PRINTED: 11/18/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C		
		345149	B. WING_				(08/ 2015
	NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CI 4911 BRIAN CENTER WINSTON-SALEM,	LANE	1 10/	00,2010
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F 000	INITIAL COMMENT	rs .	F 0	00			
F 156 SS=B	(DHSR), Nursing Hot Certification Section and complaint investigation Section and complaint investigation of the State of admission to the Certification Section and complaint investigation of admission to the Certification Section	a conducted a recertification stigation survey on October 4, per 8, 2015. During the mined that the facility provided of care at the immediate 33. The survey team also a jeopardy at F428 and F520. Parady began on 8/18/15 and	F1	56			11/6/15
	items and services and facility services und which the resident rother items and servand for which the re	that are included in nursing er the State plan and for may not be charged; those vices that the facility offers sident may be charged, and ges for those services; and					
ARODATORY	DIRECTOR'S OR PROVIDE	R/SLIPPLIER REPRESENTATIVE'S SIGNATUR	DE '	т	TITLE		(X6) DATE

Electronically Signed 11/12/2015

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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345149	B. WING _			C 10/08/2015
	ROVIDER OR SUPPLIER R HEALTH & RETIREME	ENT		STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	<u> </u>	10/00/2010
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F 156	inform each resident the items and service (i)(A) and (B) of this so the facility must inform at the time of admission the resident's stay, of facility and of charges including any charges under Medicare or by The facility must furnillegal rights which incomplete the facility must furnillegal rights which incomplete and the restablishing eligible the right to request an 1924(c) which determined to restablishing eligible the right to request an 1924(c) which determined to the facility of the facili	when changes are made to as specified in paragraphs (5) section. I'm each resident before, or ion, and periodically during a services available in the section for those services, as for services not covered at the facility's per diem rate. Ish a written description of ludes: Inanner of protecting personal ph (c) of this section; Requirements and procedures illity for Medicaid, including an assessment under section hines the extent of a couple's set at the time of a dattributes to the community share of resources which a available for payment to institutionalized spouse's ther process of spending	F 1			
	agency, the State lice ombudsman program advocacy network, and unit; and a statement complaint with the Stagency concerning re	ensure office, the State				

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F 156	facility, and non-compliance with the advance directives requirements. The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care. The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to provide Notice of Medicare Non-Coverage letter to 3 of 3 residents prior to the 48 hour requirement. (Residents # 9, #13, #80) Findings included: Resident #9 was admitted on 2/4/15 and discharged on 3/20/15. The non-coverage letter was signed on, 3/19/15 coverage ended on 3/18/15. Resident # 13 was admitted on 6/19/15 and discharged on 8/14/15. The non-coverage letter was signed on 8/14/15, coverage ended on 8/13/15. Resident #80 was admitted on 4/8/15 and discharged on 4/8/15. The non-coverage letter was signed on 4/8/15. The non-coverage letter was not signed coverage ended on 4/17/15. During interview on 10/8/15 at 12:50 pm, the business office manager indicated she was responsible to get the letters signed. Residents		F 15	56		
				F 156 1. Residents #9 was discharged facility on 10/1/15, #13 was disch from the facility on 10/1/15, and a discharged from the facility on 4/ 2. Residents requiring notification Medicare Non-Coverage have th potential to be affected by this all deficient practice. The Business Manager completed an audit on to ensure that all current residen requiring a Medicare Non-Covera Notice have been notified with-in required 48 hour timeframe. Opportunities were corrected by Business Office Manager as ider during this audit.	narged #80 was 21/15. In of e leged Office 10/26/15 ts age the	

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F 156	received the non-cov coverage ends. During interview on 1 administrator indicate meeting the resident shared. The business the non-coverage lett resident or the response discharge. The certified mail to response in the facility. Were required to be pend of coverage date	erage letters a week before 0/8/15 at 1:43 pm, the ed during the morning 's discharge dates were s office manager provided eer for signature to the ensible party up to a week ee letters were sent via ensible parties that weren 't The non-coverage letters erovided 48 hours before the . After review of the for residents #9, #13 and	F 1	3. The Business Office Mar re-educated regarding the r Medicare Non-Coverage re the District Director of Busin 10/12/15. The Business Of will be responsible for comp Medicare Non-Coverage Le 48 hour timeframe going for Administrator and the Busin Manager will audit 3 resided discontinuing services for 1 ensure the notification of M Non-Coverage letters are composited to the Busin Manager will be documented to the Business Office Manager to the 48 hour timeframe. The these audits will be documented to the Business Office Manager of the Business Office Manager committee will make recomfor further action as needed.	notification of equirements by ness Office on fice Manager oleting the etters within the ness Office of the ness Office omplete within eresults of ented on the cies will be office Manage ese audits. Its will be PI meeting by er and the imendations	e n	
F 333 SS=J		ERRORS ure that residents are free of	F 3			11/6/15	
	by: Based on record rev physician interviews, accurately transcribe in a significant medic	a physician's order resulting		F333 1. A Medication Variance R completed by the Director of 10/6/15 regarding Coumadi #64. Resident #64 and the	of Nursing on in for Resident	t	

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F 333	Continued From pag	e 4	F;	333				
	#64), an oral anticoa			were notified of the Medication Variand	e:e			
					Report by the Unit Manager on 10/6/15	;		
		began on 8/18/15. At that			and new orders were received for			
	time, Resident #64 re-entered the facility after a				Resident #64 to begin Coumadin 14 m			
	short hospital stay. Upon his return to the facility, Coumadin was omitted during the reconciliation				daily and PT INR ordered for 10/7/15. Skilled Nursing assessment was	А		
		orders from the hospital			completed on 10/6/15 with no change i	n		
	discharge medication list. Resident #64 had				condition noted. Resident #64 is plann			
		been on chronic anticoagulation due to a history			to discharge from the facility on 10/8/1	•		
		sm. At the time of the survey			and Home Health has been arranged t			
		ission of Coumadin had not			the Director of Nursing to include PT IN			
	1 -	y the facility. Immediate			monitoring. Resident #64 will receive			
	Jeopardy was remov			medication as part of the orders for hole health, including teaching and	ne			
	-	I out of compliance at a lower if (D), an isolated deficiency			assessments, INR testing and education	าท		
		re than minimal harm, while			of resident utilizing own coagulant che			
	-	the staff training required.			machine and verification of accurate			
		e process of monitoring the			usage.			
	implementation of the	eir correction action.						
	The findings included	d:			2. 100% of all resident records were			
	Posidont #64 was as	dmitted to the facility on			audited by the Director of Nursing, Assistant Director of Nursing, and Unit			
	8/6/15 from an acute	-			Manager for significant medications as			
	cumulative diagnose	•			well as all medication transcriptions in			
		to a history of pulmonary			order to validate accurate transcription	of		
	embolism in 2008 an	nd morbid obesity.			physician □s orders including hospital			
					admission and readmission orders, 2			
		5 admission orders for			residents were identified as currently			
		ed 14 milligrams (mg)			receiving Coumadin. There were no	-11		
	Coumadin given by r	noun once daily.			variances in the auditing process with a audits collected and readily available to			
	A review of Resident	#64 's medical record			viewed. These resident records were	, 50		
		g Physician ' s Notes which			audited by the Director of Nursing,			
	read, in part:				Assistant Director of Nursing, or Unit			
		the Nurse Practitioner or			Manager to validate accurate transcrip	tion		
	NP):	The state of the s			of orders for Coumadin as well as any			
		embolism and infarction,			significant medication upon admission.			
	Lother continue Cour	nadin as ordered adjust	1		The process forthcoming will be a two	(2)	1	

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F 333	Continued From page	e 5	F 3	33			
	Ratio) results, goal 2- time)/INR weekly. " 8/12/15 (Authored by History of Present Illr	R (International Normalized -3, monitor PT (prothrombin the Medical Doctor or MD): ness (HPI): "Cellulitis: The inful red rash behind his right		nurse-nurse check of all adm as well as readmission order was completed on Tuesday process will continue the me audit weekly by the DON, AL Unit Manager with two perso nurse check of orders validate	rs. The audit 10/6/15. This dical record DON and/or on nurse to		
	patient developed painful red rash behind his right knee. He was on Coumadin. He was placed on IV Abs (intravenous antibiotics) and transitioned to POs (oral medications). He is here for rehab (rehabilitation) and continued chronic disease management. PTE (pulmonary thrombotic embolism) in 2008 and placed on lifelong Coumadin. " PLAN: "Personal history of pulmonary embolism. Will monitor. No change in current treatment plan. " A review of the Resident #64 's Admission MDS dated 8/13/15 revealed the resident had intact cognitive skills for daily decision making. He required extensive assistance with all Activities of Daily Living (ADLs) with the exception of supervision with eating. The assessment indicated Resident #64 received an anticoagulant on 7 of 7 days during the look back period. A review of the resident 's 8/13/15 Care Area Assessments included the topic of			and timeliness. 3. Beginning on 10/6/15 Lice will be re-educated by the Di Nursing, Assistant Director o Unit Manager regarding transphysician sorders. No Lice shall work after 10/6/15 without this re-education. Beginning on 10/6/15, newly	ensed Nurses rector of if Nursing or scription of ensed Nurse out receiving		
				Licensed Nurses will be educated, prior to beginning work in the resident care area, by the Director of Nursing, Assistant Director of Nursing as well as pharmacy manager, regarding transcription of physician s orders. Education regarding transcription of orders will include the review of the physician s orders received from the hospital by the Physician or Nurse Practitioner to confirm and then these			
	Circulatory/Heart and"History of PE in 2 anticoagulation" Resident #64 ' s Care included an area of for The Care Plan proble risk for increased ble related to the use of a second second second second second sec	l a notation which read, 008 on chronic		orders will be transcribed by Nurse to the Medication Adm Record. This will be complet two person nurse check. All transcription orders review meeting each morning with a clinical meeting and validation nurse signatures/initials ensuaccuracy and completion.	the Charge hinistration ted daily with wed in clinical chart to on of two		

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F 333	Further review of Re revealed laboratory reported on 8/14/15. INR = 5.35. This val result. Review of the reside revealed a Physician 8/14/15 which instructurent Coumadin. If A review of Resident Medication Administrate revealed the Couma with a handwritten not (discontinued) 8/14/15 included an INR=5.9 hand-written on the IR Recheck PT/INR on On 8/15/15, a Physic PT/INR to be completed to experient the Nurse Practition and a Physician's Computer of the Nurse Practition and the Practic of the Nurse Practic of t	results were collected and The lab work included an lue was noted as a critical and The lab work included an lue was noted as a critical and The lab work included an lue was noted as a critical and The lab work and The lab work and The lab work are collected and as ordered. The lab work are collected and as ordered. The lab work and The lab work are collected and as ordered. The lab work are collected and as		3333	The Director of Nursing or the Assistant Director of Nursing will be responsible reviewing these orders daily as part of medication reconciliation to validate accurate transcription completed by the Charge Nurse. The Director of Nursin will review at clinical meeting all new admissions as well as re-admissions for accuracy and chart will be brought to the clinical meeting for Nurse to Nurse review and IDT review at clinical meeting. The Director of Nursing, Assistant Director Nursing, and Unit Manager will be awa of admissions and re-admissions from hospital through the admission process which includes acceptance of a referrate the Director of Nursing, receipt of discharge orders and discharge summincluding medications from hospital, faxing or giving a copy to the physician and/or nurse practitioner for acceptance and verification of physician and/or nur practitioner's approval. Upon receipt of orders faxed back to the facility, the orders will be then faxed over to pharmacy to be filled and brought to the facility. The Medication Administration record will be hand written and then checked for accuracy by a second nurse. These audits will be conducted daily for 30 days then 5 times per week for 8 weeks. Audits will be documented on the monitoring tool and opportunities will be corrected immediately by the Director of monitoring tool and opportunities will be corrected immediately by the Director of monitoring tool and opportunities will be corrected immediately by the Director of monitoring tool and opportunities will be corrected immediately by the Director of monitoring tool and opportunities will be corrected immediately by the Director of monitoring tool and opportunities will be corrected immediately by the Director of monitoring tool and opportunities will be corrected immediately by the Director of monitoring tool and opportunities will be corrected immediately by the Director of the province o	t for the e.g., or ne e.s. of re e.s. of e.s. e.s. e.s. e.s. e.s. e.s. e.s. e.s	
	Resident #64 include 8/16/15 at 6:15 PM:	ing Progress notes for ed the following notation: " EMT (Emergency Medical facility to take the Resident			Nursing or Assistant Director of Nursing as identified during these audits. 4. Measures to ensure that corrections are achieved & sustained include:		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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F 333	to the ER and the re ER. The resident standards to go to the horesident and evaluate to go to the ER. Not contact that he refuse On 8/17/15, laborate reported as ordered resident 's INR=2.26 dated 8/18/15 was wread, "Hospital." A review of the residences included the following the resident that she to be evaluated. The he wanted to go to the wanted to go to the concall NP and receivesident to the ER for (treatment) " 8/17/15 at 7:30 PM: stretcher and 2 EMT Resident #64 was as 8/17/15 at 8:35 PM or He was discharged Included the Assessment and Plate "2. History of PE in anticoagulation with mg per day based or We will continue the 14 mg, check the date of the stretcher and the date of the manufactorial to the the date of the manufactorial themselves themselves the manufactorial themselves the manufactorial themselves the manufactorial themselves the manufactorial themselves themselves the manufactorial themselves themselves themselves them	sident refused to go to the ates he feels fine and he spital. EMT talked with ed him. Resident still refuses diffied resident emergency and." Tory results were collected and by the physician. The B. A notation hand-written written on the lab report which the should go to the ER eresident told this nurse that the ER. This nurse called the wed NO (new order) to send or eval (evaluation) and treat "Resident left the facility via tattendants." dmitted to the hospital on with an altered mental status. Eack to the facility on 8/18/15. Tent 's 8/18/15 Hospital er following, in part:	F 333	The results of these audits and observations will be presented by th Director of Nursing weekly for 4 weethen monthly for 3 months at Facility Quality Assurance Performance Improvement Committee Meeting. It weekly and monthly QAPI Commeetings the Director of Nursing will present the information obtained via audits and observations. The committee will amend the plan based on identification and the plan based on identification and implemented immediately following the meeting, to include progressive discre-education and additional monitorical address opportunities as identified we for 4 weeks then monthly for 3 months.	During nittee the nittee ied ill be the ipline, ng to veekly	

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F 333	to an INR of 2-3. " Resident #64 return A review of the hos list dated 8/18/15 in Continue these merchanged, " and inconce daily within the Discharge Medicati and included a han." Check PT/INR we A review of Resider revealed Coumadin medications listed as return from the homedical record revetranscribed for eithe PT/INR checks on the A review of Resider included the following read, in part: 9/7/15 (Authored by HPI: " PTE in 2008 Coumadin." Plan: " Personal hi Will monitor. No chiplan." A review of Resider October 2015 MAR listed as a medicati the resident.	e the dose, or titrate the dose, and to the facility on 8/18/15. pital 's Discharge Medication astructed the resident to "dications which have not luded 14 mg Coumadin given is list of medications. The on list was signed by the NP d-written notation which read: ekly." Int #64 's August 2015 MAR awas not included among the as ordered upon the resident 'aspital on 8/18/15. The ealed no orders had been er the Coumadin or the weekly this date. Int #64 's medical recording Physician 's Notes which	F 33	33		
	at 8:17 AM with the	resident 's MD at the facility.				

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F 333	was a failure to re-ireturn from the hos stated the omission transcription error a MD reported he had on Coumadin to da before me recomm did not mess with it. On 10/6/15, a Phys received from the mg Coumadin gives INR on 10/7/15. On 10/6/15 at 10:00 conducted with Resinterview, the reside from the hospital or with some of his mc Coumadin. Howev had been resolved were re-started. Whis Coumadin, the 2008 and expected life. The resident ir currently receiving An interview was county and with Nurse #2. responsibilities as a facility. During the for obtaining and traffor a resident return hospital was discust resident returning to the hospital for less not need to do a full.	hysician acknowledged there nitiate Coumadin upon his pital on 8/18/15. The MD was likely due to a at the facility. Upon inquiry, the d thought the resident was still te and stated, "The doctors ended lifelong Coumadin and I	F 33	3			

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F 333	the resident and the transcribe those ord Coordinator stated to the resident back to would be responsib Upon review of Resthe Unit Coordinator nurse who was on came back into the further inquiry, the UResident #64's chasigned Discharge Mated 8/18/15 was in medication orders for the facility. On 10/6/15 at 10:24 the Assistant Director time, both nurses remedical records, Nursing Proders, and MARs. with the ADON on 1 asked, the ADON of have been for the production to have to when the resident r	ge 10 In orders back to the facility for a nurse would then need to lers. Upon inquiry, the Unit that the nurse who admitted the facility (the hall nurse) the for completing this task, ident #64's medical record, or identified Nurse #6 as the luty at the time the resident facility on 8/18/15. Upon Unit Coordinator reviewed art and acknowledged the dedication list from the hospital intended to serve as the or the resident upon return to the AM, Nurse #2 was joined by the or of Nursing (ADON). At that exist with the facility on the facility on the facility on the facility on the dedication would hysician's order for the expectation would hysician's order for the facility on the facility on the dedication is transcribed and the ADON said, "The new the facility on the resident's return to the When asked what needed to DON stated the facility had in's Order earlier that the resident's Coumadin (14).	F 333			

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		345149	B. WING _			C 10/08/2015	
	ROVIDER OR SUPPLIER	ENT		STREET ADDRESS, CITY, STATE, ZIP C 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	;ODE	10/00/2010	
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F 333	mg given once daily) ADON indicated she resident of the Courr occurred upon his re 8/18/15. On 10/06/15 at 12:12 Administrator and Di requested an intervie Coumadin for Reside from hospital on 8/18 the Administrator sta serious error. We ha need to dig deeper in Administrator clarifie resident admissions/ be adjusted. A telephone interviev at 12:14 PM with Nur staff nurse assigned when he returned fro The nurse reported s accepting Resident state date and was un related to the 8/18/18 the nurse discussed employed to accept a 24-hour hospital read when a resident cam would take report fro the paper work from Service) to be sure the the resident. Upon in there was a new med	and for a PT/INR. The would need to inform the hadin omission which turn from the hospital on 2 PM, the facility 's rector of Nursing (DON) we to discuss the omission of ent #64 's upon his return 8/15. During the interview, ted, "We realize this is a ad a system in place but we ow." Upon inquiry, the d the facility 's process for re-admissions would need to was conducted on 10/6/15 rse #6. Nurse #6 was the to care for Resident #64 om the hospital on 8/18/15. She "vaguely" recalled #64 back from the hospital on hable to recall specifics for readmission. Upon inquiry, the general process a resident back from a dmission. Nurse #6 reported the back from the hospital, she m the hospital and review EMS (Emergency Medical here were no new orders for nquiry, the nurse stated if dication order, the nurse e it was written on the	F3	333			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		345149	B. WING _			C 10/08/2015	
	ROVIDER OR SUPPLIER R HEALTH & RETIREME	NT		STREET ADDRESS, CITY, STATE, ZIP CO 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		100002010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 333	Resident #64 on 10/7 interview, the resident disappointed about the was afraid the omissic August and its re-initial postpone his anticipal was scheduled to be on 10/8/15. An interview was comply with the DON. Upreported a breakdown occurred after the host list was faxed to the precipitation. He indicated but the order was comply written for a resident. The counting the interview, facility is process for double-checking any written for a resident. The counting was provided the Unit Manager or saudit the chart as an all 8/19/15, the DON repassigned to audit Resorders on the chart. A Counting was not idea unit. He reported Neemployed by the facil information was available an interview. Upon in expectation was that on how to follow throst	treported he was angry and the situation. He indicated he on of Coumadin back in ation on 10/6/15 would ted discharge. The resident discharged from the facility ducted on 10/7/15 at 2:30 to non inquiry, the DON on in the facility's process spital Discharge Medication onlysician's office for ated the medication list was written for Resident #64's atranscribed into the ecord or onto the MAR. The DON also discussed the reviewing or new medication orders The DON reported he review of the Nursing the notes on it, and gave it to staff nurse to follow-up and accuracy check. On orted Nurse #8 was sident #64's re-admission Apparently, the omission of entified during this follow-up urse #8 was no longer	F3				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		345149	B. WING _		,	C 10/08/2015	
	ROVIDER OR SUPPLIER	ENT		STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	- '	10/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 333	Continued From pag	e 13	F 3	33			
	Immediate Jeopardy	istrator was notified of the on 10/6/15 at 3:30 PM. The egation of compliance was at 3:39 PM:					
	by the Director of Nu Coumadin for Reside the Physician were revariance Report by the and new orders were to begin Coumadin 1 ordered for 10/7/15. Assessment was conchange in conditional planning to discharge and Home Health has Director of Nursing to Resident #64 will rect the orders for home and assessments, IN	Inpleted on 10/6/15 with no moted. Resident #64 is the from the facility on 10/8/15 as been arranged by the control include PT INR monitoring. The include PT INR monitoring the medication as part of the health, including teaching and education of the coagulant check machine					
	the Director of Nursin Nursing, and Unit Ma medications as well transcriptions in order transcription of physhospital admission a residents were ident Coumadin. There wauditing process with readily available to be records were audited Assistant Director of	ent records were audited by ng, Assistant Director of anager for significant as all medication er to validate accurate ician's orders including nd readmission orders, 2 ified as currently receiving ere no variances in the n all audits collected and he viewed. These resident d by the Director of Nursing, Nursing, or Unit Manager to nscription of orders for					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345149	B. WING _			C 10/08/2015	
	ROVIDER OR SUPPLIER	ENT		STREET ADDRESS, CITY, STATE, ZI 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	P CODE	10/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 333	upon admission. The a two (2) nurse-nurse orders as well as rea was completed on Tuprocess will continue weekly by the DON, with two person nurs validating accuracy at 3. Beginning on 10/6 re-educated by the Director of Nursing of transcription of physi Nurse shall work after this re-education. Beginning on 10/6/15 Nurses will be educated in the resident care at Nursing, Assistance as pharmacy manage physician 's orders. Education regarding include the review of received from the hor Nurse Practitioner to orders will be transcription orders will be transcription orders well as transcription orders well as transcription orders meeting each morning meeting and validation signatures/initials ensemble to completion.	any significant medication be process forthcoming will be a check of all admission dmission orders. The audit uesday 10/6/15. This the medical record audit ADON, and/or Unit Manager are to nurse check of orders and timeliness. 6/15 Licensed Nurses will be birector of Nursing, Assistant are Unit Manager regarding cian's orders. No Licensed are 10/6/15 without receiving 6, newly hired Licensed ted, prior to beginning work area, by the Director of Director of Nursing as well are, regarding transcription of transcription of orders will the physician's orders spital by the Physician or confirm and then these ibed by the Charge Nurse to histration Record. This will with two person nurse check. The reviewed in clinical and of two nurse.	F3	333			
		ponsible for reviewing these					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF DE	ROVIDER OR SUPPLIER	345149	B. WING		REET ADDRESS, CITY, STATE, ZIP CODE	10/	08/2015
	R HEALTH & RETIREME	:NT		49	11 BRIAN CENTER LANE INSTON-SALEM, NC 27106		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	I .	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 333	completed by the Cha Nursing will review at admissions as well as and chart will be brought for Nurse to Nurse reclinical meeting. The Assistant Director of Nurse to will be aware of admission the hospital through the hospital, faxing of the hospital through the hospital, faxing of the hospital through the hospital through the hospital through the hospital through the faxed back to then faxed over the horought to the facility. Administration record then checked for according to the hospital to the facility administration record then checked for according to the facility implement the facility implement validate accurate transadmission and readmission and readmissi	f the medication ate accurate transcription arge Nurse. The Director of clinical meeting all new sere-admissions for accuracy light to the clinical meeting view and IDT review at Director of Nursing, Nursing, and Unit Manager ssions and re-admissions ugh the admission process trance of a referral by the elecipt of discharge orders ary, including medications for giving a copy to the fire practitioner for firetation of physician and/or frapproval. Upon receipt of the facility, the orders will be farmacy to be filled and fire Medication fire Medication fire Medication firetation of the survey team firethe Coumadin management frome Health were in place; ed an auditing process to firetion of physician orders; fursing staff on a two (2)	F	3333			
F 356 SS=C	483.30(e) POSTED N INFORMATION		F:	356			11/6/15
	The facility must post	the following information on					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345149	B. WING		C 10/08/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	10/06/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 356	a daily basis: o Facility name. o The current date. o The total number a by the following cate unlicensed nursing s resident care per shir - Registered nurse - Licensed praction vocational nurses (as - Certified nurses) o Resident census. The facility must pos specified above on a of each shift. Data in o Clear and readable o In a prominent plac residents and visitors The facility must, upo make nurse staffing of for review at a cost in standard. The facility must mai staffing data for a mir required by State law This REQUIREMENT by: Based on observation facility failed to indicat the daily nursing serv dates for 6 months, we through October 8, 2 The findings included	and the actual hours worked gories of licensed and taff directly responsible for ft: ses. cal nurses or licensed is defined under State law). aides. It the nurse staffing data daily basis at the beginning must be posted as follows: format. The readily accessible to is. In oral or written request, data available to the public out to exceed the community. In tain the posted daily nurse minum of 18 months, or as and, whichever is greater. It is not met as evidenced one and staff interviews, the late the resident census on vices staff posting for various which included May 2015 015.	F 38	F 356 1. The Facility Staffing including the Census was posted on 10/7/15 by the Administrator and daily there after. 2. All residents have potential to be	

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	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:			CONSTRUCTION	` ′	(X3) DATE SURVEY COMPLETED	
			7 50.25	_			С	
		345149	B. WING			10	0/08/2015	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10	700/2010	
				49	911 BRIAN CENTER LANE			
BRIAN CT	R HEALTH & RETIREME	ENT		W	VINSTON-SALEM, NC 27106			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
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F 356	Continued From page	e 17	F	356				
. 000		rm Care unit 's daily staff	•	000	affected by this alleged deficient practi	00		
		d located on the wall outside			anected by this alleged delicient practi	CE.		
		Resident census was noted			3. The Assistant Director of Nursing w	ae		
	to be 30 on this floor.				re-educated by the Director of Nursing			
		ocumentation for daily			regarding the daily staffing posting			
	nursing staff posting				requirements and maintenance and fili	ng		
		rough October 8, 2015. This			of these records on 10/12/15. The	-		
	review revealed the r	esident census data were			Assistant Director of Nursing will be			
	not indicated each da			responsible for the daily staffing posting	-			
	as follows:				The Administrator or Director of Nursir	-		
	 May 2015 had missing census 				will audit the daily staffing posting daily	/ for		
31 days.					7 days, then 3 times per week for 3			
		nad missing census data 16			weeks, then weekly for 8 weeks to ens	ure		
	of 30 days.	ad missing consus data 10 of			the posting is timely and accurately documents the resident census. Thes	•		
	31 days.	ad missing census data 10 of			audits will be documented on the	5		
		5 had missing census data 18			monitoring tool. Corrections will be ma	ade		
	of 31 days.	That missing census data to			immediately by the Administrator or	100		
	_	2015 had missing data 17 of			Director of Nursing as identified during			
	30 days and	3			these audits.			
		15 had missing data 1 of 8						
	days.	-			4. The results of these audits will be			
	An interview was con	ducted with the Assistant			reported to the monthly QAPI meeting	by		
	Director of Nursing (A	· · · · · · · · · · · · · · · · · · ·			the Administrator and the committee w			
		nat she was responsible for			make recommendations for further act	ion		
		staff posting for the assisted			as needed.			
	•	g term care units. The						
		that she had received						
	-	n regarding whether the was required or not on the						
		icated that she had been						
		information, except when						
	she was told that she							
		with the Director of Nursing						
		4:55pm, he stated that he						
	1 1	facility on 8/11/15 and had						
		of the census data. He has						
		rect the staff posting. The						
	census will be on eve	ery staffing sheet forth						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER: A. B		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345149	B. WING		C 10/08/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
BRIAN CT	R HEALTH & RETIREME	NT	4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 356	Continued From page	e 18	F 35	6	
F 400	coming, so that per patient day (PPD) and patient ratio can be identified for quality of care.		F 40		44/0/45
F 428 SS=J	IRREGULAR, ACT O	GIMEN REVIEW, REPORT N	F 42	8	11/6/15
		each resident must be e a month by a licensed			
	the attending physicia	report any irregularities to an, and the director of ports must be acted upon.			
	This REQUIREMENT	is not met as evidenced			
	the consultant pharm irregularity related to transcription and the oral anticoagulation n of 3 residents reviewe anticoagulant (Reside	t and physician interviews, acist failed to report an medication order omission of Coumadin (an nedication) prescribed for 1 ed receiving an ent #64).		F428 1. A Medication Variance Report was completed by the Director of Nursin 10/6/15 regarding Coumadin for Re #64. Resident #64 and the Physicial were notified of the Medication Variance Report by the Unit Manager on 10/6 and new orders were received for re #64 to begin Coumadin 14 mg daily	ng on sident an ance 6/15 esident / and
	#64 re-entered the fa hospital stay. Upon h Coumadin was omitted and transcription of o discharge medication Review (MRR) compl pharmacist on 9/11/15 transcription error and	began on 8/18/15. Resident cility on 8/18/15 after a short his return to the facility, and during the reconciliation reders from the hospital list. A Medication Regimen eted by the consultant failed to identify the domission of Coumadin.		PT INR ordered for 10/7/15. A Skill Nursing assessment was completed 10/6/15 with no change in condition Resident # is planning to discharge the facility on 10/8/15 and Home He has been arranged by the Director Nursing to include PT INR monitoring The Pharmacy consultant completed review on 10/7/15 which outlines the events resulted in the Coumadin	d on noted. from ealth of ng.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345149	B. WING				08/2015	
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE			
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BRIAN CI	R HEALTH & RETIREN	MENI		W	/INSTON-SALEM, NC 27106			
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F 428	Continued From pa	ge 19	F.	428				
	at a lower scope an deficiency with pote harm. The facility w	ty remained out of compliance d severity of (D), an isolated ential for more than minimal was in the process of ementation of their correction			medication variance for Resident #64. The review record was faxed to the pharmacy manager at the provider company for his review and was re-fax back to the facility with the pharmacy manager signature.	ed		
	Agreement (Effective of consultant pharmincluded, in part: "Consultant shall pereviews (also known Review) and provide reviews to the facility Director, Director of physicians. Such we standardized month be provided to consumonthly report will incompliance with feet guidelines, the outce (e.g., review of unnepsychoactive drug to medication laborator reactions, interaction of drug intervention recommended to physicians. Resident #64 was a 8/6/15 from an acute cumulative diagnos anticoagulation due embolism in 2008 as a support of the standard provided to the support of	ity 's Pharmacy Consultant ye 4/1/2003) included a listing nacist 's services which erform monthly drug regimen in as a Medication Regimen e written reports of these ty Administrator, Medical if Nursing, and all residents' written reports must include a nally report (a form of which will sultant). The standardized include documentation of iteral regulations and ome of a drug regimen review excessary drug requirements, use and compliance, intry orders, adverse drug ins and allergies) and a review is which may be or were introduced to the facility on the care hospital. His es included chronic it to a history of pulmonary ind morbid obesity.			2. Current records for residents receiving Coumadin and significant medications be audited by the Director of Nursing at the Consultant Pharmacist weekly to validate the completion of pharmacist review and recommendations regarding Coumadin and significant medication administration. This audit will be completed on 10/7/15. The Pharmacy Consultant sreport was reviewed for accuracy by the Pharmacy Manager or 10/8/15 via faxsimile. 3. On 10/7/15 the Consultant Pharmacy was be re-educated by the District Director of Clinical Services regarding requirements of F428, to include the review of residents receiving Coumadin and recommendations for monitoring. The facility investigation revealed that both the nurse and the pharmacy consultant did not discover the transcription error. The medications on changes noted. In investigating the process, it was discovered that the nurse well as the pharmacy consultant had not noted the transcription error. The pharmacy consultant will review	will nd g n ist the n with se d		
		15 admission orders for led 14 milligrams (mg)			medications from the hospital as well a the current medications in the facility.	S		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
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		345149	B. WING				08/2015
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				49	911 BRIAN CENTER LANE		
BRIAN CT	R HEALTH & RETIREME	:N I		W	VINSTON-SALEM, NC 27106		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 428	Continued From page		F	428			
	Coumadin given by n	nouth once daily.			Beginning on 10/7/15, newly hired		
		"			Pharmacy Consultants will be educate		
		#64 's medical record			prior to beginning work in the resident		
	read, in part:	g Physician 's Notes which			care area, by the Director of Nursing a the pharmacy manager regarding the	IIIU	
		the Nurse Practitioner or			requirement of F428, to include the re	viow	
	NP):	the Narse Fractitories of			of residents receiving Coumadin and	VICW	
	· · · · ·	embolism and infarction,			recommendations for monitoring curre	ent	
	other continue Coumadin as ordered, adjust				medications and hospital information.		
		R (International Normalized			The new pharmacy consultants will be	;	
	Ratio) results, goal 2-3, monitor PT (prothrombin				educated by the facility Director of Nu	rsing	
	time)/INR weekly. "				and/or designee as well as the pharm	асу	
					manager at the pharmacy provider off	ice	
		the Medical Doctor or MD):			which will include review of hospital		
	_	ness (HPI): "Cellulitis: The			information.		
		inful red rash behind his right			The Director of Nursing will be		
		umadin. He was placed on			responsible to ensure the Pharmacy		
	,	antibiotics) and transitioned ons). He is here for rehab			Manager reviews the Pharmacy Consultants recommendations for		
		ontinued chronic disease			residents receiving Coumadin and		
	·	pulmonary thrombotic			significant medications weekly. These	2	
	embolism) in 2008 ar				audits will be conducted weekly for 4	-	
	Coumadin. "	,			weeks, then monthly for 3 months. The	ne	
	PLAN: "Personal hi	story of pulmonary			Director of Nursing will fax weekly		
		tor. No change in current			consulting pharmacy review and or		
	treatment plan. "				recommendations to the pharmacy		
					manager for review who will initial eac		
		resident 's medical record			pharmacy recommendation and revie	W.	
	_	s consultant pharmacist			Starting the week of October 12 and		
		Medication Regimen Review			continuing weekly, it has been agreed		
	(MRR) on 8/13/15. T				necessary that the pharmacy consulta		
	notation to check Res	SIUCIII #04 S INK.			visit the facility weekly until safe pract		
	Further review of Pos	sident #64 's medical record			has been resolved and demonstrated Audits will be documented on the		
		esults were collected and			monitoring tool and opportunities will I	ne	
		The lab work included an			corrected immediately by the Director		
	T	ue was noted as a critical			Nursing or Assistant Director of Nursin		
	result.				as identified during these audits	. 3	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345149	B. WING				08/2015	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
BRIAN CT	R HEALTH & RETIREM	ENT		49	911 BRIAN CENTER LANE			
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 428	revealed a Physician 8/14/15 which instrucurrent Coumadin. A review of Residen Medication Administrevealed the Couma with a handwritten n (discontinued) 8/14/ Additional laboratory reported on 8/15/15 included an INR=5.9 hand-written on the Recheck PT/INR on On 8/15/15, a Physi PT/INR to be completed as ordered resident's INR=2.2 dated 8/18/15 was well-	ent's medical record n Orders was received on cted, " DC (discontinue) PT/INR on 8/15/15. " It #64's August 2015 ration Record (MAR) adin was highlighted in yellow ote which read, " D/C'd 15. " It results were collected and as ordered. The lab work O4. A notation was lab report which read, " 8/17/15. " cian Order was received for a	F	428	4. Measures to ensure that corrections are achieved & sustained include: The results of these audits and observation will be presented by the Director of Nursing weekly for 4 weeks, then mont for 3 months at Facility Quality Assurar Performance Improvement Committee Meeting. During the weekly and month QAPI Committee meetings the Director Nursing will present the information obtained via the audits and observation. The committee will amend the plan bas on identified audit trends. These amendments will be implemented immediately following the meeting, to include progressive discipline, re-education and additional monitoring address opportunities as identified we for 4 weeks then monthly for 3 months.	shly nce nly of ns. sed		
	8/17/15 at 8:35 PM He was discharged A review of the resid Records included th Assessment and Pla 2. History of PE in anticoagulation with mg per day based o We will continue the 14 mg, check the day	an:						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345149	B. WING		C 10/08/2015		
	ROVIDER OR SUPPLIER	ENT	STREET ADDRESS, CITY, STATE, ZIP CODI 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION		
F 428	to an INR of 2-3. " Resident #64 returned A review of the hosp list dated 8/18/15 ins Continue these med changed, " and incluonce daily within this Discharge Medication and included a hand " Check PT/INR weee A review of Resident revealed Coumading medications listed as a return from the host medical record reveat transcribed for either PT/INR checks on the A review of Resident included the following read, in part: 9/7/15 (Authored by HPI: " PTE in 2008 and Coumadin." Plan: " Personal his Will monitor. No chaplan." Further review of the revealed the consult MRR on 9/11/15. The indicated the resider facility on 8/18/15.	ed to the facility on 8/18/15. Ital 's Discharge Medication tructed the resident to " cations which have not ided 14 mg Coumadin given list of medications. The in list was signed by the NP -written notation which read: kly. " #64 's August 2015 MAR was not included among the cordered upon the resident ' spital on 8/18/15. The aled no orders had been the Coumadin or the weekly is date. #64 's medical record g Physician 's Notes which the MD): and placed on lifelong tory of pulmonary embolism: ange in current treatment resident 's medical record ant pharmacist completed an the pharmacist 's MRR at was readmitted to the The omission of Coumadin medication regimen was not	F 42	8			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED		
		345149	B. WING _			C 10/08/2015	
	ROVIDER OR SUPPLIER	ENT		STREET ADDRESS, CITY, STATE, ZIP COE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106)E	10/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 428	28 Continued From page 23		F 4	28			
	October 2015 MARs	t #64 's September 2015 and revealed Coumadin was not in ordered or administered to					
	at 8:17 AM with the After a review of the at the facility, the ph was a failure to re-in return from the hosp stated the omission transcription error at MD reported he had on Coumadin to date	the facility. Upon inquiry, the thought the resident was still e and stated, "The doctors nded lifelong Coumadin and I					
	received from the re	cian ' s Telephone Order was sident ' s MD to re-initiate 14 once daily and to check his					
	PM with the facility ' Upon inquiry, the DC consultant pharmaci Consultation Report	with concerns or pecific to Resident #64 in					
	facility 's consultant 3:58 PM. During the pharmacist confirme #64 's pharmacy red August, September a reported the records	w was conducted with the pharmacist on 10/6/15 at interview, the consultant d she had reviewed Resident cords for the months of and October 2015. She showed Resident #64 had a through 8/17/15; and, the					

STATEMENT OF DEFICIENC AND PLAN OF CORRECTIO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		NSTRUCTION		PLETED
		345149	B. WING _			1	C 08/2015
NAME OF PROVIDER OR BRIAN CTR HEALTH		ENT		4911 I	ET ADDRESS, CITY, STATE, ZIP CODE BRIAN CENTER LANE STON-SALEM, NC 27106	<u>,</u>	30.20.10
	CH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
Coumadi resident a pharmaci having m Resident Septemb pharmaci the Counter Septemb pharmaci the Counter Septemb at the Consultar AM. Duri she revie identify h transcript at the time reported medicatic 8/18/15 h continued apparent "changed have been medicatic An interview PM with the expectatic consultar process i medicatic DON state pharmaci system a The facili Immediati	after 8/17/12 st indicated and record ade any record and intranscender 2015 application and intranscender 2015 application and intranscender 2015 application and interview and the interview and interview	een re-ordered for the 5. Upon inquiry, the she did not have a record of commendations specific to her August 2015 or a sultation visits. The she apparently had missed cription error at the time of	F	128			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		345149	B. WING _			C 10/08/2015	
	ROVIDER OR SUPPLIER	ENT		STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		10/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 428	by the Director of Nu Coumadin for Reside the Physician were rowariance Report by the and new orders were to begin Coumadin for ordered for 10/7/15. The consultant complete outlines the events roward was record was far manager at the provand was re-faxed bath pharmacy manager at the provand was re-faxed bath pharmacy manager at the Directon Consultant Pharmacy Completion of pharm recommendations resignificant medication will be completed on Consultant's report by the Pharmacy Mathematical faxsimile. 3. On 10/7/15 the Core-educated by the Directon Coumadin and record the review of Coumadin and record The facility investigation.	at 3:39 PM: iance Report was completed arsing on 10/6/15 regarding ent #64. Resident #64 and notified of the Medication the Unit Manager on 10/6/15 ereceived for Resident #64 and Manager on 10/6/15 ereceived for Resident #64 and Manager on 10/6/15 with no moted. The Pharmacy did a review on 10/7/15 which esulted in the Coumadin for Resident #64. The manager on 10/6/15 with the exist to the pharmacy ider company for his review and to the facility with the signature. For residents receiving ficant medications will be tor of Nursing and the maist weekly to validate the acist review and regarding Coumadin and an administration. This audit 10/7/15. The Pharmacy was reviewed for accuracy anager on 10/8/15 via	F 4	28			

	DEFICIENCIES CORRECTION			(X3) DATE SURVEY COMPLETED		
		345149	B. WING		C 10/08/201	E
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	10/08/2015		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPL	ETION
F 428	from the hospital har reviewed with the containing and the pharmacy consultators the current medications the current medications and the requirement of residents receiving recommendations and hopharmacy consultants at the pharmacy consultants and hopharmacy consultants and hopharmacy consultants at the pharmacy consultants and hopharmacy consultants at the pharmacy consultants are the pharmacy consultants and hopharmacy consultants at the pharmacy consultants are the pharmacy consultants and hopharmacy consultants are the pharmacy consultants a	ription error. The medication ave been compared and current medications with no investigating the process, it at the nurse as well as the not had not noted the The pharmacy consultant will from the hospital as well as tions in the facility. 15, all newly hired Pharmacy educated prior to beginning to care area, by the Director of armacy manager regarding F428, to include the review of Coumadin and for monitoring current pospital information. The new nots will be educated by the dursing and/or designee as cy manager at the pharmacy the will include review of	F 4	28		
	ensure the Pharma Pharmacy Consulta residents receiving medications weekly will being completin deficient practice is Nursing will fax we review and or recommanager for review recommendation a of October 12 and agreed and necess consultant visit the	rsing will be responsible to acy Manager reviews the ants recommendations for Coumadin and significant y. The pharmacy consultant ag weekly reviews until the resolved. The Director of ekly consulting pharmacy mmendations to the pharmacy who will initial each pharmacy and review. Starting the week continuing weekly, it has been eary that the pharmacy facility weekly until safe resolved and demonstrated.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345149	B. WING _			10/	08/2015
NAME OF PE	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN CT	R HEALTH & RETIREME	ENT			/INSTON-SALEM, NC 27106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 428	Continued From page	e 27	F4	428			
F 520 SS=J	compliance was valid confirmed Resident # dated 10/7/15 was re Pharmacy Manager; consultant pharmacis process to validate or reviews and recomme	at implemented an auditing ompletion of pharmacist endations regarding cation medication orders for acility.	F (520			11/6/15
	assurance committee nursing services; a pl facility; and at least 3 facility's staff. The quality assessme committee meets at least and assurance activit develops and implementation to correct iden. A State or the Secretic disclosure of the recovered insofar as succept insofar	east quarterly to identify by which quality assessment dies are necessary; and dients appropriate plans of tified quality deficiencies. tary may not require ords of such committee th disclosure is related to the					
	compliance of such or requirements of this seems of this seems of the						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		345149	B. WING		C 10/08/2015
	ROVIDER OR SUPPLIER	ENT		STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	10/00/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 520	a basis for sanctions	leficiencies will not be used as	F 52	0	
	by: Based on observation physician interview, facility's Quality Ass Committee failed to revise as needed the the recertification succomplaint investigate achieve and sustain a pattern of repeat of medication errors (Faurvey of 11/6/14 are recertification survey pattern of repeat denurse staffing inform recertification survey current recertification survey current recertification. The findings include Example 1) This tag is cross reference of Any Sig Based on record recephysician interviews accurately transcribe in a significant medisampled residents refered in the mediate Jeopardy Immediate Jeopardy	ons, record reviews, and staff interviews the essment and Assurance implement, monitor and e action plan developed for revey dated 11/6/14 and the ion dated 5/20/15 in order to compliance. The facility had deficiencies on significant (333) from the recertification (4), again, on the current (4). The facility also had a ficiencies on the posting of nation (F356) from the (4) of 11/6/14, a complaint of 5/20/15, and again, on the n survey. : derenced to F333: Residents (5) in the facility failed to the aphysician's order resulting cation error for 1 of 3 deceiving Coumadin (Resident agulant medication.		F-520 1. On 10/7/15, the District Director of Clinical Services conducted re-educa for the Administrator on the facility Squality Assurance and Performance Improvement Program including mees schedules, identification of trends or patterns, submission of data, and initiof quality improvement plans related identified areas of opportunity. All members of the Quality Assurance and Performance Improvement Committees submit data related to each department and participate in the identification of areas in need of improvement. 2. On 10/6/15, the Administrator and Quality Assurance Committee were retrained on the Quality Assurance and Performance improvement program. Training was completed by the District Nursing Consultant. On 11/6/15, the Administrator and the Quality Assurance Committee were retrained on the Quality Assurance & Performance Improvement Program. This training was complete Casey Connor, Quality Advisor of Allia Quality. The Quality Assurance committee consists of: Administrator	ation to add e e int the the ad This ce ality ent d by
	#64 re-entered the f	acility on 8/18/15 after a short his return to the facility,		Director of Nursing Dietary Manager	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ATTECATION NI IMBED:		2) MULTIPLE CONSTRUCTION BUILDING		
		345149	B. WING				C
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NAME OF P	ROVIDER OR SUPPLIER						
BRIAN CT	R HEALTH & RETIRE	MENT			RIAN CENTER LANE		
				WINST	ON-SALEM, NC 27106		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 520	and transcription of discharge medicate been on chronic are of pulmonary embedinvestigation, the country been identified. Jeopardy was rem. The facility remains scope and severity with potential for more than the facility completed. The facility was in implementation of the potential form the facility was in implementation of the potential facility was cited for digoxin (an antiarring resident as ordered to administer the country accordance with the current recertification recited for failing to	itted during the reconciliation of orders from the hospital ion list. Resident #64 had inticoagulation due to a history polism. At the time of the survey polism. At the time of the survey polism of Coumadin had not by the facility. Immediate oved on 10/8/15 at 7:15 PM. and out of compliance at a lower of (D), an isolated deficiency pore than minimal harm, while and the staff training required. The process of monitoring the their correction action. Cation survey of 11/6/14, the process of falling to administer mythmic medication) to a did by the physician; and, failing correct dosage of haloperidol medication) to a resident in the physician 's orders. On the on survey, the facility was of transcribe a physician 's not resulting in the omission of	F	Ma Re Act Soo Hu Bus Re Me 3 Nu aud ord and rev to t Imp (4) The Pei be mo of (habilitation Manager sintenance or Environmental presentative tivities Director cial Services Director man Resource Designee siness Office Director sident Care Management Director sident Care Management Director sident Great Management Director The Administrator and the Director The Administrator and the Director sides of transcription of physician in the properties of a dits of transcription of physician in the properties of the County of the Parager County of the Quality Assurance & Perform provement committee weekly for the weeks and then monthly thereaff the next Quality Assurance & rformance Improvement meeting conducted weekly for four weeks on this with oversight by District Diclinical Services for three months. Measures to ensure that correction	or of II s ans, st madin tance four fter. Is will s, then irector s	
	PM with the facility Administrator repo as the Quality Asso contact person. H change of staff over	conducted on 10/8/15 at 5:37 I's Administrator. The rted he assumed responsibility essment and Assurance (QAA) enoted there has been a er the past few months and		res will Nu for Pei Me	e achieved & sustained include: Toults of these audits and observated by the Director of rsing weekly for 4 weeks, then many 3 months at Facility Quality Assurformance Improvement Committeeting. During the weekly and many sustained to the sustained in the susta	tions nonthly urance tee onthly	
	approximately 3 m reported shortly aff complaint investiga facility non-complia	tarted in his position onths ago. The Administrator ter starting his position, a ation survey on 7/8/15 identified ance for pressure sores (F314),		Nu obt The on	API Committee meetings the Dire rsing will present the information tained via the audits and observate committee will amend the plan identified audit trends. These	ations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345149	B. WING _			C 0/08/2015
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT				STREET ADDRESS, CITY, STATE, ZI 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	P CODE	0/00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 520	committee meetings monthly to weekly. To continue until the Plat compliance was ensuat that time. However Administrator reporter continuous QAA involon the issue of signiffacility. The facility 's Admin Immediate Jeopardy following credible aller received on 10/8/15. 1. On 10/7/15, the Discription of the and Performance Improvement of quality improvement Committed areas of opthe Quality Assurance Improvement Committed the Quality Assurance Committed Quality Assurance & Program. This trainin District Director of Optical Control of C	to this complaint the frequency of QAA had been increased from This was expected to an of Correction and ured for the issues identified er, upon inquiry, the ed he was not aware of olivement specifically focused dicant medication errors at the distrator was notified of the on 10/6/15 at 3:30 PM. The egation of compliance was at 3:39 PM. district Director of Clinical re-education for the facility 's Quality Assurance provement Program hedules, identification of ubmission of data, and aprovement plans related to disportunity. All members of e and Performance ditee submit data related to disparticipate in the s in need of improvement. diministrator and the Quality we were retrained on the Performance Improvement ing was completed by the inical Services and the	F 5	immediately following the include progressive discre-education and addition address opportunities as for 4 weeks then monthly	ipline, nal monitoring to s identified weekly	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345149	B. WING		C 10/08/2015	
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT				STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 520	3. The Administrator will present the resul of physician 's order plans, and audits of reviews of residents Quality Assurance & committee weekly for monthly thereafter. & Performance Improconducted weekly for with oversight by Dis Services for three moducted was valid confirmed the facility Committee complete re-training on the facility Committee complete re-training on the facility committee complete restraining schedules, is submission of data, a improvement plans of the staffing information.	anager Environmental or Director ee Designee Director Management Director or and the Director of Nursing ts of all audits of transcription s, audits of Coumadin care Consultant Pharmacist receiving Coumadin to the Performance Improvement or four (4) weeks and then The next Quality Assurance ovement meetings will be or four weeks, then monthly trict Director of Clinical onths. or M, the credible allegation of dated. The survey team 's Quality Assurance	F 520			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345149	B. WING				C 08/2015
	ROVIDER OR SUPPLIER R HEALTH & RETIREME	ENT		4	TREET ADDRESS, CITY, STATE, ZIP CODE 911 BRIAN CENTER LANE VINSTON-SALEM, NC 27106	100	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 520	posting for various daincluded May 2015 the This tag was cited at widespread deficience harm with potential for harm). During the recertificate facility was cited for Faccurate nurse staffire complaint investigation facility was recited for information on the poinformation. On the conformation on the poinformation. On the facility was again the resident census on the facility was again the resident census on the facility is administrator reported as the Quality Assess contact person. He rechange of staff over the indicated that he star approximately 3 mon reported shortly after complaint investigation facility non-compliant complete and accura (F520). In response investigation survey, committee meetings monthly to weekly. To continue until the Pla compliance was ensuat that time. However Administrator reporter	ne daily nursing services staff ates for 6 months, which arough October 8, 2015. a Scope/Severity of C (a sy that constitutes no actual or no more than minimal ation survey of 11/6/14, the fass for failing to post any information. On a survey of 5/20/15, the resident failing to include census asted nurse staffing current recertification survey, recited for failing to include data on the daily posting of ation. Inducted on 10/8/15 at 5:37 as Administrator. The dother has been a she past few months and ted in his position this ago. The Administrator starting his position, a on survey on 7/8/15 identified are for pressure sores (F314), the records (F514), and QAA to this complaint the frequency of QAA had been increased from this was expected to a for Correction and ared for the issues identified	F	520			

AND DIAN OF CODDECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345149	B. WING		C
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT				STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	10/08/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 520	. •	e 33 cant medication errors at the	F 520		