

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

PRINTED: 07/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2022
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHABILITATION/SPRUCE PINES	STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777
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(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
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E 000 Initial Comments E 000

An unannounced recertification and complaint investigation survey was conducted on 06/20/22 through 06/22/22. The facility was found in compliance with the requirement CFR 483.73 Emergency Preparedness. Event ID# KR3D11.

F 000 INITIAL COMMENTS F 000

A recertification and complaint investigation survey was conducted on 6/20/22 through 6/22/22. The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Surveys). There were 8 allegations investigated and they were all unsubstantiated. Intake #NC00188890, NC00188805, NC00187313. Event ID# KR3D11.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/08/2022
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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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345270	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 6/22/2022
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHABILITATION/SPR		STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 655	<p>Baseline Care Plan CFR(s): 483.21(a)(1)-(3)</p> <p>§483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <ul style="list-style-type: none"> (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- <ul style="list-style-type: none"> (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <ul style="list-style-type: none"> (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <ul style="list-style-type: none"> (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. <p>This REQUIREMENT is not met as evidenced by: Based on record review and facility staff interviews, the facility failed to complete a baseline care plan within 48 hours of admission for a newly admitted resident for 1 of 1 resident reviewed for pain management (Resident #167).</p> <p>Resident #167 was admitted to the facility on 06/17/22 with diagnoses that included acute respiratory failure with hypoxia and post-traumatic stress disorder.</p> <p>A review of Resident #167's admission Minimum Data Set Assessment was unable to be completed due to his recent admission to the facility.</p>		

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The above isolated deficiencies pose no actual harm to the residents

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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHABILITATION/SPR	STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 655	<p>Continued From Page 1</p> <p>A comprehensive review of Resident #167's medical record revealed no baseline care plan was completed.</p> <p>During an interview with the Director of Nursing (DON) on 07/22/22 at 8:37 AM, she reported it was the responsibility of the admitting nurse, to complete an admission packet that included the baseline care plan. The DON reported Nurse #1 was the admitting nurse for Resident #167 on 06/17/22. The DON also reported Nurse #1 was an agency nurse who had received orientation and training.</p> <p>Multiple attempts to reach Nurse #1 by telephone were attempted and were unsuccessful.</p> <p>During a follow up interview with the Director of Nursing on 06/22/22 at 2:21 PM, she reported she did not know why Resident #167's baseline care plan was not completed. She reported baseline care plans are completed by the admitting nurse at the time of admission. She also reported the facility had "look-behind" protocols where the interdisciplinary team met on Thursdays and discussed all new admissions and ensured all the proper admission assessments were completed and stated Resident #167's missed baseline care plan would have been caught on 06/23/22.</p>
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