

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345343	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 2/25/2020
----------------------------------------------------------------------------------------------------------------------	---------------------------------	--------------------------------------------------------------	--------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDS	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC
-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

F 554	<p>Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)</p> <p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews and record review, the facility failed to assess and plan a resident's care before allowing the resident to self-administer medications for one of four residents reviewed for medication administration (Resident #3).</p> <p>Findings included:</p> <p>A review of the medical record revealed Resident #3 was admitted 7/9/2019 with diagnoses including Diabetes Mellitus, Stroke and mild cognitive impairment. The Quarterly Minimum Data Set (MDS) dated 2/6/2020 noted Resident #3 was cognitively intact and needed extensive to total assistance for all care with the help of one to two persons.</p> <p>On 2/24/2020 at 2:30 PM, Resident #3 was observed in bed watching television. It was noted on the overbed table, a medication cup with three tablets inside. Resident #3 stated it was her Tums and she had a medical background and knew how to take the medication.</p> <p>On 2/24/2020 at 2:35 PM, Nurse #1 was observed to be at the medication cart. Nurse #1 stated the order for the Tums was Tums chewable 2 tablets by mouth every four hours as needed for heartburn or indigestion. Nurse #1 stated Resident #3 had indigestion often and so she kept a dose of the Tums at the bedside.</p> <p>A review of records revealed on 2/24/2020 at 3:15 PM an assessment was done for Resident #3 for self-administration of medication. The care plan for Resident #3 was reviewed on 2/24/2020 at 3:30 PM, and did not include a focus, goal or intervention for self-administration of medication.</p> <p>The physician orders were reviewed on 2/24/2020 at 3:30 PM and there was no order for Resident #3 to administer her own antacid. On 2/25/2020 at 9:00 AM, a review of records revealed an order for Resident #3 to self-administer Tums. The order was written 2/24/2020 at 10:15 PM.</p> <p>On 2/25/2020 the care plan dated 2/24/2020 noted a focus of Resident #3 had a physician order for unsupervised self-administration of antacid medication, and a goal of Resident #3 would take medication safely and as prescribed through the review date. Interventions included Resident may keep antacid tablet with her and take when she desires. Observe that Resident takes the medication in a reasonable amount of time. Notify nurse as needed.</p> <p>In an interview on 2/25/2020 at 10:00 AM, the Director of Nursing (DON) stated education had already</p>
--------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345343	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 2/25/2020
----------------------------------------------------------------------------------------------------------------------	---------------------------------	------------------------------------------------------------------	--------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDS	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC
-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

F 554	Continued From Page 1 begun for staff about not allowing residents to self-administer medications.
--------------	-------------------------------------------------------------------------------------------------------