

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345262</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	DATE SURVEY COMPLETE:  <b>9/26/2014</b>
--	---------------------------------	---	--

NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHAB/HE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 DON JUAN ROAD HERTFORD, NC</b>
---	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

<b>F 278</b>	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to accurately code visual function for 1 of 3 sampled residents (Resident #89). The findings included: Resident #89 was admitted to the facility on 07/22/14. Diagnoses included Alzheimer ' s dementia, failure to thrive, hypertension, and diabetes. Admission Minimum Data Set (MDS) dated 08/13/14 documented severe cognitive impairment. His vision was assessed at moderately impaired and coded with a 2. Resident #89 was observed on 9/24/14 at 8:20 AM lying in bed on his left side, with his eyes opened, and no eye glasses on. He did not respond when spoken to. On 09/24/14 at 11:50 AM, an interview was conducted with the Minimum Data Set (MDS) nurse. She stated that the resident was coded with a 2 for moderately impaired because he could see, but she could not assess his level because he was unable to understand and communicate. She stated that she examined the resident ' s medical record and on the Physical Therapy progress note, it stated that the resident followed the therapist with his eyes, so that corroborated her assessment. On 9/24/14 at 12:10 PM, the MDS nurse produced Resident Assessment Interview (RAI) instructions for coding vision. Under coding tips and special populations, it reads " If the resident is unable to communicate or follow your directions for testing vision, observe the resident ' s eye movements to see if his or her eyes seem to follow movement of objects or people. These gross measures of visual acuity may assist you in assessing whether or not the resident has any visual ability. For residents who appear to do this Code 3, highly impaired. " The MDS nurse stated she didn ' t feel comfortable coding the resident with a 3, because that was the level for blind, and the resident was not blind.</p>
--------------	--

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

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345262</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>9/26/2014</b>
--	---------------------------------	--	--

NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHAB/HE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 DON JUAN ROAD HERTFORD, NC</b>
---	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

<b>F 278</b>	Continued From Page 1
--------------	-----------------------