

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2014
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/CH			STREET ADDRESS, CITY, STATE, ZIP CODE 5939 REDDMAN ROAD CHARLOTTE, NC 28212		
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F 327 SS=D	<p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION</p> <p>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to assess and implement fluid restriction parameters for 1 of 1 resident (Resident #177).</p> <p>The findings included:</p> <p>Resident #177 was admitted to the facility on 01/19/14 with diagnoses of end stage renal disease, renal dialysis, diabetes and neurogenic bladder. Review of the initial nursing admission assessment dated 01/19/14 indicated Resident #177 was cognitively intact and was able to understand and make self understood.</p> <p>Review of the care plan for Weight Loss/Nutrition dated 01/19/14 did not mention a fluid restriction for Resident #177.</p> <p>Review of the Physician Admission orders dated 01/19/14 revealed Resident #177 was to be on a fluid restriction of 1.5 liters daily and a liberal renal, restricted concentrated sugar, no added salt diet</p> <p>Review of an "In-House Communicator" dated 01/19/14 revealed Resident #177 was ordered a fluid restriction of 1.5 liters a day. This form was signed by a nurse and sent to the Dietary Manager (DM). There was no other nursing</p>	F 327	<p>Address how corrective action will be accomplished for each resident found to be affected by the deficient practice:</p> <p>R177 was discharged from the facility on 2-5-14.</p> <p>Address how corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice:</p> <p>Current residents with fluid restrictions are at risk related to this alleged deficient practice and were reviewed and a fluid administration allocation established as indicated.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Licensed Nursing staff will be re-educated by the Staff Development Coordinator or designee on communicating Physician's Orders regarding fluid restriction with the Certified Dietary Manager (CDM).</p>	3/4/14	

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

TITLE

(X6) DATE

Electronically Signed

02/27/2014

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 327	<p>Continued From page 1</p> <p>documentation located in the medical record that indicated Resident #177's fluid restriction.</p> <p>Review of Resident #177's tray card revealed he was on a fluid restriction of 1.5 liters per day and received one 4 ounce apple juice with each meal.</p> <p>Observation of Resident #177's lunch tray on 01/30/14 at 12:10 PM revealed his tray card indicated he was on fluid restriction of 2 liters per day. Resident #177 had one 4 ounce apple juice on his tray and a ½ full water pitcher on his over bed table beside his lunch tray.</p> <p>An interview with the Dietician on 01/30/14 at 4:41 PM revealed if a resident was on a fluid restriction the DM determined how much fluid would be provided by dietary daily and inform the nursing staff so they could determine how much fluid nursing would provide for the resident.</p> <p>An interview with the DM on 01/30/14 at 5:00 PM revealed the amount of fluid provided for a resident on a fluid restriction is documented on the meal card with each meal. The DM stated nursing should write on the "In-House Communicator" how much fluid they would provide daily.</p> <p>During an interview on 01/30/14 at 5:14 PM nurse aide #1 (NA) stated he had filled Resident #177's water pitcher with ice in the past. NA #1 further stated he was unaware of fluid restrictions for any resident on his hall. NA #1 reported fluid restrictions are reported to the NAs by the nurse at the beginning of the shift.</p> <p>An interview was conducted on 01/30/14 at 5:18 PM with Nurse #4. Nurse #4 stated she had</p>	F 327	<p>Residents with fluid restrictions will be assessed by the CDM and the allocation of fluid administration will be established between the Nursing and Dietary Departments. This allocation will be reflected on the (Medication Administration Record) MAR for Nursing and the Meal Tray Card for Dietary. The Dietary staff will be re-educated by the Dietary Manager or designee on processing meal trays to ensure fluid restrictions are maintained as directed on the meal tray card. Education for Nursing and Dietary will be completed by 3/3/14. The Unit Manager or designee will review new physician's orders for fluid restrictions with the Dietary Manager or designee in the morning leadership meeting. The Unit Manager or designee will randomly monitor the MAR for 3 residents with physician ordered fluid restriction to verify accurate documentation of the administration of fluid restriction. The Dietary Manager or designee will randomly observe 3 residents with physician ordered fluid restriction to verify accurate delivery of fluids via meal trays. This monitoring will occur weekly for 4 weeks, then monthly for 2 months. Opportunities will be corrected as identified during monitoring.</p> <p>Indicate how the facility plans to monitor the measures to make sure that solutions are sustained:</p> <p>The observations will be reviewed by the Director of Nursing (DON) for patterns</p>		

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F 327	Continued From page 2 worked in the facility for 4 days on Resident #177's hall and was not aware that he was on a fluid restriction. Nurse #4 stated the fluid restriction was not documented on the MAR and she had not been informed of a fluid restriction for Resident #177 in report. An interview on 01/31/14 at 2:54 PM with the Staff Development Coordinator revealed if a resident was on a fluid restriction it should be documented on the MAR as to how much will be provided by dietary and how much fluid will be provided by nursing daily. In addition, the amount of fluids received and consumed by the resident should be documented each day.	F 327	and trends and presented to the QA&A committee monthly. The QA&A committee will recommend further education or systemic changes as needed.		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must	F 441		3/4/14	

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F 441	<p>Continued From page 3</p> <p>isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to follow contact precautions while obtaining a finger stick blood sugar for 1 of 1 resident during observation of a finger stick blood sugar (Resident #177).</p> <p>Review of physician order's dated 01/09/14 revealed Resident #177 was placed on contact precautions for Chlostridium difficile (c diff), an infection that causes severe diarrhea.</p> <p>An observation was conducted on 01/30/14 at 12:10 PM of Nurse #1 obtaining a finger stick blood sugar reading from Resident #177. Resident #177 had an isolation sign for contact precautions required gowning and gloving before entering the resident's room and discarding gown and gloves and washing hands before leaving the room. Nurse #1 stated Resident #177 was on isolation for c diff. Nurse #1 stated she normally</p>	F 441	<p>Address how corrective action will be accomplished for each resident found to be affected by the deficient practice:</p> <p>Nurse # 1 was re-educated on the appropriate infection control techniques for disinfecting and storing the glucometer and related supplies.</p> <p>Address how corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice:</p> <p>All residents receiving a finger stick blood sugar are at risk related to this alleged deficient practice.</p>		

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F 441	<p>Continued From page 4</p> <p>didn't wear a gown if she wasn't providing direct patient care for a resident on contact precautions for c-diff. Nurse #1 was observed entering Resident #177's room with a glucometer, a bottle of glucometer strips for the glucometer, alcohol swabs and a lancet used for the finger stick and placed all supplies on the residents over bed table on a paper towel. Nurse #1 pulled the bedside table closer to the bed, applied her gloves and performed the finger stick for Resident #177. Nurse #1 was not able to obtain enough blood on the glucose strip on the first attempt and as a result opened the common use bottle of strips with her gloved hands two additional times. Nurse #1 then removed her gloves and wrapped the gloves and all used supplies in the paper towel and took them out of the resident's room and laid the paper towel with the used supplies in it on top of the medication administration book on the medication cart.</p> <p>During an interview with Nurse #1 on 01/30/14 at 5:00 PM she stated she should have taken her dirty gloves off and washed her hands before getting a new glucometer strip out of the bottle and she also stated she should not have taken the common use bottle of strips in the room with her. Nurse #1 further stated she should have discarded her trash in the resident's room, disinfected the glucometer and washed her hands before leaving the residents room.</p> <p>An interview on 01/31/14 at 2:45 PM with the Staff Development Nurse (SDC) revealed if a resident is on isolation the nurse should take the supplies into the resident's room she needs for the finger stick, and should not take the common bottle of strips into the room. The SDC stated the used items should be discarded in the resident's</p>	F 441	<p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Licensed nursing staff will be re-educated by the Staff Development Coordinator or designee regarding the appropriate infection control technique for disinfecting and storing the glucometer and related supplies; completed by 3/3/14. The Unit Manager or designee will randomly observe 5 Nurses perform fingerstick blood sugar utilizing the glucometer to validate appropriate infection control techniques for disinfecting and storing the glucometer and related supplies. This monitoring will occur weekly for 4 weeks, then monthly for 2 months. Opportunities will be corrected as identified during monitoring.</p> <p>Indicate how the facility plans to monitor the measures to make sure that solutions are sustained:</p> <p>The observations will be reviewed by the DON for patterns and trends and presented to the QA&A committee monthly. The QA&A committee will recommend further education or systemic changes as needed.</p>		

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

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F 441	Continued From page 5 room, the glucometer should be disinfected and the nurse should wash their hands before leaving the resident's room. The SDC nurse stated it was accepted policy by the facility for staff not to gown before entering a resident's room that was contact precautions for c-diff if they weren't going to provide direct patient care.	F 441			