STATEMENT OF I	SOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY		
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM			A. BUILDING:	COMPLETE:		
FOR SNFs AND N	Fs	345339	B. WING	9/27/2018		
NAME OF PROVI	DER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE				
BRIAN CENTER HLTH & REHAB		1306 SOUTH KING STREET WINDSOR, NC				
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES					
PREFIX	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i) Admission assessment. (ii) Significant correction of prior full assessment. (vi) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on record review and affail interviews the facility failed to complete and transmit discharge Minimum					
	Data Set (MDS) assessments for 1 of 4 residents reviewed for discharge. (Resident #1). Findings included:					
	Resident # 1 was admitted to the facility on 11/23/16. Resident #1's active diagnoses included hypertension, major depressive disorder and dementia.					

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

The above isolated deficiencies pose no actual harm to the residents

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STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		PROVIDER #	MULTIPLE CONSTRUCTION A. BUILDING:	DATE SURVEY COMPLETE:		
TOK SIVIS AIVI	DIVIS	345339	B. WING	9/27/2018		
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HLTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1306 SOUTH KING STREET WINDSOR, NC			
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE	CIES				
F 640	Continued From Page 1					
	Review of a nurses dated 6/8/18 revealed Resident #1 was discharged on 6/8/18 to another facility.					
	Review of the MDS assessments by the facility on 9/25/18 at 3:46 PM revealed no discharge assessment had been completed or transmitted by the facility for Resident #1.					
	During an interview on 9/25/18 at 4:18 PM MDS Nurse #1 indicated the discharge assessment for Resident #1 should have been completed and transmitted prior to 9/25/18 and it was not. He added he would complete and transmit the discharge assessment for Resident #1 immediately.					
	During an interview on 9/25/18 at 4:29 PM the Director of Nursing stated it was her expectation MDS discharge assessments be completed according to the Resident Assessment Instrument (RAI) manual.					