

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/16/2021
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534		
(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	E 000			
F 000	An unannounced Recertification survey was conducted on 12/13/21 through 12/16/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # TMY911.	F 000			
F 761 SS=D	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 12/13/21 through 12/16/21. Event ID# TMY911 1 of the 15 complaint allegations was substantiated but did not result in a deficiency. 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	F 761		1/12/22	

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

TITLE

(X6) DATE

Electronically Signed

12/29/2021

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	<p>Continued From page 1</p> <p>package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff interviews the facility failed to discard a vial of Influenza vaccine, which was expired, and date an open vial of Tuberculin purified protein for 1 of 2 medication rooms reviewed for medication storage. (100 Hall medication room)</p> <p>The findings included:</p> <p>The medication storage room on hall 100 was observed on 12/16/21 at 10:46 AM in the presence of the Director of Nursing (DON). The observation revealed an Influenza Vaccine was opened on 11/15/21. The manufacturer's storage instruction for the Influenza Vaccine was to be discarded 30 days after first use. Additional observation revealed a Tuberculin purified protein/5tu was open and used but not dated. The manufacturers instruction for the tuberculin was to be discarded 30 days after first use.</p> <p>An interview with the DON on 12/16/21 at 10:51 AM, she stated that she has supervisors who spot check for expired medications and the cleanliness of the medication storage room and carts.</p> <p>An interview with a 100 hall Nurse supervisor on 12/16/21 at 11:20AM stated that the medication room was cleaned daily, and the storage bins and refrigerator are cleaned once weekly on the 11 PM- 7AM shift.</p> <p>An interview with the facility Administrator on</p>	F 761	<p>The Director of Nursing disposed of the Influenza and Tuberculin vials that were expired on 12/16/21.</p> <p>The Director of Nursing checked all other medication carts and ancillary med storage areas for any expired vials of Influenza or undated Tuberculin vials on 12/16/21 without any additional identified issues.</p> <p>The Director of Nursing and or Assistant Director of Nursing and or Staff Development Coordinator will in-service all current licensed staff with access to all med types. Education will include that vials of Tuberculin and Influenza that are opened, are to be dated and that all unused portions of same are to be disposed of after 30 days from open date. This education will be completed by 1/12/22. New hires and Agency Staff will receive this education as part of their general orientation to the facility before working an assignment.</p> <p>The Director of Nursing, Assistant Director of Nursing or their designee will complete random audits of the medication storage areas to include the medication carts, weekly for 12 weeks to ensure there are no undated or expired vials of Tuberculin or Influenza.</p> <p>The Director of Nursing will report monthly to QAPI Committee the finding of these audits for additional actions as needed to secure substantial compliance. If after 12</p>		

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

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F 761	Continued From page 2 12/16/21 at 11:32 AM stated that nursing staff were supposed to take out any expired medications.	F 761	weeks, the QAPI Committee determines that substantial compliance has been obtained and maintained, the audits can be discontinued at the time by the QAPI Committee. The Director of Nursing is responsible to ensure this plan of correction is completed by 1/12/22		