

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345332	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/25/2018
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 2501 DOWNING STREET SW WILSON, NC 27895		
(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 761 SS=E	<p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§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.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§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.</p> <p>§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 be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to dispose of expired medications in one of two medication storage rooms (room #2).</p> <p>Findings included: On 10/25/2018 at 4:35 PM, the second medication storage room was checked for expired medications. There was one bottle of 100</p>	F 761	<p>Expired medications found in the supply room on 10/25/18 were immediately removed and discarded by regional clinical director.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>100% audit of all medication supply rooms was conducted by unit manager and any</p>	11/22/18	

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

TITLE

(X6) DATE

Electronically Signed

11/15/2018

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.

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F 761	Continued From page 1 tablets of Aspirin 325mg, with an expiration date of 7/2018. There was one container of 25 tablets of acid controller 20mg, lot 7BE1247 with an expiration date of 9/2018. There were 10 bottles of anti-diarrheal oral suspension four ounces each, lot 6GK0696 with an expiration date of 6/2018. On 10/25/2018 at 455 PM, the Administrator stated her expectation was expired medications would be disposed of in a timely manner.	F 761	medications that were expired or would expire within the next 30 days were removed from supply on 11/12/18. All licensed nurses were educated by nursing management on storage of medications to include expiration dates and audits of the supply rooms to remove any medications prior to expiration. DON/Designee will audit medication supply rooms weekly x 12 weeks for expired medications and remove any medications that will expire within the next 30 days. Results of the audits will be brought through the QAPI meeting monthly x 3 months for review and further recommendations.		
F 925 SS=E	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, resident, family and staff interviews, the facility failed to have an effective pest control program to prevent flies from entering 7 of 92 sampled resident rooms and facility common areas (Residents #26, #53, #56, #18, #28, #42 and #49). Findings included: 1a.A review of the medical record revealed Resident #26 was admitted 9/27/2018 with diagnoses of chronic heart failure, Neuropathy, End Stage Renal Disease, Chronic Kidney	F 925	On 10/23/18 Ecolab came to the facility for service of the Large Fly Program. They treated with Tempo SC Ultra, checked the traps in the facility, Applied surface application interior of the facility (to include rooms for residents #26,53,56,18,28,42 and 49), replaced glue boards and treated the exterior of the facility. All residents have the potential to be affected by the deficient practice.	11/22/18	

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F 925	<p>Continued From page 2</p> <p>Disease Stage 5 and non-compliance with renal dialysis.</p> <p>The Quarterly Minimum Data Set (MDS) dated 10/10/2018 noted Resident #26 to be cognitively intact and needed limited to extensive assistance for all Activities of Daily Living (ADLs) with the physical help of one person.</p> <p>On 10/23/2018 at 10:28 AM an interview was conducted with Resident #26, in Resident #26's room. Flies were observed throughout the room. Resident #26 was sitting in a wheelchair and appeared to be clean and neatly dressed. Throughout the interview, Resident #26 was noted to be swatting at flies with a thin sheet of newspaper. Resident #26 stated "these flies are awful, I wish they would do something about this." Seven flies were counted. Two flies would land on Resident #26's head, which was covered with a bandana, and also lite in different places on her body and bed covers.</p> <p>The facility Administrator was interviewed 10/23/2018 at 12:00 PM, and stated the flies needed to be taken care of and the facility had a plan in place to work on the problem. But, the administrator confirmed the facility's plan had not been implemented.</p> <p>1b.A review of the medical record revealed Resident #53 was admitted 3/3/2018 with diagnoses of Transient Ischemic Attack, Anxiety, Stroke, dementia without behaviors and palliative care.</p> <p>The Quarterly MDS dated 9/10/2018 noted Resident #53 to be severely impaired for cognition and needed extensive to total</p>	F 925	<p>A capital purchase was requested by the Administrator for flu fans on 10/23/18 to deter fly entry into the facility through high traffic areas and the capital purchase was approved and order placed on 11/12/18. Upon arrival of the air curtains they will be installed by the maintenance director. The housekeeping supervisor and maintenance director are ordering larger dumpsters or having the emptying schedule increased and cleaned the area around the dumpster area to deter and decrease debris that may lead to increased flies in the area.</p> <p>Random audits of five resident rooms per hall will be conducted weekly x 12 weeks by the Administrator/designee to inspect for flies. The results of the audits will be brought through the monthly QAPI meeting for review and further recommendations.</p>		

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F 925	<p>Continued From page 3</p> <p>assistance for all ADLs with the physical help of one to two persons.</p> <p>On 10/23/2018 at 2:00 PM, in an interview, Resident #53's family member stated she had seen flies in the room of Resident #53 and pointed to a fly swatter on the bedside table. The family member stated Resident #53 could not even wave her hand to keep flies away from her face. The family member indicated she had spoken to the administrator about the flies, but nothing had been done.</p> <p>In an interview on 10/23/2018 at 2:20 PM, Nursing Assistant #3 stated she had seen flies on the 200 hall for a few weeks.</p> <p>2. Record review indicated Resident #56 was admitted to the facility on 03/07/2015. The resident's diagnoses included Type 2 Diabetes and Polyneuropathy.</p> <p>Review of a readmission Minimum Data Set (MDS) dated 10/12/2018 indicated he had no cognitive impairment. The MDS also indicated his vision was adequate.</p> <p>An observation was conducted on 10/24/2018 at 10:30 AM on the 300 Unit. Resident #56 was observed in his room lying on his bed on his back. Head of bed was elevated 30 degrees, and the resident appeared sleeping. The resident was wearing a hospital gown and a brief. The bottom of the gown was up above the brief, so the entire front of the brief was exposed. Five flies were observed flying around the resident and lighting on his legs and arms.</p> <p>A second observation was conducted of the resident on 10/24/2018 at 11:30 AM. He was</p>	F 925			

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F 925	<p>Continued From page 4</p> <p>lying on his bed and was awake. His privacy curtain was pulled around his bed, and there was a pan of soapy water on the table at his bedside. He was wearing a brief, and flies were observed on parts of his person and flying around him. When asked about the flies, the resident stated he had poor eyesight and didn't see the flies. He also stated the flies didn't bother him, because he did not see them. Numerous flies were also seen flying around his room.</p> <p>The resident's Nursing Assistant (NA#1) was interviewed on 10/24/2018 at 11:45 AM and stated she took him a pan of water earlier and was going to assist him to wash himself. The NA denied seeing any flies.</p> <p>The Administrator was interviewed on 10/24/2018 at 12:00 PM and stated the facility was aware of the fly situation and was working on eliminating them.</p> <p>3. A Resident Council Meeting was conducted on 10/23/2018 that included eight residents. Four of the eight residents who attended the Resident Council Meeting reported there had been a problem with flies in the past four weeks in the facility. (Residents #18, 28, 42, and 49.) These four residents stated there had been flies in their rooms and also in common areas of the facility, such as the dining room and hallways, over the past month.</p> <p>The facility administrator was interviewed on 10/24/2018 at 10:45AM regarding the residents' report of flies in the facility. She reported there had been an increase in flies in the facility following the recent storms. She reported the</p>	F 925			

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

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F 925	Continued From page 5 pest control company used by the facility had been contacted about the problem. She also stated the pest control company had visited the facility since the recent storm.	F 925		