STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345265	A. BUILDING _____ B. WING _____	C 12/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAN CENTER HEALTH & REHAB/YA	1086 MAIN STREET NORTH YANCEYVILLE, NC 27379

(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 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on resident interview, record review, and staff interviews the facility failed to provide visual	F 583	Preparation and/or execution of this plan of correction does not constitute	12/11/17

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

Electronically Signed | 12/11/2017

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F 583	Continued From page 1 and personal privacy for 1 (Resident #6) of 4 residents reviewed for privacy concerns. Findings include: Resident #6 was coded on the most recent Minimum Data Set assessment dated 10/5/17 as being alert and oriented with no cognitive decline. He required set up help only with personal hygiene and was totally dependent on one person for bathing. The resident's care plan dated 10/18/17 had a focus area that stated Resident #6 was dependent on staff for meeting emotional needs relative to chronic disease process and physical limitations. Resident #6 was interviewed on 12/1/17 at 1:40 PM. He stated that he did not feel like he had any privacy at the facility. He explained some of the nurses would come to his room early in the morning to give him needed medication and would come around the privacy curtain while he was bathing without waiting for permission to come around the curtain. He explained that he had told the nurses he would prefer they wait for permission but he stated, "It does no good to fuss at them." He also explained that when he takes a shower there were staff members coming in the shower room to talk as he was showering. He said he would prefer privacy when he was showering but acknowledged he did require the assistance of one nurse aide to shower. The medication nurse (Nurse #1) assigned to Resident #6 was interviewed on 12/2/17 at 8:10 AM. She stated Resident #6 was able to voice his concerns and would let the nurse know if he would prefer privacy during medication	F 583	admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction prepared and/or executed solely because it is required by the provisions of federal and state law. This plan of correction is the facility's allegation of compliance. F583 Upon notification that resident #6 had relayed to the surveyor that his privacy needs were not honored, the Director of Nursing met with the resident. Resident #6 expressed concerns, and the Director of Nursing formulated a plan to assure the resident's privacy needs would be met. The details of this plan include change of shower location, education of staff related to privacy needs and monitoring by the administrative nursing staff was acceptable to resident #6. Completed on 12-1-2017. The Director of Nursing will follow up with resident #6 on a weekly basis for 90 days to assure that the resident's privacy needs are honored. Staff is to provide residents visual and personal privacy during bathing, showers, Activities of Daily Living and per the residents' request. Each facility resident has the potential to be affected by this deficient practice. A baseline audit of alert and oriented residents was completed to determine if the residents' individual privacy needs were being met. Completed 12-3-2017. The Director of Nursing met with the	

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F 583	Continued From page 2 administration. Resident #6 was interviewed again on 12/2/17 at 8:26 AM. He stated that it was a big issue for him when nurses caught him early when he was bathing and the curtain was pulled. He reiterated that some of the nurse did not wait for permission to come around the curtain. He stated it happened every couple of days and that it depended on who was working. Resident #6 also reiterated that nurse aides came into the shower room to have a conversation amongst themselves while he was showering on a regular basis and this had certainly happened within the last month. The nurse aide (NA #1) assigned to Resident #6 was interviewed on 12/2/17 at 2:00 PM. She stated that the resident did require help to shower. She said that while the resident was showering she frequently had observed other residents coming into the shower room to use the bathroom while he was showering. She had not observed or heard Resident #6 complain of staff members coming into the shower room as he was showering. She stated Resident #6 had complained to her about staff members coming around the privacy curtain in his room and not giving him enough time to cover up. The Director of Nursing was interviewed on 12/3/17 at 8:57 AM. She stated it was the policy of the facility to provide visual privacy during bathing or showering and to wait for permission to come around the privacy curtain when it was pulled.	F 583	Resident Council to discuss the resident privacy needs and to inform them of the system changes to assure compliance and resident satisfaction. Completed 12-7-2017. The Director of Nursing, Assistant Director of Nursing and Administrator provided education to facility staff (licensed and unlicensed) related to honoring our residents' needs for privacy. Completed 12-9-2017. Facility residents were reviewed by the nursing administrative staff, in conjunction with the residents, to determine the most appropriate location and times for resident showers to assure optimal privacy; changes were made accordingly. Completed 12-5-2017. New signage was ordered to indicate if the shower rooms were occupied or unoccupied. Completed 12-6-2017. Once weekly for twelve weeks the Nursing Administrative Staff including the Director of Nursing, Assistant Director of Nursing, Unit Managers and Nurse Supervisor will perform documented observation audits to monitor shower rooms to assure that the resident's privacy needs are being met. Once weekly for twelve weeks, the Nursing Administrative Staff including the Director of Nursing, Assistant Director of Nursing, Unit Managers and Nurse Supervisor will perform documented observation audits to monitor Medication Administration Pass audit to validate resident's privacy needs were being met during the Administration of Medication. Once weekly for twelve weeks, facility	

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F 583	Continued From page 3	F 583	staff members, who serve as Ambassadors to our residents, will observe and inquire of residents regarding compliance with the honoring of privacy. Any concerns from the audits and interviews will be shared with the Administrator and Director of Nursing in the daily (Monday-Friday) morning meeting. Corrective actions will be taken as indicated. Initiated 12-4-2017. Results of all audits will be presented, for a minimum of three months, by the Director of Nursing to the center's Quality Assurance and Performance Improvement Committee for review and recommendation to assure compliance is maintained and ongoing. Corrective action will be completed by 12-14-2017. The Administrator is ultimately responsible for the plan of correction.	