

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/12/2018
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/HE			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 DON JUAN ROAD HERTFORD, NC 27944		
(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 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to accurately code the discharge status on a discharge Minimum Data Set (MDS) assessment for 1 of 2 residents reviewed for discharge. (Resident #53)</p> <p>Findings included:</p> <p>Resident #53 was admitted to the facility on 5/1/18. His active diagnoses included hypertension, muscle weakness, and cerebral infarction.</p> <p>Review of a discharge summary dated 6/11/18 revealed Resident #53 was discharged to the community.</p> <p>Review of Resident #53's discharge MDS assessment dated 6/14/18 revealed he was coded as discharged to an acute hospital.</p> <p>During an interview on 7/11/18 at 1:50 PM the MDS Care Management Director stated Resident #53 was discharged to the community to a private home. She further stated the discharge MDS assessment dated 6/14/18 was coded incorrectly and should have correctly reflected his discharge status to the community.</p> <p>During an interview on 7/11/18 at 1:57 PM the Administrator stated it was her expectation the MDS be coded correctly with regards to the</p>	F 641	<p>This Plan of Correction constitutes the Brian Center-Hertford written allegation of compliance for the deficiencies cited. However, submission of this POC is not an admission that a deficiency exists or that one was cited correctly. This POC is submitted to meet requirements established by state and federal law.</p> <p>The facility MDS nurse failed to code the discharge status correctly on resident #53.</p> <p>The Assessment was corrected to reflect the discharge status on the identified discharge assessment on 7/11/18 by the Director of Assessment. Education was provided to the MDS nurse that made the coding mistake on 7/11/18 by the Director of Assessment. The Director of Resident Assessment educated the MDS nurse on accurate coding of section A2100 of the MDS on 7/11/18.</p> <p>A review of discharges over the last 30 days was completed to ensure the accurate discharge status. This reviews was completed by the Director of Resident Assessment on 7/11/18, No errors were identified.</p> <p>The Director of Resident Assessment will</p>	7/23/18	

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

TITLE

(X6) DATE

Electronically Signed

07/20/2018

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

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F 641	Continued From page 1 discharge status of residents. She further stated Resident #53 was discharged to the community and it was her expectation the MDS dated 6/14/18 accurately reflect this and it did not.	F 641	monitor a sample of discharge assessments weekly for one month and then monthly for two months for accuracy of A2100 coding. The results of the monitoring will reviewed at QAPI monthly x 3. The Director of Resident Assessment is responsible for implementing the plan of correction by 7/23/18.		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals 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. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) 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. §483.45(h)(2) 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	F 761		7/25/18	

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F 761	Continued From page 2 be readily detected. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interviews with staff and the consultant pharmacist, the facility: 1. Failed to store medications at the refrigeration temperature specified by the pharmaceutical manufacturer in 1 of 1 medication room, and 2. failed to secure 1 of 4 medication carts left unattended and accessible to the public and residents. Findings included: Accompanied by the Director of Nursing (DON), an observation was made on 7/11/18 at 11:40 AM of the facility medication storage room, which included a medication storage refrigerator. A thermometer hung from the top shelf and indicated the temperature was 28 degrees Fahrenheit (o F). The contents of the refrigerator at this time included: - Unopened Levemir insulin pens marked "Do Not Freeze" - Unopened Lantus insulin pens marked "Do Not Freeze" - Unopened Humalog insulin vials marked "Do Not Freeze" - Unopened Brimonidine Tartrate (an eye medication used to treat glaucoma) - Unopened Latanoprost (an eye medication used to treat glaucoma) - Unopened Dorzolamide-timolol (an eye medication used to treat glaucoma) - Unopened Timolol Maleate (an eye medication used to treat glaucoma) - Unopened Trusopt (an eye medication used to treat glaucoma) - 1 unopened and 1 opened Tuberculin Purified Protein Derivative vials (PPD solution - used to detect tuberculosis)	F 761	This Plan of Correction constitutes the Brian Center-Hertford written allegation of compliance for the deficiencies cited. However, submission of this POC is not an admission that a deficiency exists or that one was cited correctly. This POC is submitted to meet requirements established by state and federal law. The temperature ranges that the medications were stored in were not within the acceptable range of 36 to 46 F degrees. The DON (Director of Nursing) disposed of all of the medications that were stored in the refrigerator on 7/11/18. A new refrigerator and thermometer was placed in the medication room on 7/11/18. The DON monitored the temperature of the new refrigerator until which time the temperatures were in the acceptable time range of 36 to 46 F degrees. A new temperature log was initiated on 7/11/18 by the DON that includes the acceptable ranges on the form. Medications were discarded by the DON; pharmacy was notified of the needed replacement of the discarded medications on 7/11/18. The Director of Nursing and/or ADON (Assistant director of nursing) will ensure current licensed nursing staff are in-serviced on what the acceptable temperature ranges are for medications		

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F 761	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Unopened Pneumonia Vaccine (Prevnar) marked "Do Not Freeze" - Unopened Octreotide injections (used to decrease the amount of human growth hormone produced by the body) marked "Do Not Freeze" - Unopened Avonex injections (used to treat Multiple Sclerosis) marked "Do Not Freeze" - Unopened Risperdal injections (used to treat schizophrenia or bi-polar disorder) marked "Do Not Freeze" <p>An interview was conducted with the DON on 7/11/18 at 11:45 AM during the observation. She was unsure of the correct temperature range for proper medication storage and stated 32o F or below was the temperature for freezing. When asked to review the temperature logs, the DON opened a binder kept beside the medication storage refrigerator and indicated this was where the third shift nurse, typically assigned to the 300 Hall recorded the refrigerator temperatures. The form titled "Refrigerator Temp (temperature) Log" had no acceptable temperature range listed for the medication storage refrigerator. A sample from the June 2018 medication refrigerator temperature log included the following recorded temperatures: 6/1-27o F; 6/2-27o F; 6/3-24o F; 6/5-22o F; 6/6-28o F; 6/7-30o F; 6/8-28o F; 6/9-28o F; 6/10-32o F; 6/11-30o F; 6/12-34o F; 6/13-30o F; 6/14-30o F; 6/15-30o F; 6/16-32o F; and 6/17-32o F. The July 2018 medication refrigerator temperature log included the following recorded temperatures: 7/1-34o F (entry was scored through by facility staff) 32o F; 7/2-30o F; 7/3-32o F; 7/4-28o F; 7/5-22o F; 7/6-34o F; 7/7-34o F; 7/8-36o F; and 7/9-28o F. The DON stated, "It's safe to say some of the medications that were in here in the beginning of June have been given."</p>	F 761	<p>stored in the medication refrigerator to include use of the new form and expectation to adjust the refrigerator settings if needed to keep the correct settings by 7/25/18. This education will be part of orientation for licensed nurses.</p> <p>Licensed nurses will record the temperature daily on the new form starting 7/11/18.</p> <p>The DON and/or Assistant DON will review the temperature form 2 x weekly to ensure the temperature ranges are with the acceptable range for one month and then weekly x 2 months.</p> <p>The maintenance man will check the refrigerator for proper functioning once a week for one month, and monthly for two months.</p> <p>The findings will be reviewed at QAPI monthly for 3 months.</p> <p>Nurse #1 did leave the medication cart unlocked and unattended during her medication pass.</p> <p>The Director of Nursing in serviced Nurse #1 immediately regarding the locking of the medication cart when she steps away.</p> <p>The Director of Nursing and/or assistant Director of Nursing will ensure all licensed nurses are re-educated on ensuring all medications carts are locked at all times when not directly attended by 7/25/18. This education will be part of orientation</p>		

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F 761	Continued From page 4 A review of the "Recommended Minimum Medication Storage Parameter (based on manufacturer guidance)" provided to the facility by their supplying pharmacy company for the individual medications stored in the medication storage refrigerator during the observation included the following: "Unopened Levemir and Lantus pens, and Humalog vials (insulins)-refrigerated (36o F to 46o F) ***Do Not Use any Insulin products that have been frozen***; Ophthalmic (eye) medications: Brimonidine (Ophthalmic preparations not specifically mentioned elsewhere refer to manufacturer's recommendations)-the manufacturer recommendation was 59o F-77o F; Latanoprost-refrigerate until ready to use (refrigerate was defined as "Any temperature between 36o F and 46o F"); Dorzolamide-Timolol-store in original pouch between 68o-77o F; Timolol Maleate-the manufacturer recommendation was storage at room temperature (defined as any temperature between 59o F and 86o F); Trusopt- the manufacturer recommendation was storage at room temperature; PPD Solution-refrigerate at 36o - 46o F (do not freeze); Prevnar (pneumonia vaccine)-36o-46o F; Octreotide-36o-46o F; Avonex-36o-46o F; Risperdal-"If refrigeration is not possible, this product may be stored at room temperatures." An interview was conducted on 7/11/18 at 2:15 PM with the facility's Consulting Pharmacist. She stated she provided specific guidance to her facilities on acceptable temperature ranges for medications. She stated she recommended discarding the medications and re-ordering them all if they were stored outside the acceptable temperature range. An additional interview was conducted with the	F 761	for licensed nurses. The DON &/or ADON will do random rounds to monitor the medications carts are not left unlocked and unattended 5x weekly for one month and then 2x weekly for two months. The Director of Nursing will be responsible to ensure medications are The findings will be reviewed at QAPI monthly for 3 months. The Director of Nursing will be responsible for implementing the Plan of correction by 7/25/18.		

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F 761	<p>Continued From page 5</p> <p>DON on 7/11/18 at 4:00 PM. She stated she believed the consulting pharmacist checked the temperature logs on a monthly basis, and she does not know why she was not told about the medication storage temperatures before today. She stated the night nurse was supposed to tell her if the medication storage refrigerator was out of temperature range, but she had not been informed before today.</p> <p>An interview was conducted on 7/11/18 at 4:15 PM with the Administrator. She stated it was her expectation for the medication storage refrigerators to be maintained within an acceptable range of 36o-46o F. It was also her expectation the DON or Assistant DON monitored the monthly temperature logs. She also stated the new temperature logs contained an acceptable temperature range for medication storage.</p> <p>An interview was conducted on 7/12/18 at 8:30 AM with Nurse #5. She stated she was typically assigned the 300 Hall and part of her responsibility was to check the medication storage refrigerator temperature and expiration dates of the medications. She stated she had been employed at the facility since June and was not aware she was expected to report temperatures to anyone. She stated the education she received at orientation included to record the temperatures nightly. She also stated, "I was told in orientation to just check the temperature nightly and write it down in the book. Medication storage wasn't part of orientation."</p> <p>A review of the facility's orientation skills check list for licensed staff (Registered Nurse and Licensed Practical/Vocational Nurses) revealed no entry related to medication storage or medication storage temperatures.</p> <p>An interview was attempted with Nurse #6 and Nurse #7 without success.</p>	F 761			

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F 761	<p>Continued From page 6</p> <p>2. During observation on 7/10/18 at 3:55 PM the 200 Hall Medication Cart was observed to be unlocked and unattended. Two nurse aides were observed in the hall near the medication cart. Nurse #1 returned to the cart from a resident's room across the hall at 3:56 PM.</p> <p>During an interview on 7/10/18 at 3:56 PM Nurse #1 stated medication carts were supposed to be locked at all times if unattended. She further stated the 200 Hall Medication Cart should have been locked while she was in the resident's room and it was not.</p> <p>During an interview on 7/10/18 at 4:02 PM the Director of Nursing stated medications carts were to be locked at all times when unattended. She further stated it was her expectation that the 200 Hall Medication Cart had been locked by Nurse #1 when leaving it unattended.</p>	F 761		