

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

PRINTED: 09/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	
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F 000	INITIAL COMMENTS	F 000		
F 334 SS=D	<p>483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding</p>	F 334		9/7/16

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

TITLE

(X6) DATE

Electronically Signed

09/02/2016

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 334	<p>Continued From page 1</p> <p>the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and staff interviews, the facility failed to document in the resident ' s medical record that education regarding the benefit and potential side effects of the influenza vaccine and the pneumococcal vaccine were provided to the resident or legal representative for</p>	F 334	<p>1. Interdisciplinary Team Members and clinical staff were educated on the policy and procedure related to resident education regarding the benefit and potential side effects of the influenza vaccine and the pneumococcal vaccine.</p>		

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F 334	<p>Continued From page 2</p> <p>5 of 5 residents reviewed for influenza and pneumonia immunization (Resident #57, #68, #72, #82 and #83).</p> <p>Findings included:</p> <p>1. Resident #57 was admitted to the facility on 4/1/2016 with multiple diagnoses that including Respiratory Failure.</p> <p>A review of Resident #57 ' s medical record revealed a consent dated 4/1/2016 for administration of influenza immunization and pneumococcal immunization were signed by Resident #57. Resident #57 refused both vaccines. There was no documentation in Resident #57 ' s medical record regarding the benefits and potential side effects of the influenza vaccine and the pneumonia immunization. During an interview on 8/10/2016 at 10 AM with the Director of Nursing (DON) revealed residents or legal representatives were provided educational material regarding the influenza and the pneumonia immunizations during the admission process. Continued interview with the DON revealed she could not locate any documentation of this education regarding the benefits and potential side effects of the influenza vaccine and the pneumonia immunizations in Resident #57 ' s medical record.</p> <p>The Admissions Coordinator who admitted Resident #57 was no longer employed at the facility and was unable to be interviewed.</p> <p>During an interview on 8/11/2016 at 1:45PM with the Administrator revealed that she nor the DON where here during the admission of the 5 sampled residents. Administrator indicated that after this survey she would meet with all department heads and rearranged some of this concerns in this facility. Administrator indicated that her expectation would be that admissions coordinator would provide the educational</p>	F 334	<p>2.All residents have the potential to be affected by this alleged deficient practice. An audit of current residents Immunization records was conducted on 8/11/2016. Residents that had refused the flu and/or pneumococcal vaccine were re-educated at that time related to potential side effects and benefits of the flu and/or pneumococcal vaccine. Following education, no resident was accepting of the flu and/or pneumococcal vaccine. Resident #57 was educated on benefits and potential side effects of the influenza vaccine and pneumonia immunization and documentation was placed in the chart. Resident #68 was educated on benefits and potential side effects of the influenza vaccine and pneumonia immunization and documentation was placed in the chart. Resident #72 was educated on benefits and potential side effects of the influenza vaccine and pneumonia immunization and documentation was placed in the chart. Resident #82 was educated on benefits and potential side effects of the influenza vaccine and pneumonia immunization and documentation was placed in the chart. A new flu and pneumococcal immunization consent form was signed by resident #82 and was placed in the medical record. Resident #83 was educated on benefits and potential side effects of the influenza vaccine and pneumonia immunization and documentation was placed in the chart.</p>		

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F 334	Continued From page 3 material to residents and/or legal representatives. 2. Resident #68 was admitted to the facility on 4/12/20016 with multiple diagnoses that including Anemia and Seizure Disorder. A review of Resident #68 ' s medical record revealed a consent dated 4/12/2016 for administration of influenza immunization and pneumococcal immunization were signed by Resident #68 ' s legal representative. Resident #68 ' s legal representative refused both vaccines. There was no documentation in Resident #68 ' s medical record regarding the benefits and potential side effects of the influenza vaccine and the pneumonia immunization. During an interview on 8/10/2016 at 10 AM with the Director of Nursing (DON) revealed residents or legal representatives were provided educational material regarding the influenza and the pneumonia immunizations during the admission process. Continued interview with the DON revealed she could not locate any documentation of this education regarding the benefits and potential side effects of the influenza vaccine and the pneumonia immunizations in Resident #68 ' s medical records. The Admissions Coordinator who admitted Resident #68 was no longer employed at the facility and was unable to be interviewed. During an interview on 8/11/2016 at 1:45PM with the Administrator revealed that she nor the DON where here during the admission of the 5 sampled residents. Administrator indicated that after this survey she would meet with all department heads and rearranged some of this concerns in this facility. Administrator indicated that her expectation would be that admissions coordinator would provide the educational material to residents and/or legal representatives. 3. Resident #72 was admitted to the facility on	F 334	3.The DON and/or designee will educate the Licensed staff on complete documentation in the residents medical record regarding the benefit of receiving the flu and/or pneumococcal vaccine. The DON and/or designee will audit flu and pneumococcal immunization consent forms upon admission and weekly x 4 weeks. Any opportunities identified will be corrected by the DON or designee at that time. 4. The results of these audits will be reported in the Quality Assurance Performance Improvement meeting by the DON for 3 months, then quarterly x 3 quarters. The committee will evaluate and make further recommendations as indicated.		

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F 334	<p>Continued From page 4</p> <p>3/30/2016 with multiple diagnoses that including Respiration Failure.</p> <p>A review of Resident #72 ' s medical record revealed a consent dated 3/30/2016 for administration of influenza immunization and pneumococcal immunization were signed by Resident #72. Resident #72 received both vaccines on that day. There was no documentation in Resident #72 ' s medical record regarding the benefits and potential side effects of the influenza vaccine and the pneumonia immunization.</p> <p>During an interview on 8/10/2016 at 10 AM with the Director of Nursing (DON) revealed residents or legal representatives were provided educational material regarding the influenza and the pneumonia immunizations during the admission process. Continued interview with the DON revealed she could not locate any documentation of this education regarding the benefits and potential side effects of the influenza vaccine and the pneumonia immunizations in Resident #72 ' s medical record.</p> <p>The Admissions Coordinator who admitted Resident #72 was no longer employed at the facility and was unable to be interviewed.</p> <p>During an interview on 8/11/2016 at 1:45PM with the Administrator revealed that she nor the DON where here during the admission of the 5 sampled residents. Administrator indicated that after this survey she would meet with all department heads and rearranged some of this concerns in this facility. Administrator indicated that her expectation would be that admissions coordinator would provide the educational material to residents and/or legal representatives.</p> <p>4. Resident #82 was admitted to the facility on 2/26/2016 with multiple diagnoses that including Respiratory Failure.</p>	F 334			

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F 334	<p>Continued From page 5</p> <p>A review of Resident #82 medical record revealed a consent not dated for administration of influenza immunization and pneumococcal immunization were signed by Resident #82. Resident #82 refused both vaccines. There was no documentation in Resident #82 ' s medical record regarding the benefits and potential side effects of the influenza vaccine and the pneumonia immunization.</p> <p>During an interview on 8/10/2016 at 10 AM with the Director of Nursing (DON) revealed residents or legal representatives were provided educational material regarding the influenza and the pneumonia immunizations during the admission process. Continued interview with the DON revealed she could not locate any documentation of this education regarding the benefits and potential side effects of the influenza vaccine and the pneumonia immunizations in Resident #82 ' s medical records</p> <p>The Admissions Coordinator who admitted Resident #82 was no longer employed at the facility and was unable to be interviewed.</p> <p>During an interview on 8/11/2016 at 1:45PM with the Administrator revealed that she nor the DON where here during the admission of the 5 sampled residents. Administrator indicated that after this survey she would meet with all department heads and rearranged some of this concerns in this facility. Administrator indicated that her expectation would be that admissions coordinator would provide the educational material to residents and/or legal representatives.</p> <p>5. Resident #83 was admitted to the facility on 3/18/2016 with multiple diagnoses that including Peripheral Vascular Disease and Asthma.</p>	F 334			

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F 334	Continued From page 6 A Review of Resident #83 ' s medical record revealed a consent dated 3/18/2016 for administration of influenza immunization and pneumococcal immunization were signed by Resident #83. Resident #83 received both vaccines on that day. There was no documentation in Resident #83 ' s medical record regarding the benefits and potential side effects of the influenza vaccine and the pneumonia immunization. During an interview on 8/10/2016 at 10 AM with the Director of Nursing (DON) revealed residents or legal representatives were provided educational material regarding the influenza and the pneumonia immunizations during the admission process. Continued interview with the DON revealed she could not locate any documentation of this education regarding the benefits and potential side effects of the influenza vaccine and the pneumonia immunizations in Resident #83 ' s medical record. The Admissions Coordinator who admitted Resident #83 was no longer employed at the facility and was unable to be interviewed. During an interview on 8/11/2016 at 1:45PM with the Administrator revealed that she nor the DON where here during the admission of the 5 sampled residents. Administrator indicated that after this survey she would meet with all department heads and rearranged some of this concerns in this facility. Administrator indicated that her expectation would be that admissions coordinator would provide the educational material to residents and/or legal representatives.	F 334			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of	F 431		9/7/16	

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F 431	<p>Continued From page 7</p> <p>a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to follow established procedures to provide for an accurate count and verification of all controlled substances on 2 of 2 medication</p>	F 431	<p>1.All licensed Nurses were re-educated on the policy and procedure for accurate reconciliation and verification of all controlled substances.</p>	

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F 431	<p>Continued From page 8</p> <p>carts (Front I medication cart and back II medication cart.)</p> <p>Findings included:</p> <p>The facility ' s procedure for controlled drugs dated 9/2011 stated " to ensure that controlled substances are inventoried and administrated as required by State and Federal regulations. " " Reconcile the declining inventory record at the beginning and end of each shift. Reconciliation is performed by a physical count of the remaining medications by two persons who are legally authorized to administer medications. "</p> <p>The Pharmacy Consultant was interviewed on 8/11/16 at 10:08 AM. She stated once a month she reviewed all the charts and submitted a report of recommendation. She had also been completing extra audits since the last survey for residents on Coumadin. The pharmacy technician would look at the declining controlled substances count book and compare it to the cart. There has not been any discrepancies. She also reviewed the controlled substance book to see if the nurses are doing the counts. They have found some spots here and there of missing signatures and she sees that a lot places. She was sure that she had reported it the Director of Nursing (DON) at some point. She stated she was there on Monday. She could not remember if there were any issues with the controlled substance counts on Monday but would fax the reports.</p> <p>Review of the Quality Improvement Consultant Pharmacist Summary period covered from 4/1/16 through 4/30/16 revealed controlled substance documentation was 30-40% complete. It stated the staff member was " not able to find the nurses signatures where they were reporting off and on counting carts. I see shift count sheets in the notebook today. It was discussed with facility leadership. "</p>	F 431	<p>2.All residents have the potential to be affected by this alleged deficient practice. An audit of all Controlled Drugs-Count Records was conducted on 8/11/16. Due to the findings and potential confusion of existing form, a new Controlled Drugs-Count Record was implemented.</p> <p>3. The DON and/or designee will re-educate all Licensed Nurses on the policy and procedure for accurate reconciliation and verification of all controlled substance sheets. All Licensed Staff will be oriented upon hire in Orientation on the policy and procedure for accurate reconciliation and verification of all controlled substances. The DON and/or designee will audit the Controlled Drugs-Count Records daily x 4 weeks, then 3 times per week x 4 weeks and then weekly x 4 weeks. Opportunities will be addressed/ corrected by the DON and/or designee with appropriate licensed staff. Pharmacy Consultant visited facility on 8/31/16 and conducted audit of all Controlled Drugs-Count Records and found zero errors. Pharmacy Consultant will make every other week visits to the facility x 8 weeks to ensure compliance with the Controlled Drugs-Count Records.</p> <p>4.The results of these audits will be reported in the Quality Assurance Performance Improvement meeting by the DON for 3 months, then quarterly x 3 quarters. The committee will evaluate and make further recommendations as indicated.</p>		

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F 431	<p>Continued From page 9</p> <p>Review of the Quality Improvement consultant Pharmacist Summary period covered from 6/1/16 through 6/30/16 revealed controlled substance documentation was 10-20% complete. Under controlled substance documentation, it stated a resolution was in progress.</p> <p>The Controlled Substance Documentation audit dated 7/13/16 completed by the pharmacy technician revealed there were 2 missing signatures every shift on the declining inventory sheets.</p> <p>Review of the Quality Improvement consultant Pharmacist Summary period covered from 8/1/16 through 8/31/16 revealed controlled substance documentation was 30-40%. It stated that shift to shift documentation was spotty and to see pharmacist recommendations. On 8/4/16, an exit conference with the DON was conducted with the Quality Assurance Clinician.</p> <p>Review of the controlled substance inventory count sheets revealed that dual (2) signatures and/or the total amount of containers and/or total amount of sheets were missing for the following shifts for Front I medication cart.</p> <p>5/10/16- all shifts missing counts and dual signatures 5/11/16- all shift missing counts and dual signatures 5/12/16- 7:00 AM- 3:00 PM missing counts and dual signatures 5/13/16 - 7:00 AM- 3:00 PM shift missing count and dual signatures 5/14/16- 7:00 AM- 3:00 PM; 11:00 PM- 7:00 AM shifts missing count and dual signatures 5/17/16 - All shifts missing counts and signatures 5/18/16- 7:00 AM- 3:00 PM; 11:00 PM- 7:00 AM shifts missing counts and signatures 5/20/16 all shift missing count and dual signatures</p>	F 431			

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F 431	<p>Continued From page 10</p> <p>5/21/16- all shifts missing count and dual signatures</p> <p>5/22/16- 11:00 PM- 7:00 AM missing count and dual signatures</p> <p>5/23/16- 3:00 PM - 11:00 PM missing count and dual signatures</p> <p>5/24/16 - all shifts missing count and dual signatures</p> <p>6/6/16 - 6/10/16- all shifts missing count and dual signatures</p> <p>6/11/16 - All shifts missing counts and dual signatures</p> <p>6/20/16 - 6/25/16- all shifts missing count and dual signatures</p> <p>7/16/16- 11:00 PM- 7:00 AM missing dual signatures</p> <p>7/19/16- 7/21/16- all shifts missing count and dual signatures</p> <p>7/22/16- 7/25/16- all shifts missing count and dual signatures</p> <p>8/2/16- 3:00 PM- 11:00 PM missing count and signature</p> <p>Review of the controlled substance inventory count sheets revealed that dual (2) signatures and/or the total amount of containers and/or total amount of sheets were missing for the following shifts for back II medication cart.</p> <p>5/28/16- 5/30/16 - all shifts missing count and dual signatures</p> <p>6/25/16 - 7/1/16- all shifts missing count and dual signatures</p> <p>7/4/16 - 7/8/16 -all shifts missing count and dual signatures</p> <p>7/19/16- 7/22/16- all shifts missing count and dual signatures</p> <p>7/25/16- 7/29/16- all shifts missing count and dual signatures</p> <p>8/7/16- All shifts missing count and dual</p>	F 431			

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F 431	<p>Continued From page 11 signatures</p> <p>Nurse #2 was interviewed on 8/10/16 at 10:28 AM. She stated they count the medications every shift. She stated they would count with the nurse that was coming on and they both sign stating the medications were counted every 8 hours. The medication book would be the only place the controlled substances sheets would be. The discontinued medications would be sent back to the pharmacy usually on the 3:00 PM to 11:00 PM shift. The controlled substances stayed in the cart until they went back to the pharmacy and those medications would also be counted during the shift change.</p> <p>Nurse #1 was interviewed on 8/10/16 at 10:40 AM. He stated the medications were counted during shift change. The oncoming nurse and the off coming nurse would then sign the controlled substances inventory sheets. He was not sure where the controlled substances documentation was from 8/2/16 through 8/10/16. He stated that maybe it was not filled out for those days.</p> <p>The Director of Nursing (DON) was interviewed on 8/11/16 at 9:45 AM. She stated her expectation was when the nurse came on shift they follow the policy and procedure for counting controlled medications. The off going nurse would count the medications sheet before they count off to the oncoming nurse to make sure the card and the completed sheet was removed if needed. Then they need to go through and count the controlled substance sheets they have at that time. Then document the amount of sheets they have on the controlled substance inventory sheet. The oncoming nurse needs to look at the inventory sheet and compare it to the number of sheets that she counts. Both nurses would then sign off stating they counted the sheets. Next,</p>	F 431			

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/11/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
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F 431	Continued From page 12 they should count the cards in the narcotic drawer and compare to the controlled substance inventory sheet. The nurse consultant had not identified any issues with counting of the control substance sheets. She did one on 8/9/16 with the nurses and they signed verifying the in-service had been completed. She stated there was also another one that had been completed. A verbal in-service about change of shift controlled substances counts was completed on 8/1/16 per the Associate Director of Nursing (ADON). The in-service was dated 8/1/16. Nurse #1 and nurse #2 signed on 8/11/16 that they attended the in-service.	F 431		