

NOV 26 2012

NOV 26 2012

PRINTED: 11/06/2012
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2012
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106
---	--

(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
--------------------	--	---------------	---	----------------------

F 356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interview, the facility failed to post accurate daily staff postings since June 19, 2012 ..</p>	F 356	<p>F-356 Daily Staffing posting</p> <ol style="list-style-type: none"> 1. How Corrective action will be accomplished: The Facility Staffing was posted on 10/23/12 immediately following identification. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have potential to be affected by this practice. 3. The following measures will be put into place of systemic changes made to ensure that the deficient practice would not recur. The Human Resources Coordinator was re-educated regarding the daily staffing posting requirements and maintenance and filing of these records. The Human Resources Coordinator will be responsible for the daily staffing posting. The facility will monitor its performance to make sure solutions are sustained in the 	
---------------	---	-------	---	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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.

4
P.B.
2/3
J.B.

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

PRINTED: 11/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/23/2012
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106		
(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	
F 356	<p>Continued From page 1</p> <p>The findings include: Observation on 10/23/12 at 10:30 am with Nurse#1 revealed 2 " Daily Posting " forms were posted on the second floor bulletin board located across from the elevator. These forms were dated 6/8/12 and 6/19/12. Interview with Nurse#1 during this observation revealed she was unaware of who was responsible for the daily posting and could not remember the last time the posted forms were updated.</p> <p>Interview on 10/23/12at 11 a.m. with the director of human resource revealed she was responsible for the daily schedule and we (referring to the facility) did not have a " scheduling " person. The director of human resourcess indicated that the previous person responsible for the schedule resigned March 29, 2012 and the previous director of nurses (DON) and assistant director (ADON) were then responsible for the schedule. The director of human resources indicated the DON and ADON resigned from the facility on August 15, 2012. Further interview with The director of human resources revealed " No one told me to post the staffing. "</p> <p>Interview on 10/23/12 at 6:06 p.m. with the administrator revealed his expectations were to have the staffing posted daily.</p>	F 356	<p>Following manner. The Administrator or designee will audit the daily staffing posting daily for 1 week, then weekly for 11 weeks to ensure posting is timely and accurate These audits will be documented on the audit tool. Opportunities will be corrected daily as identified. The results of these audits will be reported to the monthly QAPI meeting by the Administrator and the committee will make recommendations for further action as needed.</p> <p>5. Date of compliance 11/16/12.</p>		