TAG     REGULATORY OR LSC DENTIFYING INFORMATION)     TAG     CROSS-REFERENCED TO THE APPROPRIATE     DAT       F 000     INITIAL COMMENTS     F 000     No definciency was citied for the complaints. Event ID. H50V11. Dated 10/26/17.     F 371     F 371 </th <th>ROVED</th>	ROVED
AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:       A BUILDING       COMPLETED         345241       B. WING       C       C         INAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZP CODE       Z26 N OAKLAND AVENUE         BRIAN CENTER HEALTH & REHAB/EDEN       STREET ADDRESS, CITY, STATE, ZP CODE       Z26 N OAKLAND AVENUE         (C4) ID PMERX       ISUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY WIST ER PROCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFX       PROVIDER PLAN OF CORRECTION (EACH OFFICIENCY WIST ER PROCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFX       CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY       COMPLETED         F 000       INITIAL COMMENTS       F 000       PREFX       F 371       FOOD DROCURE, STORE/PREPARE/SERVE - SANITARY       F 371       F 000       INITIAL COMMENTS       F 371       F 371         SS=F       SANITARY       CFR(s): 483.60(1)(1)-(3)       F 371       F 371       F 371       F 371         (i)(1) - Frocure food from sources approved or considered satisfactory by federal, state or local authorities.       F 371       F 371       F 371         (ii) This provision does not probleme of proceed or in considered satisfactory by federal, state or local authorities and local laws or regulations.       F 371       F 371         (iii) This provision does not proclude residents from consuming foods not procure by the faci	3-0391
C       10/26/2011       MAKE OF PROVIDER OF SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       Z28 N OAKLAND AVENUE       BRIAN CENTER HEALTH & REHAB/EDEN       ID       PREFIX       TAG       OAKLAND AVENUE       DEPRICE       ID       PREFIX       TAG       OAKLAND AVENUE       DEPRICE       ID       PREFIX       COM       COM       OAKLAND AVENUE       DEPRICE       ID       PREFIX       REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX       PREFIX       PREFIX       CODE       OC INTITAL COMMENTS       F 000       INTITAL COMMENTS       F 000       INTITAL COMMENTS       F 000       INTITAL COMMENTS       F 000       ID       OPREFIX       SET	Y
345241         B. WING         10/28/2011           NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE           BRIAN CENTER HEALTH & REHAB/EDEN         STREET ADDRESS, CITY, STATE, ZIP CODE           DIA DE PROVIDER OR SUPPLIER         DIA DE CORRECTION         CROSS, REFERENCE DIA DE RECENDE DE VILL PREEX, REGULATORY OR LSC IDENTIFYING INFORMATION)         DE PREEXE         DEPREY         CROSS, REFERENCE DIA DIA DE CORRECTION (EACH ORDER'DE VILL DE RECENDE DE VILL PREEX, REGULATORY OR LSC IDENTIFYING INFORMATION)         F 000         INTER TAGE ORDER DEVICE TO THE APPROPRIATE DEFICIENCY         OWNED DEFICIENCY           F 000         INITIAL COMMENTS         F 000         F 000         INITIAL COMMENTS         F 371         F 371         F 371         F 371         F 371         F 371         IN/// 10//// 10/// 10/// 10/// 10/// 10/// 10/// 10/// 10/// 10/// 10/// 10/// 10/// 10/// 10/// 10/// 10//// 10/// 10/// 10/// 10/// 10/// 10/// 10//// 10/// 10//// 10//// 10//// 10//// 10//// 10//// 10//// 10//// 10//// 10//// 10//// 10//// 10//// 10///// 10///// 10////////	ĺ
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS. CITY. STATE, ZIP CODE       BRIAN CENTER HEALTH & REHAB/EDEN     STREET ADDRESS. CITY. STATE, ZIP CODE       CMUID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION)     ID PREFIX TAG     PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     Operation (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       F 000     INITIAL COMMENTS     F 000       No definenciency was citied for the complaints. Event ID. H500/V1. Dated 10/26/17.     F 371       F 371     FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY CFR(s): 483.60(i)(1)-(3)     F 371       (i) (1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.     F 371       (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.     Iii) This provision does not preclude residents from consuming foods not procured by the facility.       (iii) This provision does not preclude residents from consuming foods not procured by the facility.     IIII professional standards for food service safety.	1
BRIAN CENTER HEALTH & REHAB/EDEN         228 N OAKLAND AVENUE EDEN, NC 27288           (M) ID PREFX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         O//// CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         C//// CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)           F 000         INITIAL COMMENTS         F 000         F 000         INITIAL COMMENTS         F 000           No defienciency was citied for the complaints. Event ID. H50V11. Dated 10/26/17.         F 371         F 000 PROCURE, STORE/PREPARE/SERVE - SANITARY CFR(s): 483.60(i)(1)-(3)         F 371         F 371         F 000 INITIAL CFR(s): 483.60(i)(1)-(3)         III///III///III//III//III//III//III//	17
BRIAN CENTER HEALTH & REHAB/EDEN         EDEN, NC 27288           Image: Constraint of the complexity of the complex	ĺ
(M) 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-REFERENCE TO THE APPROPRIATE DEFICIENCY)     OWNED CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY     OWNED CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY     DWNED CROSS-REFERENCE TO DEFICIENCY     DWNED THE APPROPRIATE DEFICIENCY     DWNED THE APPROPROPRIATE DEFICIENCY	1
Imperix TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPLIC IDENTIFYING INFORMATION)         F 000       INITIAL COMMENTS       F 000         No defienciency was citied for the complaints. Event ID. H50V11. Dated 10/26/17.       F 371         SS=F       SANITARY SANITARY CFR(s): 483.60(i)(1)-(3)       F 371         (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.       F 371         (ii) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.       F 371         (iii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.       (iii) This provision does not preclude residents from consuming foods not procured by the facility.         (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safely.       Image: Cache or consuming foods not procured by the facility.	
TAG     REGULATORY OR LSC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     DATE       F 000     INITIAL COMMENTS     F 000       No defienciency was citied for the complaints. Event ID. H50V11. Dated 10/26/17.     F 371     F 371       F 371     FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY CFR(s): 483.60(i)(1)-(3)     F 371     F 371       (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authonties.     F 371     F 371       (ii) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.     F 371     F 371       (iii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.     (iii) This provision does not procured by the facility.       (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.     (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food	LETION
F 000       INITIAL COMMENTS       F 000         No defienciency was citied for the complaints. Event ID. H50V11. Dated 10/26/17.       F 000         F 371       FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY CFR(s): 483.60(i)(1)-(3)       F 371         (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.       F 371         (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.       III/8/11         (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.       IIII         (iii) This provision does not preclude residents from consuming foods not procured by the facility.       IIIIII         (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ATE
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F 371       FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY CFR(s): 483.60(i)(1)-(3)       F 371       11/8/11         (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.       (i)(1) - Procure food items obtained directly from local producers, subject to applicable State and local laws or regulations.       (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.       (iii) This provision does not preclude residents from consuming foods not procured by the facility.         (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.       (ii)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food	ĺ
SS=F       SANITARY CFR(s): 483.60(i)(1)-(3)         (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.         (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.         (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.         (iii) This provision does not preclude residents from consuming foods not procured by the facility.         (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.	17
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(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.	ĺ
accordance with professional standards for food service safety.	ĺ
service safety.	ĺ
(i)(2) Have a policy reporting use and storage of	ĺ
(i)(3) Have a policy regarding use and storage of	ſ
foods brought to residents by family and other	ĺ
visitors to ensure safe and sanitary storage,	ſ
handling, and consumption.	ĺ
This REQUIREMENT is not met as evidenced	ſ
by: Based on observation and facility staff interviews, Tag 0371 Preparation and/or execution	ſ
the facility failed to discard expired food from the of this plan of correction does not	ſ
dry storage, reach in refrigerator, nourishment constitute admission or agreement by the	ſ
refrigerator, walk-in refrigerator and walk-in provider of the truth of facts alleged or the	ſ
freezer and failed to properly store food in the conclusions set forth in the statement of	ſ
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	

**Electronically Signed** 

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.

11/10/2017

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & M					FORM	APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		(X3) DATE SURVEY COMPLETED		
	345241	B. WING				C 26/2017
NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
			22	26 N OAKLAND AVENUE		
BRIAN CENTER HEALTH & REHAE	3/EDEN		Е	DEN, NC 27288		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
loaves of whole wheat 10/12/17, 2 loaves of y best by date 10/19/17 with best by date 10/1 buns with best by date them. The bread rack opened king thin breat 10/19/17 and 2 packs opened with best by d opened date or use by b. Observation of the 10/23/17 at 3:35 PM m container with a label by date: 10/22/17", a yellowish liquid with a Use by date: 10/22/17 with a plastic cover wi by date 10/19/17", a p purple jelly like food w by date 10/3/17, Who pasteurized - 64 ounc date 10/20/17, and an with expiration date 10 Observation also reve salad mix with a label indicate a "use by" or During an interview wi on 10/23/17 at 3:37 PI that all left over foods by" date which was us	the bread rack in dry t 3:30 PM revealed the 2 t bread with best by date whole wheat bread with , 2 loaves of king thin bread 9/17, 7 packs of hot dogs e 10/19/17 indicated on a also contained 4 loaves of d with best by date of of opened hot dog buns ate 10/19/17 with no y date label on them. reach in refrigerator on evealed a clear plastic "Cream of Mushroom, Use clear plastic container with label " Cream of chicken, ", an aluminum container th a label " Cabbage, Use lastic container containing a rith a label "Grape Jelly, Use lesome farm liquid eggs e carton with label " Use by 8 ounce (oz.) milk carton D/1/17 indicated on it . aled a plastic container with "10/22/17". Label did not	F	371	<ul> <li>deficiencies. The plan of correction prepared and/or executed solely becaus3e it is required by the provision of federal and state law. This plan of correction is the facilities allegation of compliance.</li> <li>Staff did not properly date and did properly discard bread, hot dog buns, "cream of mushroom", "cream of chicken", cabbage, grape jelly, liquid pasteurized egg carton, 8 oz. milk cartor salad mix, apple sauce, frozen turkey T Southern Style Chicken purred shaped meat with binders and country style grebeans. Staff did not discard resident for in nourishment refrigerator that was stored greater than one month. Staff d not discard "muffin bulk" ice covered cardboard box in walk in freezer that pet the DM#1 indicated water must have dripped out of the compressor</li> <li>Staff is to place used by or preparation dates on food packaging / storage. Food is to be used by date. Freezer should not have ice buildup. Greezer should not have ice buildup. Freezer should not have ice buildup.</li> <li>Administrator provided one to one education to DM#1 that staff is to place used by or preparation dates on food packaging / storage prior to storing the food. Administrator provided one to one education to DM#1 that food is to be used by date or discarded on or before used by date or discarded on or before used by date or discarded on or before used by dat</li></ul>	not on, Tet., een ood id er	

Facility ID: 922997

If continuation sheet Page 2 of 8

		MEDICAID SERVICES				OMB NO I	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE COMPI	
				° <u> </u>			)
		345241	B. WING			10/26/201	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN CE	ENTER HEALTH & REHA	B/EDEN			6 N OAKLAND AVENUE DEN, NC 27288		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETIC DATE
F 371	Continued From page	e 2	F 37	71			
		indicated on the label. She			date. Administrator provided one to on	e	
		e food was to be discarded			education to DM#1 that freezer should		
	when not used within	the "use by" date indicated			have ice buildup. Administrator provide		
	on them.				one to one education to DM#1 that free	-	
				should be serviced if ice buildup is note			
		walk in refrigerator on			DM#1 educated dietary staff that staff i	s to	
	top rack containing 4	revealed a container on the			place used by or preparation dates on food packaging / storage prior to storing	~	
	cabbage heads and a			the food. DM#1 educated dietary staff	•		
	cut purple cabbage w			that food is to be used by date or			
	and use by date - 9/2			discarded on or before used by date.			
	Observation also reve				DM#1 educated dietary staff that freeze	er	
	container with white r	mushy food and a label			should not have ice buildup. DM#1	1	
	"Applesauce, date - 1	10/14/17".			educated dietary staff that freezer shou		
					be serviced if ice buildup is noted.		
		walk in freezer on 10/23/17					
		an aluminum pan with silver			• DM#1 will conduct documented		
		e frozen - turkey tet, dated boxes labeled "southern			Sanitation Observation Rounds in the kitchen and the nutritional refrigerators		
	· ·	shaped meat with binders -			three times a week for six months. Du		
	24/ 3 oz. with expirati	-			the Sanitation Rounds, DM#1	illig	
		ealed one cardboard box			observations will include: validating use	ed	
		e green beans - 24/3.2 oz."			by and or prepared on dates are prese		
	with expiration date 2				for each item, and that there is not ice		
					buildup is not present in the freezer or		
	-	vith the DA # 1 on 10/23/17			packaging. DM#1 will assign a Dietary	,	
	-	ide indicated that she was			Aid to conduct documented Sanitation		
		d had expired in 2015 and			Observation Rounds in the kitchen and		
	and why it was not di	nese boxes in the freezer			the nutritional refrigerators three times	а	
	and why it was not u				week for six months. During the Sanitation Rounds, DM#1 observations		
	During an interview w	vith the Dietary Manager			will include: validating used by and or		
	-	12:01 PM, the DM indicated			prepared on dates are present for each	า	
		the freezer were an error on			item, and that there is not ice buildup is		
	his part. He indicated	I that that while checking the			not present in the freezer or on		
		nstead of discarding the			packaging. DM#1 will designate the		
		he had placed it in the			second shift Dietary Aid to conduct		
	freezer and was to di	scard them later.			documented Sanitation Observation		
					Rounds in the dietary department and t	the	

Facility ID: 922997

If continuation sheet Page 3 of 8

		MEDICAID SERVICES				NO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	PLE CONSTRUCTION	· · ·	ATE SURVEY OMPLETED
			A. BUILDING	3		
		345241	B. WING			С
		345241	B. WING			10/26/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE	
BRIAN CE	NTER HEALTH & REHA	B/EDEN	226 N OAKLAND AVENUE			
	1			EDEN, NC 27288		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE
F 371	Continued From page	e 3	F 37	71		
		urishment refrigerator in	1.07	nutritional refrigerators four	times ner	
		6/2017 at 8:33 AM, revealed		week so there is a seven da		
		h label indicating resident		Sanitation Observation Rou	•	
		17. Observation of the		conducted. The second sh	•	
		ened by the staff revealed a		observations will include: va		
		brown colored food that		by and or prepared on date	•	
		ked food with some meat		for each item, and that there		
	and vegetables.			buildup is not present in the		
				packaging. Once a week, o		
	During an interview w	vith Assistant Director of		days and times, the Admini		
	Nursing [ADON] on 0	)/26/2017 at 9:50 AM, she		conduct documented Sanita	ation	
	indicated that the Nu	rsing aides [NA] were		Observation Rounds in the	Dietary	
	assigned to clean the	e nourishment refrigerator.		department and the nourish	nment	
		at all resident's food were		refrigerators. During the Sa		
	labeled and dated. S	he also stated that store		Rounds, DM#1 observation		
	-	od, unopened with an		validating used by and or p		
	expiration date was s	stored more than a month.		dates are present for each		
				there is not ice buildup is not		
		walk in freezer on 10/23/17		the freezer or on packaging		
		ice on a cardboard labeled		any items noted that are no		
		on the rack beneath the		are expired, those items wil		
		The DM #1 indicated that the		immediately discarded, the	-	
	water must have drip	ped out of the compressor.		will be re-educated and the		
	During an interview w	vith DM on10/26/2017 at		will be notified. If there is in		
		ed that it was his expectation		noted in the refrigerator or on noted, the item will be imme		
		he bread guy pulls out the old		discarded, the dietary staff		
		fresh bread on the rack. He		re-educated and the Admin		
		I staff should label opened		notified. DM#1 will present		
		ers with a "preparation date"		the audits to the Quality As		
		He further stated that		Performance Improvement		
	-	be used or discard based on		Committee monthly for a m		
		the label. He also indicated		months. The QAPI Commi		
	that all expired food s			the audits for trends and ma		
	-	ed that the freezer would be		recommendations to assure		
	serviced to prevent ic			sustained ongoing. The au		
				conducted for a minimum o		
	During an interview of	on 10/26/2017 at 10:54 AM,		and may be conducted long	ger at the	
	the Administrator stat			discretion and recommendation	ation of the	

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	-	ID HUMAN SERVICES MEDICAID SERVICES			FORM APPRO OMB NO. 0938-0
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		· · /		(X3) DATE SURVEY COMPLETED	
		345241	B. WING		C 10/26/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE
BRIAN CE	NTER HEALTH & REHA	B/EDEN		226 N OAKLAND AVENUE EDEN, NC 27288	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLET HE APPROPRIATE DATE
F 371	Continued From page	24	F 37	1	
	expectation that staff discard expired produ appropriately. She als member was now ass for nourishment refrig	use proper labeling and ucts immediately and so indicated that a staff signed as a designated staff		Quality Assurance and Perf Improvement Committee. T Administrator is ultimately re the plan of correction.	he
F 520 SS=D	foods disposed as ne QAA COMMITTEE-M	eded. IEMBERS/MEET	F 52	D	11/9/17
	(g) Quality assessme	nt and assurance.			
	(1) A facility must mai and assurance comm minimum of:	intain a quality assessment ittee consisting at a			
	(i) The director of nur	sing services;			
	(ii) The Medical Direc	tor or his/her designee;			
	staff, at least one of v	a board member or other			
	(g)(2) The quality ass committee must :	essment and assurance			
	coordinate and evaluate	n respect to which quality			
		ement appropriate plans of tified quality deficiencies;			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 12/04/2017 / APPROVED ). 0938-0391
	EMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIPLE CONSTRUCTION         PLAN OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING			(X3) DATE SUR\ COMPLETE			
		345241	B. WING				C 26/2017
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	NTER HEALTH & REHAI	PEDEN		2	26 N OAKLAND AVENUE		
		5/EDEN		E	DEN, NC 27288		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIZ TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 520	Secretary may not red records of such comm such disclosure is rela- such committee with the section. (i) Sanctions. Good fa- committee to identify deficiencies will not be sanctions. This REQUIREMENT by: Based on record revi- staff interviews, the fa- and Assurance (QAA) maintain implemented the interventions that following the 12/1/201 correct a deficiency in which was subsequent the recertification. The facility during two fedd a pattern of the facility effective Quality Asse program. The Findings Included This tag is cross refer Based on observation the facility failed to dis dry storage, reach in refrigerator, walk-in re- freezer and failed to p walk in freezer.	mation. A State or the quire disclosure of the nittee except in so far as ated to the compliance of the requirements of this with attempts by the and correct quality e used as a basis for " is not met as evidenced ew, observations and facility acility ' s Quality Assessment ) Committee failed to d procedures and monitor the committee put into place 16 recertification survey to a the area of dietary (F371), htty recited on 10/26/17 on the continued failure of the eral surveys of record show y's inability to sustain an ssment and Assurance d: renced to: F371 a and facility staff interviews, scard expired food from the refrigerator, nourishment erigerator and walk-in properly store food in the	F	520	<ul> <li>0520</li> <li>Preparation and/or execution of this plat of correction does not constitute admission or agreement by the provide the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction prepared and/or executed solely becaus3e it is required by the provision of federal and state law. This plan of correction is the facilities allegation of compliance.</li> <li>The center did not maintain the Quality Assurance and Performance Improvement (QAPI) Program to assur compliance with F371 resulting in reperviolations.</li> <li>The Quality Assurance and Performance and Performance Improvement Committee designed to maintain implemented procedures and monitor the intervention as well as develop and implement appropriate plans of action to correct identified quality deficiencies</li> </ul>	er of of is e at	
ĺ	An interview with the	Administrator on 10/26/17 at			identified quality deficiencies.		

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		MEDICAID SERVICES			OMB NO. 0938-039	
	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IN OF CORRECTION IDENTIFICATION NUMBER:					
		345241	B. WING		C 10/26/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN CE	ENTER HEALTH & REHAI	B/EDEN		226 N OAKLAND AVENUE EDEN, NC 27288		
(X4) ID PREFIX TAG	( (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (E			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
F 520	1:42 PM revealed the Assurance and Perfor (QAPI) program in plat that the QAA (Quality committee consisted Nursing, Minimum Da Director, Business Of Manager, All Departm Admissions Coordina met during daily stand reviews and quarterly that the team discuss audit program, tracke	facility had a Quality rmance Improvement ace. Administrator indicated Assurance Agency) of herself, Director of ta Set coordinator, Medical fice Manager, Dietary	F 52	<ul> <li>The District Director of Clinical Services educated the center QAP Committee, including, but not limite the Administrator, Dietary Manage Director of Nursing, Assistant Direct Nursing, and the Staff Developmen Coordinator that the committee is designed to maintain implemented procedures and monitor the interve as well as develop and implement appropriate plans of action to corre- identified quality deficiencies and r of trends and make recommendati attain or sustain compliance ongoin</li> <li>The QAPI Committee recommendati attain or sustain compliance ongoin</li> <li>The QAPI Committee recommendation Observation Rounds to include: valued by and or prepared on dates present for each item, and that the not ice buildup is not present in the freezer or on packaging. The QAFI Committee recommended the audin reviewed with DM#1 and the Adminiafter each tour for any actions or immediate follow up that is needed DM#1 will present the results of the audits at the monthly QAPI Commit Meeting. The QAPI Committee will the audits for trends and make recommendations to assure compli- sustained ongoing. The audits will conducted for a minimum of six mo- and may be conducted longer at the discretion and recommendation of Quality Assurance and Performance</li> </ul>	PI         ed to         r #1,         ctor of         nt         entions         ect         monitor         ons to         ng.         hended         mum of         an (RD)         lidating         are         re is         e         PI         its are         nistrator         d.         e RD         ittee         II review         liance is         be         ponths         ne         the	

Event ID: H50V11

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DEPARTMENT OF HEALTH CENTERS FOR MEDICARE				FORM	D: 12/04/2017 MAPPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	MENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIPLE CONSTRUCTION       (X3) D         LAN OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING       C		(X3) DATE COMF	SURVEY PLETED		
	345241	B. WING		C 10/26/2017		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COD						
BRIAN CENTER HEALTH & REHAB/EDEN			226 N OAKLAND AVENUE EDEN, NC 27288			
PRÉFIX (EACH DEFICI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 520 Continued From p	age 7	F 5				

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