

JAN 14 2014

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

PRINTED: 12/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2013
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/YA	STREET ADDRESS, CITY, STATE, ZIP CODE 1086 MAIN STREET NORTH YANCEYVILLE, NC 27379
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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 250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interview the facility failed to arrange transportation to a wound clinic for 1 of 2 residents (Resident #1) who required transportation to appointments.</p> <p>Findings included:</p> <p>Resident # 1 was admitted on 6/14/13 with diagnoses in part of multiple pressure ulcers, hypertension, diabetes mellitus, anemia, and chronic obstructive pulmonary disorder. Review of the Minimum Data Set (MDS) dated 6/21/13 indicated Resident #1 was moderately impaired with nine unstageable pressure ulcers. He had one stage 4 pressure ulcers, seven unstageable pressure ulcers and one deep tissue wound.</p> <p>Review of the wound care order dated 7/8/13, in part, " F/U (follow up) 2 weeks, prn (as needed) "</p> <p>Review of a nursing note dated 7/8/13 at 2:30 PM, revealed in part, " To wound clinic today F/U (Follow up) in 2 wks (weeks) 7-22-13 @ (at) 11:00 AM. "</p> <p>Review of the physician order dated 7/10/13 at 9:25 AM, revealed " Please send a copy of CMP</p>	F 250	<p>1) Resident #1 received care for his wounds while hospitalized and was returned to the facility. He was eventually transferred to a Long Term Acute Care facility for treatment.</p> <p>2) Other residents who had outside consults within the past 60 days have been reviewed for any missed orders, including but not limited to, missed appointments.</p> <p>3) Most residents are transported to outside appointments by the Center's own transport system. Paperwork is handed to the driver for return to the facility. The driver will make a copy of all paperwork and place it in the DON's box. The original paperwork will go in the consult box for nursing follow up. Rarely residents are transported by families or other agencies. In this case paperwork will be copied for the DON then placed in the Consult box at the central nurse's station for by the staff nurses. The DON, ADON or Unit Coordinator will review all consults on the following business day to validate completion. This Consult recommendation audit will</p>	1-13-2014
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator DATE 1-2-2014

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 250	<p>Continued From page 1 (complete metabolic panel) and CBC (complete blood count) with resident to wound clinic in 2 weeks. "</p> <p>Review of the medication administration record (MAR) dated 7/10/13, revealed, " Bring copy of CBC and BMP to wound clinic in two weeks. "</p> <p>Review of the weekly pressure ulcer record dated 7/24/13, revealed in part, " Had an appt. (appointment) with wound clinic on 7/22/13. Appt. has been rescheduled. " Wound care nurse was not available for interview.</p> <p>During an interview on 12/16/13 at 11:37 AM, the Director of Nursing (DON) indicated the facility transported residents to appointments. The back up drivers were the maintenance director or the activity director. A contracted company was also used for transportation, if the facility had a conflict in appointments. The nurses were responsible for getting the appointments from the physician and then communicating it to the transportation coordinator.</p> <p>During an interview on 12/16/13 at 12:15 PM, Social Worker indicated she had not handled appointments and referred to transportation coordinator who scheduled appointments.</p> <p>During an interview on 12/16/13 at 12:19 PM, Transportation Coordinator indicated she made all facility appointments. The nurse used the in house communication form to request the appointment be made. Copies of the appointment are given to the floor nurse, the assistant DON and the DON. When asked had the facility cancelled appointments; the coordinated indicated she would inform the DON or the administrator if there was a schedule conflict or</p>	F 250	<p>be completed for the next 30 days on a weekday basis, then weekly at a rate of 25% of Consults for an additional 30 days. The DON will maintain a folder of reviewed data for further validation.</p> <p>4) During that 60 period the POC PIP Team will meet bi- weekly and as needed to discuss findings and determine the need and frequency for continuing the audit process until compliance has reached an acceptable standard. The POC PIP team will make recommendations to present to the facility's QAPI Committee for follow up at the monthly QAPI meeting.</p> <p>Compliance with this corrective action will be completed by January 13th, 2014. The Director of Nursing is responsible for sustaining this corrective action.</p>		

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F 250	<p>Continued From page 2</p> <p>cancellation and she was responsible to reschedule. Review of the transportation coordinators calendar schedule for 7/22/13 revealed no appointment was documented for Resident #1. She indicated Resident #1 went to the wound clinic every two weeks and had no appointment documented for 7/22/13.</p> <p>During an interview on 12/17/13 at 1:17PM, the wound clinic receptionist indicated the facility had called and canceled an appointment on 7/22/13 for Resident #1 and gave the reason for cancellation as " transportation issues ". Resident #1 had not missed any other appointments.</p> <p>During an interview on 12/17/13 at 1:20 PM, the DON indicated she had no knowledge Resident #1 had missed an appointment on 7/22/13.</p>	F 250		