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:
	345250	A. BUILDING: _____ B. WING _____	12/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/LINCOLNTON	515 S GENERALS BOULEVARD LINCOLNTON, NC

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 584	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews and record review, the facility failed to maintain a clean and sanitary home like environment as evidenced by used facemasks and brown debris observed on the floor and spiderwebs observed in the corner for 1 of 6 rooms (room 514) on 1 of 6 resident halls reviewed for environment. The findings included: Resident # 54 was admitted to the facility on 10/20/17. Resident #54's quarterly minimum data set dated 11/22/21 revealed intact cognition. An observation was made of room 514 on 12/13/21 at 12:51 PM which revealed the following problems: Behind A-bed's recliner room chair were 2 used facemasks on the floor and brown debris on the floor

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:
	345250	A. BUILDING: _____ B. WING _____	12/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/LINCOLNTON	515 S GENERALS BOULEVARD LINCOLNTON, NC

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 584	Continued From Page 1

spanning from the corner to behind the headboard.
Spiderwebs observed in the corner near the recliner.

Further observations were made on 12/14/21 at 3:41 PM and 12/15/21 at 3:16 PM revealed the room remained unchanged.

An interview on 12/14/21 at 9:50 AM was completed with Resident #54. She verbalized that the room could be a little cleaner and they are supposed to clean the whole room. They just sweep.

An interview on 12/16/21 at 9:51 AM with Housekeeper #1 stated that she was not at the facility on 12/13/21 and 12/14/21. She verbalized that Housekeeper #2 should have been assigned to clean room 514. Housekeeper #1 explained when she cleaned a resident room she would spray down everything and let the spray sit for 3 minutes. She would then wipe everything down, sweep, pull the trash, and mop. Housekeeper #1 stated after she had completed those tasks, she would exit the room and sanitize her hands. She would repeat the process in the next resident room. Housekeeper #1 voiced she worked the weekend (12/11/21 and 12/12/21) which would have been the last time she cleaned room 514. She expressed that she swept what she could. Housekeeper #1 communicated if baseboards or behind beds were not able to be reached then they were not cleaned until the room was scheduled for a deep clean.

An interview with Housekeeper #2 on 12/16/21 at 10:01 AM revealed her normal procedure cleaning room 514 was to empty the trash, spray down and wipe the door handles and all contact surfaces. Then she would sweep everywhere (floors, under beds, under the tables, under the radiator, behind toilet and bathroom) and then mop. Housekeeper #2 explained she would clean and sanitize the toilet and sink in the bathroom. Housekeeper #2 stated that she moved the nightstand and cleaned behind it on 12/13/21 and 12/14/21 and did not see any debris or masks behind the recliner/nightstand area. Housekeeper #2 stated that Resident # 54 normally sat in the corner and she would clean the area when Resident # 54 was not in her chair. Housekeeper #2 voiced that room 514 was cleaned at 7:30 AM on 12/16/21.

An interview with the Housekeeping Manager on 12/16/21 at 10:05 AM revealed that he spot checked 2 rooms on each hall and 4 deep cleaned rooms, for a total of 18 rooms daily. The Housekeeping Manager said if housekeeping missed something in a room that staff would let them know and they would get it cleaned. The Housekeeping Manager said that he trains new staff for a couple of days to ensure they know the procedure and expectations.

An interview and observation of room 514 on 12/16/21 at 10:10 AM was made with the Housekeeping Manager. The observation revealed behind the A-bed recliner room chair and bedside stand, a paper wrapper, food particles and spiderwebs were in the corner. Observed behind the headboard of the bed was the baseboard is pulled from the wall. The Housekeeping Manager stated he would communicate with the Maintenance Director to repair the baseboard. The Housekeeping Manager stated that his staff should clean the room corner to corner.

An interview with the Administrator on 12/16/21 at 3:35 PM revealed residents should have a clean home like

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:
	345250	A. BUILDING: _____ B. WING _____	12/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/LINCOLNTON	515 S GENERALS BOULEVARD LINCOLNTON, NC

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 584	Continued From Page 2 environment.
F 656	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record reviews, and staff interviews, the facility failed to develop a comprehensive care plan to address wandering for 1 of 1 resident reviewed (Resident #49). Findings included: Resident #49 was admitted to the facility on 10/8/21 with diagnoses that included non- Alzheimer's dementia with behavioral disturbances. A quarterly minimum data set (MDS) dated 11/15/21 indicated Resident #49 had severe cognitive impairment and supervision assistance with locomotion both on and off the unit. The MDS further indicated Resident #49 wandered one (1) to three (3) days, exhibited symptoms of verbal behaviors directed at others and other behavioral symptoms not directed at others which included physical symptoms such as rummaging, or verbal/vocal symptoms like screaming, disruptive sounds.

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:
	345250	A. BUILDING: _____ B. WING _____	12/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & RETIREMENT/LINCOLNTON	515 S GENERALS BOULEVARD LINCOLNTON, NC

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 656	Continued From Page 3

A review of the comprehensive plan of care did not include a care plan for Resident #49's wandering behaviors.

An interview on 12/15/21 at 10:45 AM with the Social Worker (SW) revealed she completes the mood and behavior sections of the care plan. She stated that after review of Resident #49's MDS dated 11/15/21 and her comprehensive care plan stated Resident #49 should had been care planned for wandering to include interventions to monitor Resident #49's location on all shifts.

An interview on 12/15/21 at 11:48 AM with the Director of Nursing (DON) revealed she was familiar with Resident #49 and she did not believe Resident #49 had ever eloped; however, the resident's comprehensive care plan should include wandering.

An interview on 12/16/21 at 3:35 PM with the Administrator revealed she expected all residents with known behaviors to include wandering to have a care plan that reflects interventions for wandering.