

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

PRINTED: 07/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345232	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/29/2015
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHABI HICK			STREET ADDRESS, CITY, STATE, ZIP CODE 3031 TATE BOULEVARD SE HICKORY, NC 28602		
(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 223 SS=J	<p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>This REQUIREMENT is not met as evidenced by: Refer to CMS 2567 dated 05/29/15 for event ID# WF0Q12.</p>	F 223	<p>Brian Center ζ Hickory East Credible Allegation of Compliance</p> <p>Brian Center ζ Hickory East respectfully submits this allegation of compliance to lift the allegation of immediate jeopardy identified on May 27, 2015 at 2:00pm.</p> <p>F223 - 483.13 (b) Abuse</p> <p>1. Residents identified to be affected by the alleged deficient practice.</p> <p>On 5/22/15 at 5:40am, a contract employee reported to Nurse #1 that she had witnessed Nurse Aide #1 physically abuse Resident #5. At 8:23am, Nurse #1 reported to the Director of Nursing an allegation of abuse involving Resident #5. The facility initiated a 24-hour Report and investigation at 2:50pm when the contracted employee contacted the Administrator. Nurse Aide #1 was suspended on 5/22/15 at 7:00pm. A 5-Working Day Report was submitted on 5/28/15. The findings of the investigation</p>	7/2/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/22/2015

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 223	Continued From page 1	F 223	<p>indicated that the allegation was substantiated. The Nursing Assistant was suspended on 5/22/15 at 7:00pm. Resident # 5 was assessed by the facility's Physician's Assistant on 5/27/15 and no injuries were identified as a result of the incident. The physician was notified on 5/27/15, and no additional orders were received as a result of the assessment.</p> <p>2. Residents with the potential to be affected by the alleged deficient practice.</p> <p>Facility Residents have the potential to be affected by the alleged deficient practice. On 5/27/15, the Social Services Director and Social Services Assistant conducted interviews with those residents whose cognitive level score is 10 or greater to identify concerns related to care and services provided by the staff. Results of the audit revealed one additional allegation. The District Director of Clinical Services has initiated actions on 5/27/15 to include suspension of the identified employee, a 24-Hour Report has been completed, and an investigation has commenced.</p> <p>3. Systemic Measures</p> <p>The Director of Nursing and Administrator will, upon notification, initiate actions to provide for a resident's safety in the event of an allegation of abuse or neglect, and conduct an investigation regarding the allegation according to the facility's</p>		

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F 223	Continued From page 2	F 223	<p>Abuse & Neglect Policy and as follows:</p> <ul style="list-style-type: none"> ¿ Remove alleged staff member from resident care area ¿ Supervisor to immediately notify the Director of Nursing or Administrator of the allegation ¿ Licensed Nurse to assess the resident for potential injury and provide for safety and care ¿ Inform MD if there are any signs/symptoms of injury <p>The Division Director of Clinical Education and the Unit Coordinator have conducted training with facility staff beginning May 27, 2015 regarding Abuse & Neglect Prohibition, the requirement that residents are to be free from abuse and neglect, and to report allegations to the Director of Nursing or Administrator to ensure that residents¿ needs are being met and interventions are put in place to ensure the resident¿s safety. Facility staff will not be allowed to work until the training is completed. Facility will be provided this education at least annually via the Director of Nursing or Social Services Director. This education will be included in the facility¿s new hire orientation and newly hired facility staff will not be permitted to assume their floor responsibilities until they have completed this education. On 5/27/15, the Administrator, District Director of Clinical Services, and Division Director of Clinical Education provided education for the Director of Nursing regarding what constitutes an allegation of abuse,</p>		

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F 223	Continued From page 3	F 223	<p>removal of the accused individual, ensuring the safety of the resident, submitting a 24-Hour Report, and completing a thorough investigation. Beginning on 05/27/15 all facility employees will be re-educated by the Director of Nursing, Director of Clinical Education, ADON and Unit Coordinator on the Facility Policy for Abuse and Neglect Prohibition and mandated reporting of allegations of resident abuse and neglect. This re-education will also include:</p> <ul style="list-style-type: none"> ¿ Providing separation and a safe environment for residents while the investigation is completed ¿ Appropriate interventions are care planned and implemented based on the resident¿s assessment. ¿ No facility employee shall work without receiving this re-education. <p>The Administrator and Director of Nursing will be retrained by the District Director of Clinical Services regarding the facility¿s Abuse & Neglect policy and the investigative process to include:</p> <ul style="list-style-type: none"> ¿ Reporting via the 24-Hour Report and 5-working day Report of allegations of abuse or neglect ¿ Interview notes/Statements of staff and residents related to the allegation ¿ Assessment of the resident for potential injuries ¿ Notification of the physician for injuries <p>The following methods of monitoring,</p>		

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F 223	Continued From page 4	F 223	<p>tracking, and trending will be implemented as of 5/28/15:</p> <p>¿ The Director of Nursing will identify individuals who have had two or more allegations of abuse submitted within a calendar year, will monitor care provided and interactions with residents three times per week for four weeks after the second allegation.</p> <p>¿ The Administrator will review Ambassador Rounds and Concern Forms daily during the morning meeting for any allegations of abuse and will follow up immediately.</p> <p>Additional measures:</p> <p>Directed In-service training regarding Abuse and Neglect Prohibition, reporting requirements, investigative processes, and employees¿ responsibilities to ensure resident safety and removal of the potential for injury related to an allegation will be conducted for facility staff by Terri Franco, Adult Services Supervisor with Adult Protective Services on 6/23/15, 6/24/15, and 6/26/15.</p> <p>The Social Services Director or Social Services Assistant will conduct at least 3 interviews with residents whose cognitive score (BIMs) is >= 10 per week for four weeks, then 3 per month for 6 months. The Social Services Director or Social</p>		

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F 223	Continued From page 5	F 223	<p>Services Assistant will continue to provide Abuse & Neglect education for new admissions going forward.</p> <p>The Administrator or Social Services Director will review minutes from Resident Council meetings monthly to identify concerns related to abuse allegations. Any identified concerns will be addressed immediately, reported timely, and investigated thoroughly.</p> <p>The Administrator or Social Services Director will review data obtained through interviews, admission education, Ambassador Rounds, Concerns, and Resident Council minutes, analyze the data and report patterns or trends to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for six months. The QAPI committee will evaluate the effectiveness of the plan and will implement additional interventions based on identified outcomes to ensure continued compliance.</p>		
F 226 SS=J	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Refer to CMS 2567 dated 05/29/15 for event ID#</p>	F 226	<p>May 27, 2015</p>	7/2/15	

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F 226	Continued From page 6 WFOQ12.	F 226	<p>Facility respectfully submits the below allegation of compliance: F226</p> <p>1. Nursing staff member #1 was suspended by Director of Nursing on 05/27/15 for failing to immediately report an allegation of abuse for Resident #5.</p> <p>Nursing staff member #1 was re-educated on 05/27/15 by Director of Nursing on mandated reporting of abuse and neglect prohibition including providing safety of resident including separation of identified party and removal from all assignments until Director of Nursing is notified immediately.</p> <p>The Administrator was notified of an abuse allegation for Resident #171 on 5/28/15 and immediately began an abuse investigation. Nursing staff member #2 has been removed from the working schedule as of 5/28/15 and will remain off the schedule pending the outcome of the investigation. The Physician's Assistant conducted a full head to toe skin assessment on Resident #171 and no concerns were noted. The Administrator conducted an interview with Resident #171 on 5/28/15 and he made no reports of abuse or the prior alleged incident.</p> <p>The Director of Nursing will receive re-education regarding the facility's Abuse & Neglect Prohibition policy, to include what constitutes an allegation of abuse and reporting all allegations to the Administrator for immediate review and</p>		

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F 226	Continued From page 7	F 226	<p>follow up prior to returning to her duties.</p> <p>2. Interviews of current staff were conducted by the Director of Nursing, Assistant Director of Nursing or Unit Coordinator on 05/27/15 to verify reporting of all allegations of abuse.</p> <p>A 100% audit of staff on 5/27/15 and 5/28/15 conducted by the Director of Nursing, Assistant Director of Nursing, and Unit Coordinator revealed no new allegations of abuse.</p> <p>All residents with a BIMS greater than 10 were interviewed by the Social Services Director, Social Services Assistant or the Administrator to ensure that allegations of abuse have been reported. These interviews were completed on 5/27/15. At the completion of the interviews the residents will verbalize understanding to report allegations of abuse. Completion of this audit revealed one new allegation of abuse. A 24-Hour Report has been submitted and the facility has initiated a 5-day investigation.</p> <p>3. Beginning on 05/27/15 all facility employees will be re-educated by the Director of Nursing, Director of Clinical Education, ADON and Unit Coordinator on the Facility Policy for Abuse and Neglect Prohibition and mandated reporting of allegations of resident abuse and neglect. This re-education will also include:</p> <p>↳ Providing separation and a safe</p>		

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F 226	Continued From page 8	F 226	<p>environment for residents while the investigation is completed</p> <ul style="list-style-type: none"> ¿ Appropriate interventions are care planned and implemented based on the resident¿s assessment. ¿ No facility employee shall work without receiving this re-education. The Administrator and Director of Nursing will be retrained by the District Director of Clinical Services regarding the facility¿s Abuse & Neglect policy and the investigative process to include: <ul style="list-style-type: none"> ¿ Reporting via the 24-Hour Report and 5-working day Report of allegations of abuse or neglect ¿ Interview notes/Statements of staff and residents related to the allegation ¿ Assessment of the resident for potential injuries ¿ Notification of the physician for injuries <p>Evidence of education of outside contractors who provide direct care services regarding reporting of abuse and neglect has begun on 5/27/15. Future contracted services will require evidence of abuse and neglect training and reporting requirements prior to working with residents.</p> <p>Beginning on 05/27/15, all newly hired facility staff will be educated prior to beginning work in the resident care area by the Assistant Director of Nursing or Unit Coordinator on the Facility Policy for Abuse and Neglect Prohibition and mandated reporting of allegations of</p>	

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F 226	Continued From page 9	F 226	<p>resident abuse and neglect to the Administrator or Director of Nursing. This re-education will also include:</p> <ul style="list-style-type: none"> ¿ Providing separation and a safe environment for residents while the investigation is completed and appropriate interventions are care planned and implemented. ¿ New hires will not be permitted to assume their floor responsibilities until they have completed this education. <p>Beginning on 05/27/15, new resident admissions into the facility will be educated by the Social Services Director, Social Services Assistant or Admissions Coordinator during the admission process, on the facility policy for Prohibition of Abuse including education on reporting observations of alleged abuse, suspected abuse or rumors of abuse to the Director of Nursing or Administrator.</p> <p>Additional measures:</p> <p>Directed In-service training regarding Abuse and Neglect Prohibition, reporting requirements, investigative processes, and employees¿ responsibilities to ensure resident safety and removal of the potential for injury related to an allegation will be conducted for facility staff by Terri Franco, Adult Services Supervisor with Adult Protective Services on 6/23/15, 6/24/15, and 6/26/15.</p> <p>The Social Services Director or Social Services Assistant will conduct at least 3</p>		

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F 226	Continued From page 10	F 226	<p>interviews with residents whose cognitive score (BIMs) is >= 10 per week for four weeks, then 3 per month for 6 months. The Social Services Director or Social Services Assistant will continue to provide Abuse & Neglect education for new admissions going forward.</p> <p>The Interdisciplinary Team (consisting, at a minimum, of Administrator, Director of Nursing, Assistant Director of Nursing, Unit Coordinator, Activities Manager, Social Services Director, Social Services Assistant, Resident Care Management Director, MDS Coordinator) will conduct interviews regarding abuse/neglect prohibition and reporting processes with facility staff members three times per week for four weeks, then three times a month for six months.</p> <p>The Director of Nursing or Assistant Director of Nursing will conduct interviews regarding abuse/neglect prohibition and reporting processes with at least two contracted staff members who provide direct care services per month for six months.</p> <p>The facility's Ambassadors will conduct visits with at least three residents at least three times per week for four weeks, then at least weekly thereafter.</p> <p>The Administrator or Social Services Director will review minutes from Resident Council meetings monthly to identify concerns related to abuse allegations. Any identified concerns will be addressed</p>		

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F 226	Continued From page 11	F 226	<p>immediately, reported timely, and investigated thoroughly.</p> <p>The Administrator or Social Services Director will review data obtained through interviews, admission education, Ambassador Rounds, Concerns, and Resident Council minutes, analyze the data and report patterns or trends to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for six months. The QAPI committee will evaluate the effectiveness of the plan and will implement additional interventions based on identified outcomes to ensure continued compliance.</p>		