STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETE:
	345312	A. BUILDING: ______ B. WING ______	9/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CTR HEALTH & REHAB/HENDERSONVILLE	**1870 PISGAH DRIVE HENDERSONVILLE, NC**

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 580	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review and interviews with staff and family, the facility failed to immediately notify the family of a resident's death for 1 of 3 residents reviewed for family notification of significant change (Resident #1). Findings include: Resident #1 was admitted to the facility on 9/13/18. Review of the resident's Admission Record revealed the resident was listed as his own responsible party and family #1 was listed as the emergency contact. Nurses' notes revealed that on 9/19/18 at 6:30 am, a patient care technician #1 found the resident on the floor by his roommate's bed and his head was wedged in the bed frame. The patient care technician called for the nurse who came to find the resident pulseless (no carotid or radial pulse), and no respiration. The resident was deceased. An interview with Resident #1's family member #1 was conducted on 9/25/18 at 9:33 am. The family

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The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345312	MULTIPLE CONSTRUCTION A. BUILDING: B. WING	DATE SURVEY COMPLETE: 9/27/2018
NAME OF PROVIDER OR SUPPLIER **BRIAN CTR HEALTH & REHAB/HENDERSONVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1870 PISGAH DRIVE HENDERSONVILLE, NC**		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 580	Continued From Page 1

member revealed that the resident was found dead at 6:30 am and she was not notified of his death until 4 hours later.

An interview on 9/27/18 at 9:44 am with Nurse #1, who responded to the Patient care technician #1 call for help when the technician found the resident unresponsive, revealed she did not call the resident family to let them know of the resident's change of condition. Nurse #1 said that the director of nursing gave the staff instructions not to do anything until she arrived at the facility.

Nurses' notes in the resident's medical record dated 9/19/18 revealed the family was notified of the resident's death at 10:15 am.

Interview with the director of nursing on 9/25/18 at 10:26 am revealed the administrator notified family #1 of the resident death at 10:15 am on 9/19/18. The director of nursing did not provide an explanation of why the family #1 was not notified immediately after the resident was discovered dead.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345312	A. BUILDING ______ B. WING ______	C **09/27/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CTR HEALTH & REHAB/HENDERSONVILLE	**1870 PISGAH DRIVE HENDERSONVILLE, NC 28791**

(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 000	INITIAL COMMENTS The survey team entered the facility on 09/24/18 to conduct a complaint investigation survey and exited on 09/25/18. Additional information were obtained on 09/27/18. Therefore, the exit date was changed to 09/27/18.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | | 10/10/2018

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