PRINTED: 04/25/2014
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345362	A. BUILDING _____ B. WING _____	C 04/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS	250 BISHOP LANE CONCORD, NC 28025

(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 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to ensure medication error rate was 5% or below by not following the doctor's orders. There were 2 errors (Residents #10 & #11) of 27 opportunities for error resulting in 7.4 % error rate. The findings included: 1. Resident # 10 was admitted to the facility on 9/24/02 with multiple diagnoses including constipation. The physician's orders for Resident #10 were reviewed. Resident #10 had a doctor's order dated 2/20/14 for " Docusate Sodium (a stool softener) 50 milligrams (mgs) per 5 milliliter (ml) liquid, give 10 ml per tube twice a days for constipation. " On 4/14/14 at 5:14 PM, Nurse #1 was observed during the medication pass. Nurse #1 was observed to prepare the medications for Resident #10 including Docusate Sodium 5 ml. Nurse #1 was observed to bring all the prepared medications to the resident's room and was ready to administer them via tube. Prior to medication administration, Nurse #1 was asked regarding the ordered dose for Docusate Sodium. The nurse stated it was 5 ml and went to check the Medication Administration Record (MAR). At 5:18	F 332	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. **F 332 Medication Error greater than 5%** **Criteria 1** Medication Error Reports including notification of the Physician, were completed by the Unit Manager on 4/30/2014 for Resident #10 and #11. 4/27/2014 thru 5/2/2014 a Medication Administration Record reconciliation was completed. On 5/2/2014 audit revealed one discrepancy which was immediately corrected. **Criteria 2** All residents receiving medications have the potential to be affected by this alleged deficient practice. **Criteria 3** An Independent Third Party Instructor from Rowan-Cabarrus Community College will provide primary re-education to all Licensed Nurses and Certified Medication Aides including those working PRN and weekends, by May 15, 2014, on the administration of medications according to the Physician's orders with reinforcement of Medication Rights.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 5/9/2014

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 332	Continued From page 1 PM, Nurse #1 acknowledged that the ordered dose was 10 ml and not 5 ml. 2. Resident #11 was admitted to the facility on 1/21/13 with multiple diagnoses including dry eyes. Review of the physician's orders revealed that Resident #11 had an order dated 3/1/13 for artificial tears 2 drops on each eye 4 times a day for dry eyes. On 4/15/14 at 9:30 AM, Med Aide #1 was observed during the medication pass. She was observed to instill 1 drop of artificial tears on each eye of Resident #11. On 4/15/14 at 9:40 AM, Med Aide #1 was interviewed. She acknowledged that she administered 1 drop of artificial tear on both eyes and didn't realized the order was 2 drops.	F 332	The Director of Nursing, Unit Manager or Supervisor will perform 3 random observations weekly for Medication administration per all routes for 8 weeks then 3 monthly for 3 months. These observations will include different shifts and weekend shift observation. Observations to be documented on the monitoring tool and admitted to the credible evidence book upon completion. Re-education will occur at the time of observation for deficient practice. **Criteria 4** The results of the observations will be brought forward to the Quality Assurance Performance Improvement meeting by the Director of Nursing for 3 consecutive months and then quarterly. The committee will evaluate and make further recommendations as indicated. Date of Compliance: May 15, 2014	