STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345221	A. BUILDING _____ B. WING _____	C 04/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER H & REHAB WEAVERV	78 WEAVER BOULEVARD WEAVERVILLE, NC 28787

(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
E 000	Initial Comments An unannounced recertification survey was conducted on 03/31/19 through 04/04/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID CDJ811.	E 000		
F 000	INITIAL COMMENTS There were no deficiencies cited as a result of this complaint investigation survey of 04/04/19. Event ID CDJ811.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §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 record review and staff interviews the facility failed to accurately assess 1 of 1 sampled residents reviewed for Minimum Data Set (MDS) discrepancy regarding dialysis (Resident #57). Findings included: Resident #57 was admitted to the facility on 05/22/18 and was cognitively intact. On 03/31/19 at 12:04 PM an interview was conducted with Resident #57 who stated he was not on dialysis and had never received dialysis. A review of Resident 57's quarterly Minimum Data Set (MDS) assessment dated 02/13/19 indicated Resident #57 had been coded under Section O Special Treatments, Procedures, and Programs as receiving dialysis.	F 641	Criteria 1: To correct the alleged deficient practice for Resident #57 and appropriately reflect his Hospice service, a significant correction to prior assessment was completed for resident #57 on 4/1/19 by RCMD. Criteria 2: All residents who receive Dialysis Services have the potential to be affected by the same alleged deficient practice. An MDS audit of all residents who receive Dialysis Services was completed on 4/4/19 by running a Resident Response Analyzer Report for section O to ensure no other resident assessments contained the same coding error. Criteria 3: Systemic changes that will be	4/15/19

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

Electronically Signed | 04/15/2019

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F 641	Continued From page 1 On 04/01/19 at 2:14 PM an interview was conducted with the MDS Coordinator who stated she coded Section O Special Treatments, Procedures, and Programs on Resident #57's quarterly MDS assessment dated 02/13/19. The MDS Coordinator stated Resident #57 was not receiving dialysis and had not been on dialysis and should not have been coded as receiving dialysis. The MDS Coordinator stated she made a data entry error on Resident #57's quarterly MDS assessment. The MDS Coordinator stated she would need to submit a modification to the quarterly MDS dated 02/13/19 to reflect Resident #57 was not receiving dialysis. On 04/01/19 at 2:19 PM an interview was conducted with the Resident Care Management Director (RCMD) who stated her expectation was that the quarterly MDS assessment dated 02/13/19 would have been accurately coded under Section O Special Treatments, Procedures, and Programs to accurately reflect Resident #57 was not receiving dialysis. The RCMD stated her expectation was that the quarterly MDS assessment dated 02/13/19 would be modified and submitted to accurately reflect Resident #57 was not receiving dialysis. On 04/01/19 at 02:26 PM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that the quarterly MDS assessment dated 02/13/19 would have been accurately coded to reflect Resident #57 was not receiving dialysis. The DON stated it was her expectation that the MDS Coordinator would submit a modification to the quarterly MDS assessment dated 02/13/19 to reflect Resident #57 was not receiving dialysis.	F 641	made to ensure the alleged deficient practice will not recur are as follows: On or before 4/17/19, the RCMD will in-service all MDS staff regarding the importance of accurate MDS coding and a review of the RAI guidelines. Criteria 4: To monitor facility performance and make sure the solutions are sustained, an MDS coding accuracy audit will be completed by the RCMD (Resident Care Management Director) on every MDS that is done for a for 2 weeks to ensure that no dialysis treatment has been incorrectly coded. The DDCM (District Director of Care Management) will provide additional in-servicing to MDS staff at that time if additional errors are found in the audits. After 2 weeks, the RCMD will continue to audit correct coding of dialysis by reviewing every MDS completed on a dialysis patient for 10 weeks. Additionally, the RCMD will pull the Resident Response Analyzer Report to ensure no dialysis has been coded for a resident who is not receiving dialysis. The results of these audits will be reported at the monthly QAPI meeting until such time substantial compliance has been achieved and the committee recommends yearly oversight by the DDCM during the Care Management Systems Review. The RCMD is responsible for implementing the corrective actions. Criteria 5: The facility will be in compliance with the plan of corrections on or before 4/19/19.	

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F 641	Continued From page 2 On 04/01/19 at 03:44 PM an interview was conducted with the Administrator who stated it was her expectation that the quarterly MDS assessment dated 02/13/19 would have been accurately coded to reflect Resident #57 was not receiving dialysis. The Administrator further stated the MDS Coordinator would need to submit a modification for the quarterly MDS assessment dated 2/13/19 to accurately reflect Resident #57 was not receiving dialysis.	F 641		
F 761 SS=D	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		4/15/19

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F 761	Continued From page 3 be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff and Medical Director interviews, the facility failed to discard an opened Advair Diskus per the manufacturer's instructions for 1 of 3 residents observed during medication pass (Resident #93). The findings included: A review of the manufacturer's instructions indicated an Advair Diskus was to be discarded 1 month after removal from the foil pouch. Resident #93 was admitted to the facility on 08/03/18 with a diagnosis of asthma. A physician's order, dated 08/03/18, indicated Resident #93 was to receive the Advair Diskus 100-50 microgram (mcg)/dose (1 puff) inhaled by mouth in the morning at 8:00 AM. A review of the Medication Administration Record (MAR) revealed Resident #93 received the Advair Diskus 100-50 mcg/dose on 04/01/19 at 8:00 AM per physician's orders and as indicated by Nurse #1's documentation on the MAR. On 04/02/19 at 8:07 AM, Resident #93's Advair Diskus 100-50 mcg/dose was observed on the 400 Hall medication cart ready for resident use and was opened and dated 02/11/19. Nurse #1 stated that the Advair Diskus had expired and should have been removed from the medication cart on 03/11/19. Nurse #1 was observed opening a new Advair Diskus and dated it 04/02/19. On 04/02/19 at 8:45 AM, an interview was	F 761	Criteria 1: To correct the alleged deficient practice for Resident #93, the Advair Diskus for Resident #93 was immediately removed from the medication cart on 4/2/19 by Unit Manager. Criteria 2: All residents have the potential to be affected by the same alleged deficient practice. An audit was performed by DON and Unit Managers on 4/2 for all medication carts. No other expired medications were found. Criteria 3: Systemic changes that will be put into place to ensure the alleged deficient practice does not recur are as follows: A process for regularly monitoring the medication carts will be re-implemented. The process includes weekly audits of medication carts scheduled and completed by hall nurses and ensures that each medication cart is inspected each week. The process will be validated by the DON to ensure it is being done. On or before 4/17/19, Licensed Nurses and Certified Medication Aides will be re-educated on the facility policy for dating, labeling, storing, and monitoring medications, as well as the process for auditing medication carts weekly and ensuring the audits are done. Criteria 4: To monitor the facility performance and make sure solutions are sustained, the DON or designee will	

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F 761	Continued From page 4 conducted with Nurse #1 who stated she missed checking for an open date on the Advair Diskus before she administered the Advair Diskus to Resident #93 on 04/01/19. Nurse #1 indicated the nurses were expected to fill in the use by date on the label when the Advair Diskus was opened. She further indicated the nurses on each shift performed a weekly audit of the medication carts for any expired medications. On 04/02/19 at 8:49 AM, an interview was conducted with the Director of Nursing (DON) who verified Resident #93's Advair Diskus was opened and dated 02/11/19. The DON stated the Advair Diskus should have been removed from the medication cart 03/11/19 as it was good for 1 month once opened. The DON further stated her expectation was that Resident #93 should not have received an Advair Diskus after the use by date. The DON indicated her expectation was for the nurses to fill in the use by date on the label when the Advair Diskus was opened and expected to check medications for expiration dates and use by dates prior to administration The DON also indicated the nurses performed weekly medication cart audits utilizing a Medication Cart Checklist. On 04/02/19 at 8:52 AM, an interview was conducted with the Administrator who stated it was her expectation that all medication carts would have unexpired medications. She further stated she did not know why the expired Advair Diskus was left on the medication cart. She indicated her expectation was that Resident #93 should not have received the expired Advair Diskus. On 04/02/19 at 9:22 AM, a follow up interview	F 761	randomly monitor medication carts 3 times per week for 12 weeks to validate stored medications have appropriate dating, labeling, and expiration. Any opportunities identified as a result of these audits will be corrected immediately. The results of these audits will be reported at the monthly QAPI meeting until such time substantial compliance has been achieved and the committee recommends yearly oversight by the DDCS (District Director of Clinical Services) when completing the Clinical Systems Review. The DON is responsible for implementing the corrective actions. Criteria 5: The facility will be in compliance with plan of correction on or before 4/19/19.	

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F 761	Continued From page 5 was conducted with the DON who indicated the weekly Medication Cart Checklist for the 400-hall medication cart had not been completed since 03/21/19 and did not say why the audits had not been completed. On 04/03/19 at 11:20 AM, an interview was conducted with the Medical Director who indicated his expectation was that expired medications should not be administered to residents. He stated that his expectation was Resident #93 would have no ill effects due to the administration of the Advair Diskus after the 1 month use by date.	F 761		