

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345011</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>7/9/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER NURSING CARE/LEXI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>279 BRIAN CENTER DRIVE LEXINGTON, NC</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 282</b>	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews and observations, the facility failed to implement a planned intervention for fall prevention for 1 of 22 sampled residents (Resident #6). Findings included:</p> <p>Resident #6 was admitted to the facility on 2/20/12 with diagnosis of dehydration, malaise and fatigue</p> <p>Review of the (MDS) Minimum Data Set with assessment reference date of 6/13/14 indicated that Resident #6 's cognition was moderately impaired and required extensive assistance with Activity of Daily Living.</p> <p>The care plan for risk for falls was updated on 4/3/14 to add new interventions for low bed and floor mats.</p> <p>An observation on 7/7/14 from 10:05 AM until 3:30 PM revealed Resident #6 in low bed with no fall mats noted on the floor.</p> <p>An interview with the Side B Unit Manager (UM) on 7/8/14 at 9:25 AM indicated that fall mats should have been placed on the floor beside the bed and noted on the (RCS) Resident Care Sheets for the nurse aide (NA) to be aware of resident care needs and stated that when there is a change in the plan of care it is discussed in morning meeting and added to the RCS sheets to inform the NA. Review of the RCS sheet for Resident #6 did not indicate to place mats on the floor bedside low bed.</p> <p>An interview with NA #1 on 7/8/14 at 9:30 AM revealed that the care needs for the residents are communicated by the RCS sheets.</p>
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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

The above isolated deficiencies pose no actual harm to the residents