

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/11/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & REHABILITATIO			STREET ADDRESS, CITY, STATE, ZIP CODE 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466		
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F 360 SS=D	<p>483.35 PROVIDED DIET MEETS NEEDS OF EACH RESIDENT</p> <p>The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and family and staff interviews, the facility failed to provide a 4 ounce nutritional shake for one of three sampled residents reviewed for nutritional supplementation (Resident #1). The findings include:</p> <p>Resident #1 was admitted to the facility on 10/28/13 and readmitted on 11/5/15 with diagnosis of diabetes, adult failure to thrive and dementia.</p> <p>Review of the most recent Minimum Data Set (MDS) dated 1/26/16 revealed the Resident was moderately cognitively impaired, was totally dependent on staff for all activities of daily living (ADL), and had no significant weight loss (greater or equal to 5% in the last month or 10% in last 6 months). The MDS listed the Resident as being on a mechanically altered therapeutic diet.</p> <p>On 1/27/16 a physician order was written to discontinue the sugar free nutritional shakes and to provide regular nutritional shakes with meals three times a day for nutritional support and weight loss.</p> <p>A dietary progress note written on 1/27/16 by the</p>	F 360	<p>On 2/11/16 resident #1 was provided the nutritional shake within an hour of the lunch tray omission by Dietary Manager. The Dietary Manager will complete observation of each dietary staff member assigned to tray line to ensure tray cards are being reviewed during preparation of resident tray. The results of the audit will be documented on observation audit sheet (see attachment #1). Any facility dietary staff that has not been observed will be observed on next schedule shift. The facility dietary staff will be inserviced on meal ticket accuracy, including nutritional supplements completed by Dietary Manager. Any newly hired dietary staff will receive the education during orientation. Any facility dietary staff that does not receive the education will receive prior to next schedule shift. The dietary manager will observe tray line delivery a minimum of 5 times per week for one month to assure nutritional supplements are provided according to physician orders. Dietary manager will randomly observe tray line delivery thereafter for continued compliance. All findings will be reported in monthly Quality</p>	2/29/16	

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

TITLE

(X6) DATE

Electronically Signed

02/25/2016

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.

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F 360	<p>Continued From page 1</p> <p>dietician documented the Resident weighed 113 and had significant weight loss in a month. It further documented that the Resident received large portions with meals, snacks three times a day sugar-free nutritional shakes twice a day, Med Pass four times a day and was on a mechanical soft controlled carbohydrate diet with pureed meats and fruits and was noted to be consuming 62% of her meals in December. The Registered dietician recommended discontinuing the large portions and fortified and carbohydrate controlled foods. She further recommended liberalizing Resident #1 ' s diet and changing the sugar free nutritional shakes to regular nutritional shakes with meals and add a multivitamin (MVI) to aide in meeting needs. The note further documented with inadequate intake to meet needs, weight loss unavoidable.</p> <p>The Resident ' s current care plan, which was last reviewed by staff on 2/4/16, included a " problem " for potential for weight loss related to mental status, not being able to feed herself, chronic disease and dementia with interventions to provide diet, supplements, and snacks as ordered, obtain monthly weights or as indicated and feed the resident.</p> <p>An observation was made on 2/10/16 at 1:45 PM of Resident #1 being fed by staff. The diet slip matched what was seen on the tray and the resident consumed all of her food and drinks including a 4 ounce regular nutritional shake.</p> <p>On 2/11/16 at 1:00 PM, an observation was made of the lunch tray delivered to Resident #1. A diet slip was observed on the tray and documented Resident #1 ' s name, room number and the contents of the meal to be included on the tray. A</p>	F 360	Assurance Committee times two. (See Attachment #2).		

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F 360	<p>Continued From page 2</p> <p>four ounce nutritional shake was written in bold type on the diet slip was not observed on the tray. The Resident was observed to eat all of his food and 8 ounces of lemonade.</p> <p>During an interview with one of Resident #1 ' s family members on 02/11/16 at 2:00 PM she voiced a concern that the resident did not always receive her nutritional shakes on her tray at every meal.</p> <p>The consultant Registered Dietician (RD) stated in an interview on 2/11/16 at 9:15 AM that after reviewing Resident #1 ' s chart on 2/11/16 and stated the Resident was now documented as consuming around 82% of her meals and snacks. Her present diet was to include nutritional shakes with each meal to provide calories and nutrition. Dietary aide #1 stated in an interview on 2/11/16 at 2:10 PM she had been in charge of putting the liquids on the resident ' s lunch trays on 2/11/16. She stated the diet slip instructed the staff what to put on each resident ' s tray. The dietary aide was observed to look at the diet slip obtained from the lunch tray for Resident #1 and stated she should have put 8 ounces of water, 8 ounces of lemonade and 4 ounces of a nutritional shake on the tray and must have gotten mixed up and forgot to include the shake.</p> <p>The dietary manager stated in an interview on 02/11/16 at 1:35 PM when plating meals, the dietary aides were provided a diet slip for each resident that they are to look at when determining what they were to place on the resident ' s meal tray. She stated that dietary aide #1 had the responsibility of putting all liquids on the lunch trays for 2/11/16 and she must have missed putting the nutritional shake on Resident #1 ' s</p>	F 360			

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

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F 360	<p>Continued From page 3</p> <p>lunch tray. She further stated it was important for residents to have all shakes and fluids ordered on their dietary trays.</p> <p>The Physician stated in an interview on 2/11/16 at 2:55 PM that he was aware of the Resident ' s weight loss and it was expected with her diagnoses. The MD stated the Resident had behaviors and was not always cooperative in eating and her medication were adjusted and now she will eat. The MD stated the Resident burned a lot of her calories because of her constant physical motion and confirmed Resident #1 should receive a nutritional shake with each meal.</p> <p>The Administrator stated in an interview on 2/11/16 at 6:56 PM the dietary staff should follow the dietary ticket (diet slip) and give the right diet to the residents in the facility.</p>	F 360			