

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 03/14/2018
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NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & RETIREMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106
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F 584 SS=E	<p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p>	F 584		4/3/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/05/2018
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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 584	<p>Continued From page 1</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews, record review and observations the facility failed to (1) maintain clean bathroom vents (Rooms #211, #201, #208, #210, #202, and #203) 2. maintain the walls in resident's rooms (Rooms #217, #201, #204, #205, and #210), (3) maintain the floors in resident bathrooms and rooms (Room #211, #217, #201, #208, # 203, #202, #204, and #205). (4) maintain a clean environment in the common area and 2nd floor bathing room) and the facility failed to repair or replace broken items (Rooms #211, #217, 2nd floor bathing room, #208, #202, #203, and #204 in 1 (one) of 1 (one) resident care unit. (200 unit).</p> <p>Findings included: Observation on 3/13/18 at 10 AM revealed: Room 211 " An accumulation of dust in the bathroom vent. " Broken towel rack in the bathroom " An accumulation of black colored substance in the corners of the floor near the heating and air-conditioning unit and the bathroom floor. Observation on 3/13/18 at 10:05 AM revealed: Room 212 " The floor between the closet for 212 and wall had an accumulation of black colored substance and dust. Observation on 3/13/18 at 10:15 AM revealed: Room 217 " Broken toilet paper holder. " Cobwebs in the window. " An accumulation of black colored substance in the corners of the floor.</p>	F 584	<p>This plan of correction is prepared and submitted as required by law. By submitting this plan of correction Brian center Winston Salem does not admit that the deficiency listed on this form exist, nor does the center admit to any statements, findings, facts or conclusions that form from the basis for the alleged deficiency. The center reserves the right to challenge in legal or regulatory or administrative proceedings the deficiency, statements, facts and conclusions that form the basis for the deficiency. The facility failed to follow policy and procedure to maintain the maintenance and sanitation of the residents rooms, shower rooms and common areas.</p> <p>The environmental services manager was ineffective for the managing of the daily cleaning services, and the staffing model required to ensure the building was consistently clean, and failed to ensure all resident shared areas were maintained. The environmental services manager has been replaced with a new manager.</p> <p>The Maintenance service director failed to keep the repairs completed due to lack of knowledge of needed repairs, and poor time management. It was identified that both written and oral communications about needed repairs from line staff were not communicated to the maintenance director or the administrator.</p> <p>1. The facility failed to maintain clean bathroom vents (Rooms #211, #201,</p>		

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F 584	Continued From page 2 " Peeling chipped paint on the walls. " Veneer missing from the closet 217-2 Observations on 3/14/18 at 9:10 AM revealed: Room 201-1 " Chipped paint on the wall near the entrance to the bathroom. " Corners of the floor have a build -up of a black colored substance. " Bathroom vent had an accumulation of dust. " Chipped paint on the bathroom wall. " Chipped bathroom door. " The wall near bed -2 had chipped wall paint. " There was chipped veneer on the closet of bed-2 Observation on 3/14/18 at 9:12 AM revealed: Room 202 -2 " Light covering over the bed was missing. " Floor space between the wall and the closet had a heavy accumulation of black colored substance and dust. " The vent in the bathroom had an accumulation of dust. " The corners of the floor in the bathroom had an accumulation of a black colored substance. Observation on 3/14/18 at 9:15 AM revealed: Room 203 " Broken toilet tissue holder. " Bathroom floor had a build-up of black colored substance in the floor corners. " Behind the bedside cabinet bed-2 was an accumulation of dust. " The bathroom vent had an accumulation of dust. " The floor between the closet and wall had an accumulation of a black colored substance and dust. Observation on 3/14/18 at 9:30 AM revealed: Room 204 " Cove molding near bed -1 had curled.	F 584	#208, #210, #202, and #203). Vents were audited for cleanliness by housekeeping supervisor and maintenance director on 3/15/2018. All vents noted have been taken down and cleaned by maintenance director on 3/16/2018, and will be audited daily x 7 days, then weekly x 12 weeks, and then monthly x 3 months. The walls in resident's rooms (Rooms #217, #201, #204, #205, and #210), were in need of repair, The wall repairs noted have been corrected with sheet rock repair, finishing, and painting. Resident rooms and common areas were audited for repair needs by housekeeping supervisor and maintenance director on 3/17/2018. All rooms noted have been repaired by maintenance director on 3/19/2018, and will be audited daily by maintenance, nursing or designee x 7 days, then weekly x 12 weeks, and then monthly x 3 months. To Maintain the floors in resident bathrooms and rooms (Room #211, #217, #201, #208, # 203, #202, #204, and #205).The house keeping supervisor and house keeping staff will clean each patients rooms daily and monitor through out the day for the need to provide extra cleaning to the patient rooms paying close attention to detail including corners and edges, and behind and under furniture. Resident rooms and common areas were audited for cleaning and or repair needs by housekeeping supervisor and maintenance director on 3/22/2018. All rooms noted have been repaired by maintenance director, and cleaned by		

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F 584	Continued From page 3 " Red colored stains on the bathroom floor tile especially near the base of the commode. " Peeling paint on the walls and black markings. Interview on 3/14/18 at 9:30 AM during the observation with Housekeeper #1 (HK) and HK #2 both stated they tried to remove the floor stains but was unsuccessful. HK #1 and HK #2 stated they reported a month ago to their supervisor. Observation on 3/14/18 at 9:32 AM revealed: Room 205 " An accumulation of brown colored substance in the corners of the bathroom floor. " The floor between the closet and wall had an accumulation of black colored substance and dust. Observation on 3/14/18 at 9:35 AM revealed: 2nd floor Bathing room.: " Dried yellow colored sticky substance had accumulated in a pile on the floor under the soap dispenser. " A bracket with a metal washer was on the floor next to the toilet. " The towel dispenser was broken. " Missing floor tile in the shower stall. " 2 empty boxes were stored on the floor. " Red collection container for sharps was located on the floor near the toilet. " A box which contained emesis basins were stored on the floor. " The room inside the bathroom had trash on the floor. Observation on 3/14/18 at 9:45 AM revealed: Living room " 2 picture frames were stored behind the door. Observation on 3/14/18 at 9:50 AM revealed: Room 208 " Floor tile located at the entrance of the room	F 584	housekeeping supervisor on 3/22/2018, and will be audited daily by maintenance, nursing or designee x 7 days, then weekly x 12 weeks, and then monthly x 3 months.The Nursing Home administrator and Don are responsible to maintain and follow this plan of correction and will be making daily rounds to maintain all repairs and to ensure cleanliness is up to our expectations. Maintain a clean environment in the common area and 2nd floor bathing room.The facility failed to repair or replace broken items (Rooms #211. #217, 2nd floor bathing room, #208, #202, #203, and #204 in resident care unit(200 unit).The floors have been repaired by maintenance director on 3/23/2018, all broken bathroom fixtures have been replaced by maintenance director on 3/23/2018,all windows have been inspected and cleaned of any debris by maintenance director and housekeeping supervisor on 3/24/2018, repair and cleaning needs will be monitored by maintenance director, housekeeping supervisor and nursing daily x 7 days, weekly x 12 weeks and monthly x 3 months. The Maintenance director has in serviced staff on 3/25/2018 on the process of writing work orders and communicating the need for any repairs immediately when identified. Housekeeping manager was in serviced by regional environmental director on 3/25/2018.Housekeeping staff		

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F 584	<p>Continued From page 4</p> <p>had an accumulation of black colored substance.</p> <p>" The floor corner behind the room door had a build-up of a black colored substance.</p> <p>" The bathroom vent had an accumulation of dust.</p> <p>" The metal faucet fixture was rust colored and corrosive .</p> <p>Observation on 3/14/18 at 9:55 AM revealed. Room 210</p> <p>" Plaster and peeling paint on the wall.</p> <p>" Vent in the bathroom had an accumulation of dust and dirt.</p> <p>" In the bathroom there were black markings on the wall and peeling paint.</p> <p>Observation on 3/14/18 at 10:08 AM revealed: In the dining room used for activities, dining and socialization had a broken and non-functioning water dispenser. A well with a covered lid was adjacent to the dispenser. The metal drain under the water dispenser had an accumulation of a dried white and brown colored substance. The lid was opened and 3 white colored straw covers were observed to be brown in color. The base of the well had an accumulation of a dried brown colored substance. The cabinet floor under the sink had a blacked colored substance on the surface.</p> <p>Interview on 3/14/18 at 10:10 AM with the cook /dietary aide revealed the dietary department does not use the broken water dispenser and dietary was not responsible for the cleanliness of the dispenser.</p> <p>Interview on 3/14/18 at 10:15 AM with Housekeeping and Laundry manager (HLM) revealed he was not sure who was responsible for cleaning the broken water dispenser and well.</p> <p>Interview on 3/14/18 at 10:20 am with the Food Service Manager revealed he had not observed the water dispenser before 3/14/18 and had no</p>	F 584	<p>was in-serviced by 3/25/2018 for room cleanliness, frequent room checks, cleaning and rechecking common areas and shower rooms.</p> <p>4. Monitoring process, The Nursing Home administrator and Don are responsible to maintain and follow this plan of correction and will be making daily rounds to maintain all repairs and to ensure cleanliness is up to our expectations.</p> <p>The Director of maintenance and House keeping supervisor will continue to audit patients rooms ,common areas and shower rooms to identify, clean and repair any items that are identified as sub standard for maintaining a sanitary, orderly and comfortable interior.</p> <p>The Director of maintenance and House keeping supervisor, along with Nursing Home Administrator will continue to audit patient rooms daily x 7 days, then weekly times 12 weeks and monthly x 3 months to ensure on going compliance, data collection to be analyzed and reviewed at monthly quality assurance meeting x 3 months with subsequent POC as needed.</p>		

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

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F 584	<p>Continued From page 5</p> <p>idea who was responsible for cleaning but dietary does not clean the dispenser. At 10:25 AM the Administrator observed the condition of the broken water dispenser and the cabinet floor located under the dispenser.</p> <p>Observation on 3/14/18 at 12:08 PM revealed the condition of the rooms remained the same except the red sharps container was removed off the floor and placed on the wall. The dried yellow colored sticky substance had been removed.</p> <p>Interview on 3/14/18 at 12:52 PM with the Director of Maintenance (DOM) since August 2016 and he had identified cracked over bed light covers and were being replaced. Inquired about an invoice as evidence of replaced of light covering and the DOM indicated he had no invoice or record. The DOM stated housekeeper should have ordered replacement for the hand towels dispensers when broken. Continued interview with the DOM who stated he had seen and reported the cobwebs in the windows but could not remember the date or to whom he told. The DOM indicated he did not have a plan but just to get it done (referring to repairs). Further interview with the DOM revealed staff had a clip board at the nurses' station to request and communicate issues that need to be repaired or were damaged but staff had not used.</p> <p>Review of the "Repair/Service Requisition Form" used by all facility staff and posted at the nurses' station revealed no request for the above broken items, chipped paint or cove molding issues.</p> <p>Review of the invoice regarding tile for the Bathing room floor indicated on 3/14/18 at 12:20 PM (after the observation of the missing and broken tile) tile was purchased.</p> <p>Interview on 3/14/18 at 2:21 PM with HLM revealed he started the week of Thanksgiving and scheduled daily a housekeeper and floor</p>	F 584			

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F 584	Continued From page 6 technician. HLM stated he was not aware of the broken hand towel dispenser and my staff or nursing should have let me know so I could order a replacement. Continued interview revealed his staff missed cleaning the vents. Further interview with HLM revealed he expected bathroom vents clean, floors clean and to remove and remove any accumulation. Interview on 3/14/18 at 4:30 PM with the Administrator revealed her expectation for the building to be clean and kept clean. Additionally, the expectation was to fix items for resident safety and needs. Continued interview with the administrator reviewed the DOM had repaired a water pipe in January and hot water heater last week (referring to the week of 3/5/18. Interview on 3/14/18 at 4:52 PM with the District Manager(DM) of the contracted housekeeping services stated he identified housekeeping issues on 3/5/18 and a written plan was developed to strip floors and address environment/housekeeping issues. At 5:05 PM on 3/14/18 the DM and HLM attempted to locate their written plan. HLM in the presence of the DM indicated he did not have the written plan and stated he was unable to locate.	F 584			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to accurately code the MDS (Minimum Data Set) to include the active diagnoses on 3 of 3 residents reviewed for	F 641	This plan of correction is prepared and submitted as required by law. By submitting this plan of correction Brian center Winston Salem does not admit that	4/2/18	

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F 641	<p>Continued From page 7</p> <p>medication errors. (Resident #3, Resident #2 and Resident #1). Findings included:</p> <p>1..Resident #3 was admitted to the facility on 1/24/18 with cumulative diagnoses which included cerebral vascular accident (CVA) and hyperlipidemia.</p> <p>Review of the Admission MDS dated 1/31/18 did not code active diagnoses of CVA for the prescribed Aspirin EC 81 milligrams (mg) by mouth (po) every day (qd) and hyperlipidemia for the Atorvastatin 80 mg po qd.</p> <p>Interview on 3/14/18 at 5:55 PM with the MDS coordinator and Director of Nurses (DON) was conducted. The MDS coordinator indicated she was not sure what happened that the active diagnoses were not checked. But would complete a MDS modification. The DON indicated she expected accurate diagnoses on the MDS to reflect the resident.</p> <p>Interview on 3/14/18 at 6:04 PM with the Administrator revealed the expectation for the MDS to be accurate.</p> <p>2. Resident #2 was admitted on 2/22/18 with cumulative diagnoses which included diabetes mellitus and end stage renal disease. Review of the admission physician orders included in part: " Novolog insulin administered subcutaneous sliding scale coverage for Glucose Finger Stick performed 4 times a day. " Lantus 5 Units subcutaneous at bedtime. Review of the admission MDS dated 3/1/18 revealed diabetes was not checked as an active diagnosis. Interview on 3/14/18 at 5:55 PM with the MDS</p>	F 641	<p>the deficiency listed on this form exist, nor does the center admit to any statements,findings,facts or conclusions that form from the basis for the alleged deficiency. The center reserves the right to challenge in legal or regulatory or administrative proceedings the deficiency, statements ,facts and conclusions that form the basis for the deficiency.</p> <p>1.The Minimum data set (MDS)assessments named were incorrect due to MDS nurse not gathering and investigating the data required to do an accurate assessment on the residents.We have employed a full time Registered nurse to complete all our mds assessments.All Residents have the potential to be affected by the deficient practice. The Resident care Management Director or designee will complete an audit on 3/28/2018 of all current residents receiving assessments on admission, annual or quarterly assessment during the last 30 days to verify accurate coding of sections (I) of the MDS per the resident assessment guidelines.</p> <p>2. Resident #1,and resident #2 will require modifications for the admission assessments with ard date of 3/1/2018 and admission assessment with ard 1/30/2018 for(resident#1). The ard for the modifications assessments for residents #1 and #2 will be 4/2/2018.Resident #3 will require a significant change assessment correction of prior comprehensive assessment and the modifications will be completed by the resident care management director and or</p>		

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F 641	<p>Continued From page 8</p> <p>coordinator and Director of Nurses (DON) was conducted. The MDS coordinator indicated she was not sure what happened that the active diagnoses were not checked. But would complete a MDS modification. The DON indicated she expected accurate diagnoses on the MDS to reflect the resident. Interview on 3/14/18 at 6:04 PM with the Administrator revealed the expectation for the MDS to be accurate.</p> <p>3. Resident #1 was admitted on 1/23/18 with cumulative diagnoses which included cerebrovascular accident, urinary tract infection and hyperlipidemia. Review of the admission physician orders revealed in part: " Bactrim DS 800-160 tabs every 12 hours by mouth (po) for urinary tract infection (UTI). " Lovastatin 10 milligrams (mg) at hour of sleep. " Alendronate 70 mg po weekly on Fridays for the treatment of osteoporosis. Review of the admission MDS dated 1/30/18 revealed UTI in the last 39 days, hyperlipidemia and osteoporosis were not checked as active diagnoses. Interview on 3/14/18 at 5:55 PM with the MDS coordinator and Director of Nurses (DON) was conducted. The MDS coordinator indicated she was not sure what happened that the active diagnoses were not checked. But would complete a MDS modification. The DON indicated she expected accurate diagnoses on the MDS to reflect the resident. Interview on 3/14/18 at 6:04 PM with the Administrator revealed the expectation for the MDS to be accurate.</p>	F 641	<p>MDS designee per the resident assessment guidelines. The modifications were completed by MDS nurse and submitted and accepted on 4/1/2018.</p> <p>3.The District Director of care Management reeducated the interdisciplinary team and MDS coordinator on accurate coding of pertinent medical diagnosis, and accurate completion of MDS assessments. The education was completed on 3/28/2018.</p> <p>4.The Administrator and the Director of nursing along with Interdisciplinary team will review 5 completed mds assesments weekly x 4 weeks,then monthly x 3 months to verify accurate completion and coding of the mds, making any corrections as necessary. The results of these audits, will be monitored to ensure on going compliance, data collection to be analyzed and reviewed at monthly quality assurance meeting x 3 months with subsequent POC as needed.The Nursing Home Administrator and Don are responsible to maintain and follow this plan of correction.</p>		