

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

PRINTED: 03/23/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345262</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/24/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHAB/HERTFORD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 DON JUAN ROAD</b> <b>HERTFORD, NC 27944</b>	
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E 000	Initial Comments	E 000		
F 000	An unannounced COVID-19 Focused Survey was conducted on 2/22/2022 through 2/24/2022. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# SXHF11.	F 000		
F 550 SS=D	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 2/20/2022 through 2/24/2022. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# SXHF11. 9 of the 29 complaint allegations were substantiated resulting in deficiencies. Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.	F 550		3/22/22

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

TITLE

(X6) DATE

Electronically Signed

03/17/2022

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 550	<p>Continued From page 1</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on record review and interviews with family, facility staff, and dialysis staff, the facility failed to promote a resident's dignity by sending the resident out of the facility to their dialysis provider wearing only a long sleeve shirt and an adult brief for 1 of 3 residents (Resident #1) reviewed for dignity.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 4/14/21 with diagnoses that included end stage renal disease, history of a stroke, and muscle</p>	F 550	<p>F550</p> <p>1. Resident #1 suffered no ill effects related to this incident secondary to going to dialysis wearing only a long sleeve shirt and adult brief. Per interview with the Dialysis Clinical Director, she verified the resident was not exposed during the dialysis treatment as they provided a thick blanket to ensure her dignity and comfort.</p> <p>2. All Facility residents have the potential to be affected by this deficient practice if</p>		

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F 550	<p>Continued From page 2 weakness.</p> <p>The quarterly Minimum Data Assessment dated 1/14/21 indicated Resident #1 was severely cognitively impaired. She required total dependance on staff to complete activities of daily living.</p> <p>A review of the Resident Task report dated for 1/20/22 revealed Nursing Assistant (NA) #1 bathed and dressed Resident #1 at 10:21am.</p> <p>An interview with Resident #1's family member was conducted on 2/22/22 at 1:40pm. She stated that on 1/20/22 she observed Resident #1 at the dialysis clinic wearing only a long sleeve shirt and an adult brief. She indicated that the resident needed staff's assistance to get dressed and she could not understand why staff had not put pants on Resident #1.</p> <p>A telephone interview was completed on 2/23/22 at 8:45am with the Dialysis Clinical Coordinator. The coordinator stated she recalled a day during the end of January 2022 that Resident #1 arrived at the dialysis facility dressed in only a long sleeve shirt and an adult brief. She further stated the resident was covered with a sheet and thick blanket.</p> <p>A telephone interview was completed on 2/23/22 at 10:47am with NA #1. She stated she completed Resident #1's bath and dressed her in a long sleeve sleep shirt around 10:00am on 01/20/22. NA #1 stated she did not dress Resident #1 in pants because she had a wound vac (machine to aid in wound healing) and was not aware that Resident #1 had to go out to dialysis. She continued to state the resident was picked up by the transport company while she</p>	F 550	<p>they leave the facility to go to outside appointments/treatments. Upon notification of the allegation the DON reviewed trips in the past 30 days and no other residents were found to be affected by this concern. All Residents with appointments or treatments out of the facility will be monitored and assessed prior to leaving the center to ensure they are completely dressed per their wishes prior to leaving the facility by transport contractors or facility transporter. The DON, ADON, or Unit Manager will be responsible for monitoring residents transported. Monitoring was in place by 02-28-2022.</p> <p>3. All Nursing staff will be in-serviced on proper policy and procedures to properly maintain resident's dignity by ensuring they are properly clothed (with clothing of their choice). In-service education was completed by the DON, ADON or Unit Manager by 03-22-2022. DON, ADON, or Unit Manager will keep a current list of dialysis and all LOA resident appointments to ensure their dignity is maintained and properly clothed prior to leaving the center with transport by 03-18-2022.</p> <p>4. The DON, ADON, or Unit Coordinator will audit all Dialysis and all resident LOA appointments five times a week to ensure resident's dignity is maintained by having on the appropriate clothing during their LOA out of the center. Monitoring was initiated on 02-28-2022. The DON, ADON, and Unit Manager will audit 5 days a week</p>		

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F 550	Continued From page 3 was on break, so she was not aware Resident #1 was leaving the facility. She indicated that she would have made sure Resident #1 was dressed in a long-sleeved shirt and pants had she known she was being transported to dialysis. She further stated when she had residents go out to appointments, she always made sure they were dressed in a shirt and pants, so their undergarment was not showing.  An interview completed with the Director of Nursing completed on 2/23/22 at 4:30pm. She indicated it was her expectation nursing staff always assured residents were dressed in a shirt and pants or a gown (whichever their choice), so they were completely covered, and their undergarments were not visible prior to leaving the facility for appointments.	F 550	x 6 weeks then, 3x a week x 3 weeks, then 2x a week x 3 weeks for a total of 12 weeks, All Results of the audits and any concerns identified will be reported/ trended to our Quality Assurance committee monthly times three. The Administrator will oversee the process to ensure compliance is maintained. The Administrator will oversee the process and aske the QA/QAPI to make recommendations as needed.		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident and staff interview the facility failed to provide incontinence care for 1 of 3 residents (Resident #10) reviewed for activities of daily living.  The findings included:  Resident #10 was admitted to the facility on 6/12/20 with diagnoses that included hemiplegia and hemiparesis.	F 677	F 677  1. Resident #10 suffered no ill effects related to this incident. Resident #10 was noted that he did not receive prompt/timely incontinent care by nursing staff after having an incontinent incident.  2. All Facility residents that have urinary incontinence have the potential to be affected by this deficient practice.	3/22/22	

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F 677	<p>Continued From page 4</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 2/5/22 revealed that Resident #10 was cognitively intact and required extensive assistance with toileting. The MDS further revealed that Resident #10 was always incontinent of bladder and bowel.</p> <p>Review of care plan initiated on 6/13/20 revealed Resident #10 had a focus of bladder incontinence related to stroke. The goal was for Resident#10 to remain free from skin breakdown due to incontinence and brief use through review date. The interventions included clean peri-area with each incontinence episode.</p> <p>A review of the Concern Action Form dated 2/2/22 revealed that Resident #10 had an incontinent episode in the front lobby on 2/1/22. The form further stated that Resident #10 reported that he had been in the front lobby during the day shift from 10:00 AM until approximately 5:00PM and staff had not checked on him to provide incontinence care.</p> <p>An interview was conducted with Resident #10 on 2/22/22 at 2:10 PM. Resident #10 was up in the wheelchair and sitting in the activity room. Resident #10 stated when he gets up in the wheelchair he like to go up to the front and sit in the lobby or participate in activities. Resident #10 stated staff did not check on him or offer him incontinence care. Resident #10 stated he had an incontinent episode two weeks ago and a puddle of urine was on the floor. Resident #10 stated Receptionist #1 assisted him to his room. Resident #10 stated the nursing assistant (NA) provided incontinence care.</p> <p>An interview was conducted with Receptionist #1</p>	F 677	<p>Residents who require incontinent care must be assessed every 2 hours or as needed to provide prompt incontinent care if needed. DON, ADON, or Unit Manager will review all residents that have been assessed to be incontinent and require assistance of staff to provide incontinent care was completed on 03-17-2022. No other residents were identified as being affected by this deficient practice.</p> <p>3. Facility staff will be in serviced on the proper policy and procedure for the incontinent care policy and expectations of resident centered timely incontinence care. This will be completed by the DON, ADON or unit manager and completed by 03-22-2022.</p> <p>4. The DON, ADON or Unit Manager will audit a sample of 5 residents 5 times a week x 6 weeks then, 3x a week x 3 weeks, then 2x a week x 3 weeks for a total of 12 weeks, to ensure proper and timely incontinent care is given the residents per policy. Results of the audits and any concerns identified will be reported/ trended to our Quality Assurance committee monthly times three. The Administrator will oversee the process to ensure compliance is maintained. The Administrator will oversee the process and aske the QA/QAPI to make recommendations as needed.</p>		

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F 677	<p>Continued From page 5</p> <p>on 2/22/22 on 2:33 PM revealed that she was working on the day that Resident #10 had the incontinent episode in the front lobby. Receptionist #1 stated that Resident #10 liked to sit up to the front desk in the lobby from 10:00 AM until 5:00 PM in the wheelchair. Receptionist #1 stated that the NA did not come to check on Resident #10 while he was at the front. Receptionist #1 stated that Resident #10 was unable to feel when he had to void and had an incident where urine puddled on the floor in the lobby.</p> <p>An attempt to contact NA #1 was unsuccessful.</p> <p>An interview was conducted with NA #2 on 2/22/22 at 3:01 PM. The NA stated that she was familiar with Resident #10's care. NA #2 stated that Resident #10 usually told her when he needed incontinent care. NA #2 stated that she was working with Resident #10 when he had the incontinent episode in the front lobby. NA #2 stated that she was aware that Resident #10 was in the front lobby, and she was used to him notifying her when he was wet. NA #2 stated that incontinent rounds were to be made every two hours and as needed. NA #2 stated she checked on Resident #2 every two hours and relied on him to tell her if he felt he needed incontinent care.</p> <p>An observation was conducted of Resident #10 on 2/23/22 at 10:20 AM. Resident #10 was sitting in the activity room in his wheelchair.</p> <p>An observation of Resident #10 on 2/23/22 at 1:40 PM revealed that Resident #10 was in the activity room in his wheelchair.</p> <p>An interview was conducted with the Director of</p>	F 677			

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F 677	Continued From page 6 Nursing (DON) on 2/23/22 at 4:13 PM. The DON stated that she expected staff to round on residents every 2 hours and as need to provide incontinence care.	F 677			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)  §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.  §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.  §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel	F 690		3/22/22	

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F 690	<p>Continued From page 7</p> <p>receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff interviews and physician interview, the facility failed to remove an indwelling urinary catheter that was not medically justified when ordered for 1 of 1 residents reviewed for restoring bladder function. (Resident #2 )</p> <p>Findings Included:</p> <p>Resident #2 was admitted to the facility on 1/17/2022. Diagnoses included anemia and history of COVID.</p> <p>Discharge summary dated 1/27/2022 from the hospital revealed Resident #2 had an indwelling urinary catheter and mild hematuria (blood in the urine).</p> <p>Nursing assessment dated 1/28/2022 indicated Resident #2 had an indwelling urinary catheter.</p> <p>The care plan dated 1/28/2022 revealed Resident #2 had bladder incontinence. Interventions included observing for signs and symptoms of urinary tract infection.</p> <p>The admission Minimum Data Set (MDS) assessment dated 2/3/22 indicated Resident #2 was cognitively intact and an indwelling urinary catheter was present for urine elimination.</p> <p>Emergency room records dated 2/6/2022 indicated Resident #2 was diagnosed with a urinary tract infection (UTI) with hematuria and</p>	F 690	<p>F690</p> <ol style="list-style-type: none"> <li>1. Resident #2 suffered no ill effects related to this incident. The facility failed to remove an indwelling urinary catheter timely when ordered by the physician extender.</li> <li>2. All Facility residents that have an indwelling catheter with an MD order for discontinuance have the potential to be affected by this deficient practice. The orders for indwelling catheters were reviewed by the DON on 02-25-22, no other residents were affected by this deficient practice.</li> <li>3. All Nursing staff will be in-serviced on proper policy and procedures in relation to following Physician orders timely for indwelling Foley catheters, whether a verbal order/telephone order or a written order to remove an indwelling catheter must be followed and completed per the direction of a physician order. In-service will be completed by the DON, ADON or Unit Manager by 03-22-2022. DON, ADON or Unit Manager will keep a current list of all indwelling catheters and monitor if MD orders are followed per policy regarding that indwelling catheter. Monitor will be fully in place by 03-17-2022</li> <li>4 The DON, ADON or Unit Manager will</li> </ol>		



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F 690	<p>Continued From page 8</p> <p>was started on an antibiotic for the UTI.</p> <p>Physician progress notes dated 2/7/2022 revealed Resident #2 was seen in emergency room on 2/6/2022 for dysuria and was started on Levaquin, an antibiotic, for a urinary tract infection. The physician progress note indicated the indwelling urinary catheter was to be discontinued on 2/7/2022, and a voiding trial was to be performed.</p> <p>Physician orders dated 2/9/2022 revealed an order to remove Resident #2's indwelling urinary catheter, monitor voiding for eight hours and to call the physician for any voiding issues.</p> <p>Resident #2's care plan dated 2/15/2022 revealed Resident #2 had a urinary tract infection related to a recent indwelling urinary catheter, and interventions included antibiotic therapy.</p> <p>On 2/23/2022 at 11:26am in a phone interview with the former Assistant Director of Nursing, she stated the physician gave a verbal order for removal of the indwelling urinary catheter on 2/7/2022. She stated she got busy and did not write the order to discontinue the indwelling urinary catheter on 2/7/2022.</p> <p>On 2/23/2022 at 12:00 p.m. in an interview, Nurse #2 stated she removed the indwelling catheter on 2/9/2022 after a physician's order was entered into Resident #2's electronic medical record.</p> <p>In a phone interview with the physician on 2/23/2022 at 3:49p.m., she stated she was unable to enter her orders into Resident #2's electronic medical record. She stated Resident #2 had developed a UTI, and she had verbally</p>	F 690	<p>audit all indwelling catheters to ensure MD orders are being properly followed five times a week x 6 weeks. Then 3x week x 3 weeks, then 2x week x 3 weeks to ensure nursing is following all MD orders related to the resident's indwelling catheter care. All Results of the audits and any concerns identified will be reported/ trended to our Quality Assurance committee monthly times three. The Administrator will oversee the process to ensure compliance is maintained. The Administrator will oversee the process and aske the QA/QAPI to make recommendations as needed.</p>		

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F 690	Continued From page 9 communicated an order to the former Assistant Director of Nursing to discontinue the indwelling urinary catheter on 2/7/2022 . She stated when she returned to the facility on 2/9/2022, the urinary catheter had not been discontinued as ordered on 2/7/2022.  On 2/23/2022 at 4:31 p.m. in an interview with the Director of Nursing, she stated the indwelling urinary catheter should had been discontinued on 2/7/2022 when the physician verbally ordered removal of the catheter.	F 690			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review, resident, physician and staff interview, the facility failed to provide all prescribed medications to 1 of 3 sampled residents (Resident #5) by not securing and administering ordered medications following Resident #5's admission into the facility.  The findings included:  A review of the hospital discharge summary dated 12/3/21 read in part Xanax (an antianxiety medication) 0.5 milligrams(mg) oral tablet -take one tablet by mouth four times a day as needed and Paxil (an antidepressant medication) 40 mg oral tablet- take one tablet by mouth twice daily.  Resident #5 was admitted to the facility on 12/3/21 with diagnoses that included anxiety and	F 760	F 760  1. Resident #5 suffered no ill effects related to this incident. Resident # 5 was noted that she did not receive her prescribed medications upon admission, as nursing staff did not secure and properly administer ordered medications following her admission into the center.  2. All newly admitted Facility residents have the potential to be affected by this deficient practice. The DON, ADON or Unit Manager will review all new admission for residents to ensure that all physician ordered medications are properly documented on the MAR and delivered timely from the pharmacy, and	3/22/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345262</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/24/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHAB/HERTFORD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 DON JUAN ROAD</b> <b>HERTFORD, NC 27944</b>	
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F 760	<p>Continued From page 10</p> <p>post-traumatic stress disorder (PTSD). Review of the Admission Minimum Data Set (MDS) Assessment dated 12/10/21 revealed that Resident #5 was cognitively intact. Resident #5 received antianxiety medication 7 days of the look back period, and antidepressant medication 7 days of the look back period.</p> <p>Review of a physician's order dated 12/3/21 revealed Resident #5 had an order for Paxil 40 milligrams -take one tablet twice a day. A review of the December 2021 Medication Administration Record (MAR) revealed Resident #5 did not receive a dose of Paxil on 12/3 at 8:00 PM, 12/4 at 6:00 AM, 12/4 at 8:00 PM, and 12/5 at 8:00 PM.</p> <p>A review of the pharmacy delivery report dated 12/4/21 revealed that 60 tablets Paxil 40 mg was delivered on 2:10 PM.</p> <p>Review of a physician's order dated 12/3/21 revealed an order for Xanax 0.5 milligrams -give one tablet every six hours as needed for anxiety.</p> <p>A review of the December 2021 MAR revealed Resident #5 did not receive a dose of Xanax on 12/3, 12/4, 12/5, 12/6, 12/7, and 12/9. Resident did receive one dose of Xanax on 12/8/21 at 5:41 PM.</p> <p>A review of the pharmacy delivery report dated 12/8/21 revealed that 30 tablets of Xanax 0.5 mg was delivered at 4:18 PM.</p> <p>An interview was conducted with Resident #5 on 2/23/22 at 2:10 PM. Resident #5 stated she had severe PTSD and anxiety. Resident #5 stated that she did not receive the medication Xanax (an antianxiety medication) 0.5 milligrams for at least</p>	F 760	<p>administered to resident per MD orders on 02-28-2022.</p> <p>3. Facility staff will be in serviced on the proper policy and procedure for the transcribing MD orders into the MAR/EHR and policy and Procedure for ordering medications from pharmacy, and ensuring medications that are delivered are placed in the medication cart. Education to include follow up to pharmacy immediately if medication is not delivered timely. This will be completed by the DON, ADON or Unit Manager by 03-22-2022.</p> <p>4. The DON, ADON, or Unit Manager will audit all new admission residents daily twelve weeks to ensure all MD orders/medications are accurate in EHR and timely delivery of medications, placed securely in the medication per policy. Results of the audits and any concerns identified will be reported/ trended to our Quality Assurance committee monthly times three. The Administrator will oversee the process to ensure compliance is maintained. The Administrator will oversee the process and aske the QA/QAPI to make recommendations as needed.</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CENTER HEALTH &amp; REHAB/HERTFORD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 DON JUAN ROAD</b> <b>HERTFORD, NC 27944</b>		
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F 760	<p>Continued From page 11</p> <p>the first week when she was admitted. Resident #5 stated that she did not receive Paxil (an antidepressant medication) for the first week after being admitted to the facility.</p> <p>An interview was conducted with Medication Aide #1 on 2/23/22 at 4:00 PM. Medication Aide #1 stated Resident #5 did complain of not getting her Xanax medication when she first arrived at the facility. Medication Aide #1 stated she took the information to her supervisor.</p> <p>An interview was conducted with Nurse #1 on 2/23/22 at 4:23 PM. The nurse stated that she received the Xanax medication on 12/8/21. Nurse #1 stated Resident #5 was anxious and asked for her anxiety medication. Nurse #1 stated that she administered the medication as soon as it was available. The nurse stated that when a medication was not available, she would notify the pharmacy and DON so she could follow up.</p> <p>An interview was conducted with the physician on 2/23/22 at 3:53 PM. The physician stated that Resident #15 had a history of anxiety and panic attacks. The physician stated Resident #15 had an order for Xanax as needed to help with her anxiety. The physician stated he had not been made aware that Resident #15 had missed any doses of her anxiety medication.</p> <p>An interview was conducted with the Director of Nursing (DON) on 2/23/22 at 4:22 PM. The DON stated that Resident #5 should have had all prescribed medications from the hospital discharge available for administration. The DON further stated that staff should have followed up with pharmacy to get medications delivered.</p>	F 760			