

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2015
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 635 STATESVILLE BOULEVARD SALISBURY, NC 28144		
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F 248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff and family interviews the facility failed to provide structured activities for residents on 1 of 3 sampled halls (300 hall,a secured unit).</p> <p>Finding included:</p> <p>Review of the facility ' s activity calendar for the 300 hall (secured unit), revealed on 8/11/15, the scheduled activities were:</p> <ul style="list-style-type: none"> · 10:00 am meet and greet · 10:30 am open talk · 11:00am creative and expressive · 11:45am lunch prep · 1:30 pm relaxation/ soft music · 2:00 pm arts · 3:00 pm afternoon tea/smoothies · 4:45 pm dinner prep <p>On 8/11/15 during a continued observation from 11:17am until 11:43am, revealed the schedule activity " creative and expressive " was the scheduled activity. No activity had taken place. Residents were observed wandering the halls, sitting near the nursing station and sitting in a small room adjacent to the nursing station.</p> <p>On 8/11/15 during a continuous observation from</p>	F 248	<p>Criteria 1: Corrective actions for the residents affected on 300 hall will consist of ongoing individualized assessments. Individualized activity plans will be implemented and evaluated with evidence based practices by a Recreational Therapist.</p> <p>Criteria 2: Residents that could potentially be affected by the deficient practice will be engaged in recreational activities and have individualized activity care plans with goals and approaches. Staff will be re-educated regarding the activity programs scheduled and implemented. The Recreation Therapist and the Nurse Managers will provide the in-services of the re-education of staff. In addition Therapeutic Alternatives, Inc. has and will continue to conduct the education of staff on a monthly basis regarding the effective kinds of Activities conducted for the residents . The ongoing activities will match the skills, abilities, needs, and preferences of each resident. Activities will take into consideration the physical, social, and cultural aspects of the individuals residing</p>	9/7/15	

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

TITLE

(X6) DATE

Electronically Signed

09/03/2015

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 248	<p>Continued From page 1</p> <p>2:00pm until 2:30pm, revealed the scheduled activity was " arts " , no activity had taken place. Residents were observed wandering the halls, sitting near the nursing station and sitting in a small room adjacent to the nursing station.</p> <p>During an interview on 8/11/15 at 2:04pm, a resident ' s family member indicated the residents, who lived on the 300 hall needed something to do. They sat all day and had meals to look forward too.</p> <p>On 8/11/15 a continuous observation from 3:15pm until 3:45 pm, the scheduled activity was " afternoon tea/smoothies " . No activity took place. Residents were observed sitting in the room adjacent to the nursing station and wandering in the hall.</p> <p>Review of the facility ' s activity calendar for hall 300 revealed on 8/12/15, the scheduled activities were:</p> <ul style="list-style-type: none"> · 10:00am meet and greet, · 10:30am outside adventures · 11:00am morning stretch · 11:45am lunch prep · 1:30pm relaxation/ soft music · 2:00pm nail care · 3:00pm afternoon tea · 3:30pm, reminisce · 4:45pm dinner prep <p>During an interview on 8/12/15 at 10:14am Nurse indicated she had worked in the facility ' s secured unit since it was opened a year ago. The resident ' s activities were, popcorn, therapy, smoking, range of motion with therapy, and family visits. She wasn ' t aware of any scheduled activities.</p>	F 248	<p>on 300 hall.</p> <p>Criteria 3: The deficient practice will be provided by systematic changes to provide ongoing activities designed to meet the needs of residents on the 300 hall by the activity director and the interdisciplinary care plan team. Staff re-education will be conducted regarding scheduling of activities on the 300 hall, tracking resident participation, and assuring that activities are conducted based on the calendar by the Recreation Therapist.</p> <p>Criteria 4: The deficient practice will be monitored, evaluated, and results recorded daily by the activity staff. Results will be reported to the Administrator weekly by the review of activity participation logs and made monthly to the QAPI committee for the first 3 months then quarterly by the Recreation Therapist.</p>		

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

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FORM APPROVED
OMB NO. 0938-0391

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F 248	<p>Continued From page 2</p> <p>On 08/12/15 at 10:30am " outdoor adventures " was the scheduled activity. During observation on 8/12/15 at 10:30am, no announcement was made for residents to go outside. No residents were observed participating in a structured outdoor activity on the 300 hall.</p> <p>On 08/12/15 at 11:00am " morning stretch " was the scheduled activity, staff were not observed providing stretching on the 300 hall. Residents were observed wandering the hall and sitting at the nursing station and in the room across from the nursing station.</p> <p>During an interview on 8/12/15 at 11:02am the unit manager (UM) indicated the activity director was responsible for conducting the activity on the activity calendar. At 11:15 am UM indicated the activity director must be late.</p> <p>During an interview on 8/12/15 at 11:41am, Activity Director (AD) indicated she had been working as the activity director since April 2015. She stated she had created a separate activity calendar for the 300 hall. Some of the residents from the 300 hall were brought to the main activities to participate. She indicated the administrator had conducted interviews for an additional activity director for the secured unit. She indicated she didn ' t track activity attendance, she was unable to provide activity records.</p> <p>During an interview on 08/12/15 at 11:44am, Director of Nursing confirmed the activity program was " struggling " on the secured unit.</p> <p>During an interview on 11/12/15 at 11:59am, Ombudsman indicated during her quarterly visits</p>	F 248			

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F 248	Continued From page 3 she had not observed scheduled activity in the secured unit. During an interview on 8/12/2015 at 3:04pm, Administrator indicated that he had actively interviewed candidates to hire as an activity director for the secured unit.	F 248			
F 249 SS=D	483.15(f)(2) QUALIFICATIONS OF ACTIVITY PROFESSIONAL The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the State in which practicing; and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or is a qualified occupational therapist or occupational therapy assistant; or has completed a training course approved by the State. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to ensure the activity program was directed by a qualified professional. The findings included: On 8/11/2014 at 2:20 PM, an activity observation was conducted. There were 6 residents in wheelchairs seated at separate tables, with approximately 12 children of elementary age in the room. There were 2 additional adults in the	F 249	Criteria 1: A licensed Recreational Therapist to direct the program was hired on 8/19/15. Criteria 2: Residents that could potentially be affected by the deficient practice will be engaged in activities that match the skills, abilities, and needs of residents under the direction of a qualified activity	8/19/15	

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F 249	Continued From page 4 room. The residents and children were playing various board games together. The Activity Director (AD) was present in the room and conversing with the residents and children. On 8/12/2015 at 2:56 PM, an interview was conducted with the Activity Director. The AD stated she had been working as the AD for 3 1/2 months at this facility, and had no previous AD experience. She indicated she had worked as the Social Worker at this facility. She wanted to do activities. She stated she did not have a certification for AD. She was planning on taking the class for certification, which was to start in September. She indicated she knew the AD position required credentials. An interview was conducted with the Administrator on 8/12/2015 at 3:04 PM. The Administrator stated he knew the current AD had no credentials. He indicated that he had only been in the facility for 30 days and was working to correct the situation. During an interview on 8/12/15 at 4:01 PM, the Director of Nursing (DON) indicated she knew the AD was not certified.	F 249	professional. A licensed Recreational Therapist was hired on 8/19/15. Criteria 3: Activities will be tracked for the resident participation and activities conducted based on the calendar under the direction of a qualified activity professional. Criteria 4: The deficient practice will be monitored, evaluated, and results recorded daily by a qualified activity professional. Results will be reported to the Administrator weekly by the qualified activity professional. Review of activity participation logs will be conducted weekly and reports mad monthly to the QAPI committee for the first 3 months then quarterly by the qualified activity professional which was hired on 8/19/15.		