STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(A) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345011

(B) BUILDING _____________________________

(C) WING _____________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DATE SURVEY COMPLETED: 06/30/2015

MULTIPLE CONSTRUCTION

B. WING _____________________________

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

OMB NO. 0938-0391

345011

06/30/2015

C

STREET ADDRESS, CITY, STATE, ZIP CODE

279 BRIAN CENTER DRIVE
LEXINGTON, NC  27292

ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULAR OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

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

TITLE

(X6) DATE

Electronically Signed
07/15/2015

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 Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 345011  
**Date Survey Completed:** C 06/30/2015

**Name of Provider or Supplier:** BRIAN CENTER NURSING CARE/LEXI  
**Street Address, City, State, Zip Code:** 279 BRIAN CENTER DRIVE LEXINGTON, NC 27292

<table>
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<tr>
<th>ID</th>
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<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
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<tbody>
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<td>F 312</td>
<td>Continued From page 1</td>
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<td>wash cloth. The soiled brief was removed and Resident #3 was noted to have experienced a urine and bowel incontinent episode. NA #1 cleansed the perineal area and the skin areas between the resident’s legs with the soapy portion of the washcloth and then dried the skin with a towel. Another wash cloth was wet with the hand soap at the bathroom sink to cleanse the resident’s rectum. The hand soap was not rinsed off the resident’s skin. Interview with NA #1 on 6/29/15 at 4:15 pm an inquiry was made about her routine for providing perineal care. When asked about rinsing the skin NA #1 had no response. Interview and record review of the manufacturer’s label and instructions for the hand soap (used for perineal care) was conducted on 6/29/15 at 4:30 pm with the Director of Housekeeping (DOH). Record review revealed the directions included to lather and rinse hands thoroughly.</td>
<td>F 312</td>
<td></td>
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<td>compliance.</td>
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"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."