

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

PRINTED: 02/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/07/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & RETIREMENT/MONROE			STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD HIGHWAY 74 EAST MONROE, NC 28112	
(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 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to follow physician orders for medication administration for 1 of 6 sampled residents (Resident #53). The findings included: Resident #53 was admitted to the facility on 12/6/13 with a diagnoses that included Parkinson ' s disease, Hypertension, dementia, Alzheimer ' s disease, depression and suicide attempt. The annual Minimum Data Set (MDS) assessment dated 12/21/15 revealed Resident #53 was cognitively intact as evidenced by a BIMS score of 13. The resident mood interview revealed a score of 11 indicating Resident #53 was moderately depressed as evidenced by feeling down, depressed, and hopeless; feeling tired or having little energy; and thoughts the he would be better off dead or of hurting himself in some way. Review of Resident #53 ' s Care Plan Dated 12/14/15 revealed a problem of Depression. Indicators of altered mood stated suicide attempt related to the diagnosis of Depression. The Goal stated Resident #53 would have indicators of altered mood decreased to no more than 1 episode per week through next review. The approaches include review drug regime and possible interaction; and notify medical doctor as needed. Review of Resident #53 ' s Care Plan dated 12/23/15 revealed Resident #53 was at risk for altered psychosocial needs and social isolation</p>	F 281	<p>Criteria 1 On 1/3/16 the MDS Coordinator identified and corrected a transcription error related to Remeron ordered 12/29/15. Resident #53 began receiving the Remeron dose as ordered on 1/3/16. A Medication Variance Form was completed by the ADON on 1/7/16. The nurse responsible for failing to complete the transcription was counseled by the Director of Nursing on 1/12/16.</p> <p>Criteria 2 All residents have the potential to be affected by the alleged deficient practice. On 1/22/16 the Director of Nursing, Assistant Director of Nursing and the Unit Manager completed an audit of all the physician's orders received during the last 30 days to validate transcription.</p> <p>Criteria 3 The Director of Nursing and Assistant Director of Nursing re-educated all licensed nurses on the facility policy for transcribing physician's orders. This education to be complete on 1/28/16. The Director of Nursing, Assistance Director of Nursing or the Unit Manager will audit carbon copies of physician's orders 5 times per week for 4 weeks, then weekly</p>	1/28/16

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

TITLE

(X6) DATE

Electronically Signed

01/28/2016

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.

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

PRINTED: 02/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & RETIREMENT/MONROE			STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD HIGHWAY 74 EAST MONROE, NC 28112		
(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 281	<p>Continued From page 1</p> <p>related to resident liked to stay in bed in his room. The goal stated resident ' s psychosocial needs would be identified and met with staff assistance. The approaches included refer to psychiatric services as needed and administer medication as ordered.</p> <p>Review of Resident #53 medical record revealed a physician order dated 12/29/15 that stated, " Remeron (antidepressant) 15mg (milligrams) by mouth at night - depression " .</p> <p>Review of the medication administration record (MAR) for the month of December revealed Remeron (antidepressant) was not on transcribed or administered to Resident #53 on 12/29/15, 12/30/15 or 12/31/15. Review of the MAR for the month January 2016 indicated Resident #53 received physician ordered Remeron on 1/3/16. Interview with the Assistant Director of Nursing (ADON) on 1/7/15 at 3:54 pm revealed physician orders were to be transcribed onto the MAR by the nurse who received the physician order. The ADON identified Resident #53 had a physician order dated 12/29/15. During observation of December 2015 and January 2016 MAR the DON revealed Resident #53 did not receive Remeron until 1/3/15. The ADON identified the MAR indicated Resident #53 missed 4 doses of Remeron. The ADON indicated today (1/7/15) was her first time becoming aware of the missed medication. The nurse who identified the error should have filled out a mediation variance form. The ADON revealed she was unaware if a medication variation sheet had completed. The ADON indicated she was unaware of why Resident #53 physician order for Remeron was not transcribed on the MAR.</p> <p>Interview with the MDS coordinator on 1/7/15 at 4:30 pm revealed she had noticed the variance while completing Resident #53 ' s 14 day MDS</p>	F 281	<p>for 8 weeks, to validate accurate transcription is completed. Opportunities identified will be corrected daily by the Director of Nursing, Assistant Director of Nursing or the Unit Manager.</p> <p>Criteria 4 The results of these audits will be reported by the Director of Nursing monthly to the QAPI Committee and the committee will make recommendations for further actions needed.</p>		

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

PRINTED: 02/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & RETIREMENT/MONROE			STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD HIGHWAY 74 EAST MONROE, NC 28112		
(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 281	Continued From page 2 assessment. She indicated she communicated the variance to the ADON that Resident #53 Remeron ordered 12/29/15 was not transcribed to the December 2015 MAR and began on January 2016 MAR. In a continued interview with ADON on 1/7/15 at 4:30 pm indicated she did not recall having a conversation about the medication variance in regards to Resident #53 ' s physician ordered Remeron for depression. Interview with the Director of Nursing (DON) on 1/7/15 at 4:22 pm revealed physician orders were flagged in resident medical records to identify an order was provided by the physician. Nursing was to transcribe physician orders to the MAR and fax the physician order to the pharmacy. The pharmacy receives the order and provides the medication to the facility. The DON indicated Resident #53 had a physician order dated 12/29/15 for Remeron. During an observed the MAR for the December 2015 and January 2016 the DON revealed Remeron it had not been administered to Resident #53 until January 3, 2016. The DON revealed a medication variance form should have been completed by the nurse who identified the error. The DON stated her expectation was that nursing contact the pharmacy to identify why the medication was not delivered. The DON indicated she further expected nursing to utilize the Pixus (on site medication dispenser) to determine if the medication was on site. A medication Variance report was not completed. The DON indicated she was unaware Resident #53 did not receive Remeron 15mg ordered on 12/29/15 until today (1/7/15).	F 281			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN	F 282		1/28/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & RETIREMENT/MONROE			STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD HIGHWAY 74 EAST MONROE, NC 28112		
(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 282	<p>Continued From page 3</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to follow interventions as indicated on the care plan for 1 of 10 sampled residents (Resident #53) who had an intervention for alternate means of requesting assistance to prevent further suicide attempts. The findings included: Resident #53 was admitted to the facility on 12/6/13 with a diagnoses that included Parkinson ' s disease, Hypertension, dementia, Alzheimer ' s disease, depression and suicide attempt. The annual Minimum Data Set (MDS) assessment dated 12/21/15 revealed Resident #53 was cognitively intact as evidenced by a BIMS score of 13. The resident mood interview revealed a score of 11 indicating Resident #53 was moderately depressed as evidenced by feeling down, depressed, and hopeless; feeling tired or having little energy; and thoughts the he would be better off dead or of hurting himself in some way. A review of Resident #53 ' s nurse ' s note written by RN#1 at 3:00 pm dated 12/11/15 stated, " Resident stated to this nurse (nurse #1) " I ' ve been trying to kill myself and just can ' t get it right " this nurse did try to comfort resident and periodically checked on resident. CNA went into resident ' s room approximately 2:30pm and observed resident with cord to call light wrapped around his neck trying to strangle himself. Resident states " he wants to die " immediately</p>	F 282	<p>Criteria 1 On 1/6/16 the Director of Nursing validated and implemented the care planned interventions for resident #53. On 1/7/16 the Nursing Assistant Care Guide for resident #53 was updated to reflect care planned interventions.</p> <p>Criteria 2 All suicidal residents have the potential to affected by the alleged deficient practice. On 1/7/16 the Director of Nursing, Assistant Director of Nursing and Unit Manager completed an audit of care plans for all suicidal residents, to validate interventions are in place and documented on the Care Plan and the Nursing Assistant Care Guide.</p> <p>Criteria 3 All nursing staff were re-educated by the Director of Nursing, Assistant Director of Nursing and Staff Development Coordinator regarding implementation of care planned interventions and the use of the Nursing Assistant Care Guide to communicate care planned interventions. This education was complete on 1/12/16. The Director of Nursing, Assistant Director of Nursing and Unit Manager will</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & RETIREMENT/MONROE			STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD HIGHWAY 74 EAST MONROE, NC 28112		
(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 282	<p>Continued From page 4</p> <p>called doctor. Received order to send to ER (emergency room) RP (responsible party) aware police arrived at 1445 EMS (emergency medical services) at 3:15pm. Resident left facility at 3:30pm " .</p> <p>Review of Resident #53 ' s physician order dated 12/11/15 stated send to hospital emergency department related suicidal ideations with attempt.</p> <p>Review of Resident #53 ' s care plan Dated 12/14/15 revealed a problem of Depression. Indicators of altered mood stated suicide attempt related to the diagnosis of Depression. The goal stated Resident #53 would have indicators of altered mood decreased to no more than 1 episode per week through next review. The approaches included review drug regime, possible interactions, notify MD as needed and remove call bell with cord from reach. Resident #53 was provided a cow bell to ring for assistance.</p> <p>Interview with Nurse (RN#1) on 1/6/15 at 10:36am revealed on the morning of 12/11/15 she went into Resident #53 ' s room to give medications. RN#1 indicated when she inquired about how Resident #53 was doing Resident #53 indicated he wasn ' t feeling well. RN#1 stated, " He said that he was trying to kill himself but can ' t get it right " . Resident #53 further stated he tired the bag but couldn ' t get it right. RN#1 indicated she took the trash bag out of the room and told the Director of Nursing (DON). The DON revealed the DON communicated that Resident #53 had attempted before. RN#1 revealed that was her first time becoming aware of Resident #53 ' s previous incident to commit suicide. The DON told RN#1 to monitor Resident #53 regularly. RN#1 described the monitoring to be increased to every 30 minutes. The DON stated</p>	F 282	<p>randomly audit 10 resident care plans weekly for 12 weeks to validate accurate documentation and implementation of care planned interventions. Opportunities identified will be corrected weekly by the Director of Nursing, Assistant Director of Nursing or Unit Manager.</p> <p>Criteria 4 The results of these audits will be reported by the Director of Nursing monthly to the QAPI Committee and the committee will make recommendations for further actions needed.</p>		

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

PRINTED: 02/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & RETIREMENT/MONROE			STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD HIGHWAY 74 EAST MONROE, NC 28112		
(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 282	Continued From page 5 that later in her shift NA#1 came running down the hall and said Resident #53 had the cord from the call light wrapped around his neck. Following the incident the medical doctor was notified. The Police and EMS (emergency medical services) were contacted. Nursing stayed with Resident #53 until he was sent out with emergency services. Interview with Nursing Assistant (NA) #1 on 1/6/15 at 10:54 am revealed on 12/11/15 she observed Resident #1 ' s call light to be on. NA#1 couldn ' t recall the exact time she observed Resident #53 looping the cord around his neck but estimated 1:00 to 1:30pm due to her recalling making her second rounds and resident #53 eating lunch. NA#1 stated she knocked on Resident #53 ' s door and entered the room to discover Resident #53 to be looping his call bell around his neck. NA#1 indicated when she inquired why Resident #53 was putting the call bell cord around his neck, Resident #53 stated he was trying to kill himself. NA#1 indicated she removed the cord from around Resident #53 neck and ran to tell RN#1 what had occurred. NA#1 stated she was never informed prior to her shift on 12/11/15 that Resident #53 had communicated that he wanted to harm himself. NA#1 indicated it was communicated to her upon hire that the resident had had an attempt to harm himself. NA#1 stated the interventions were to remove sharp objects such as fingernail clippers. NA#1 did not recall being informed about removing plastic bags. NA#1 indicated NA ' s became aware of resident needs by viewing a care guide. Review of Resident #1 ' s care guide revealed resident #53 required total care, was incontinent of bowl and bladder, required Hoyer lift with the use of 2 staff, required a chair cushion, low bed, body alarm and oxygen as needed (PRN).	F 282			

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

PRINTED: 02/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & RETIREMENT/MONROE			STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD HIGHWAY 74 EAST MONROE, NC 28112		
(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 282	<p>Continued From page 6</p> <p>Observation on 1/6/15 at 11:10 am revealed Resident #53 to be lying in bed. Housekeeping was observed in Resident #53 ' s room performing housekeeping duties. Resident #53 was observed to have his call bell in his bed within reach.</p> <p>Interview with the assistant director of nursing (ADON) on 1/6/15 at 11:12 am revealed she and the unit manager were responsible for updating resident care guides for NA ' s. The ADON revealed a care guide for Resident #53 located in black binder. The care guide in the black binder contained a care guide for Resident #53 that indicated a cow bell would be used in place of the call bell. The ADON indicated the care guide included the intervention of the cow bell and the removal of the call bell was not provided to NA ' s due to NA ' s not being in-serviced on the new care guide book. The ADON indicated staff were going to be in-serviced on the use of the care guide book (black binder containing care guides) on Tuesday (1/12/16). The care guides NA ' s were currently using to identify resident #53 ' s needs did not have interventions in regards to preventing suicide attempts. The ADON indicated the facility had put interventions in place to include taking Resident #53 nebulizer out of a bag and placing it in a plastic tub, removing the call bell from reach, providing the resident with a cow bell, and moving the Resident to a room closer to the nursing station. Interventions should have been included in Resident #53 ' s care plan and care guide.</p> <p>Interview with the DON on 1/16/15 at 11:37am revealed she was under the impression that Resident #53 ' s care plan was updated. It was her expectation that Resident #53 care plan have interventions in regards to preventing suicide attempts.</p>	F 282			

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

PRINTED: 02/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/07/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & RETIREMENT/MONROE			STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD HIGHWAY 74 EAST MONROE, NC 28112		
(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 282	Continued From page 7 Interview with the MDS coordinator on 1/7/15 at 4:02 pm revealed she the ADON and Unit coordinator were responsible for updating resident care guides utilized by NA ' s. The MDS coordinator indicated she was responsible for updating care plan update dated 12/14/15. She indicated she did not include 1:1 supervision to the updated care plan of 12/14/15 due to resident #53 being hospitalized following the event and 1:1 supervision wasn ' t required. MDS coordinator further indicated Resident #53 had not had another suicide attempted following readmission for 1:1 supervision to be added or carried over from care plan dated 6/7/15. The MDS coordinator revealed other than " removed call bell with cord from reach, Gave cow bell to ring for assistance " , no other intervention were added to the care plan	F 282			