good repair. Staff will be in-serviced by SDC to report any equipment in poor repair by placing the information on the maintenance repair log for the Maintenance Director to review daily.</p> <p>4. The results of all monitoring will be reported to the QAPI Committee each month for the next 90 days. The committee will evaluate results and make further recommendations if indicated.</p>	9/26/13  9/26/13
F 365 SS=D	<p>483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS</p> <p>Each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff</p>	F 365	<p>F 365</p> <p>1. Corrective action has been taken in regard to the alleged deficient practice relating to resident #31 by changing her diet order to mechanical soft as recommended by dietician and approved by family. Carol Wiseman, LPN, obtained a physician's order to change this diet to Mechanical</p>	

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F 365	<p>Continued From page 2</p> <p>interviews, the facility failed to provide meat in a form to meet the needs of 1 of 4 residents (Resident #31).</p> <p>The findings included:</p> <p>Resident #31 was originally admitted to the facility on 02/17/09 and certified for hospice care on 06/19/13. The most recent Minimum Data Set (MDS) dated 06/25/13 assessed the Resident #31 with severely impaired cognition and as requiring supervision and set up assistance with eating. The MDS noted the nutritional approach and diet for Resident #31 was to be a mechanically altered diet requiring a change in texture of her food. The Resident's care plan included appropriate interventions for a risk of weight loss and altered nutrition.</p> <p>A review of Resident #31's medical record revealed a hospice note dated 08/06/13 documenting slow deterioration, Resident #31 appetite as fair to good and sporadic ability to eat independently.</p> <p>Further review of the medical record revealed a provider order dated 08/08/13 to change Resident #31's diet to mechanical soft with chopped meats per family request.</p> <p>On 08/26/13 at 12:13 PM Resident #31 was observed in her room being fed by a hospice volunteer. On her lunch plate was observed ham cut into approximately 1/2 inch pieces. The hospice volunteer stated the ham was already cut up on the plate when delivered to the room and the Resident was unable to chew and swallow the meat as cut. The hospice volunteer pointed to a napkin on the lunch tray with a small amount of</p>	F 365	<p>Soft on 9/03/13. Nurses (Carol Wiseman, Molly Mathis, and Lisa Griffith) have observed her meals for the past 10 days starting on 9/04/13 to assure that she is tolerating this diet. Observations have confirmed that she is doing well on this diet.</p> <p>2. Corrective action has been taken in regard to residents who have a potential to be affected by the alleged deficient practice by auditing 100% of the current diet orders and comparing them to the tray card. Dietary Manager is in-servicing dietary staff on all special diets offered on our menus. Dietary Manager or designee is monitoring meal service three times a week for the next 90 days for compliance with correct diet.</p> <p>3. Systems put in place to assure that the alleged deficient practice does not re-occur includes a comparison of diet to tray card by Dietary Manager at each care plan. Each day as nursing reviews the previous days physician orders, the Unit Coordinator sends all diet changes to the Dietary Manager for review.</p>	9/15/13	9/26/13

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F 365	<p>Continued From page 3</p> <p>partially chewed ham the Resident was unable to chew.</p> <p>On 08/27/13 at 12:20 PM Resident #31 was observed in her room being fed by the same hospice volunteer observed on 08/26/13. On her lunch plate was observed a hamburger patty cut into irregular pieces, the smallest pieces measuring approximately ½ inch across to the largest piece measuring approximately 2 inches across. The hospice volunteer stated the hamburger was already cut up on the plate when delivered to the room, the Resident was unable to chew and swallow the meat as cut. A review of the tray card accompanying the Resident #31's lunch and dated 08/27/13 revealed the Resident's diet as regular and the texture as mechanical soft.</p> <p>On 08/28/13 at 2:05 PM the Dietary Manager (DM) was interviewed. She stated meat consistency for a mechanical soft diet would be ground and served with gravy. She stated the consistency for chopped meat would be to cut it with a knife into small pieces. The DM stated that she was unaware of Resident #31's provider order dated 08/08/13 to receive a mechanical soft diet with chopped meats. The DM further stated that if she would have been aware of this diet order she would have questioned what type of meat the resident should be served at meals.</p> <p>On 08/28/13 at 2:18 PM the Registered Dietitian (RD) was interviewed. The RD stated in the morning hours of 08/28/13 she spoke to a woman in the Resident's room who told her the form of meat was being delivered in pieces too large for the resident to chew. The RD stated she clarified the Resident's diet order on 08/28/13 as a</p>	F 365	<p>After the initial 90 days, Dietary Manager will conduct ongoing monthly meal audits for correct diet as part of our QAPI process. All staff is being in-serviced by SDC on F 365 including meal accuracy and reporting to Nurse and Dietary Manager of any resident who does not tolerate their current diet.</p> <p>4. Results of all audits and monitoring will be reviewed at QAPI for three months and then quarterly as needed.</p> <p><i>Preparation and/or execution of this plan of correction do 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 federal and state law requires it.</i></p> <p>Jean Campbell, RN, DON has permission to sign POC in Administrator's absence.</p>	9/26/13 9/26/13	

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F 365	Continued From page 4 mechanical soft diet, which meant the Resident was to receive ground meat at meals.  On 08/29/13 at 9:00 AM the hospice nurse, unit manager (UM) and DM were interviewed. The UM stated she did not know why the order was written the way it was. The hospice nurse stated she was not made aware from the volunteer any concerns with the Resident's ability to chew meat. The DM stated she had already spoken to her cook that a mechanical soft diet is not consistent with the plating of meat that is cut up.	F 365			