

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2018
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/EDEN			STREET ADDRESS, CITY, STATE, ZIP CODE 226 N OAKLAND AVENUE EDEN, NC 27288		
(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 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, staff and family interviews, the facility failed to monitor blood sugar level for 1 of 3 residents with diabetes mellitus (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 admitted on 2/15/18. Review of discharge Minimum Data Set assessment, dated 3/18/18, revealed his moderately impaired cognition. Resident ' s diagnoses included diabetes mellitus. The resident required extensive assistance with activities of daily living. He was always continent for bladder and occasionally incontinent for bowel. The resident received antidepressant, anticoagulants and diuretics.</p> <p>Review of Resident 1 ' s plan of care, dated 3/1/18, revealed he had diabetes mellitus. The goal was to have no complications related to diabetes. The interventions were to observe/document/report any symptoms and signs of hypoglycemia (low blood sugar) and infection to any open areas.</p> <p>Review of physician ' s orders for Resident #1</p>	F 684	<p>Tag F684-483.25 Quality of Care: Tag F684 Preparation and/or execution of this plan of correction does not constitute 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 facilities allegation of compliance:</p> <p>As Stated in Tag F684: The facility failed to monitor blood sugar levels on 1 of 3 Residents because we did not have a Diabetes Mellitus Blood Glucose Monitoring Protocol in place. That has now been corrected with the Procedure/Protocol attached to this POC.</p> <p>A. We identified all of the Residents in our facility that have a diagnosis of Diabetes Mellitus. We completed this task through a 100% chart audit. In working closely with our Medical Director and our Nursing Management team we have developed a</p>	6/20/18	

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

TITLE

(X6) DATE

Electronically Signed

06/21/2018

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 684	<p>Continued From page 1</p> <p>revealed the order, dated 2/16/18, for Glipizide (oral anti-diabetic medication) to take 10 mg (milligram) twice a day before meal.</p> <p>Review of physician ' s orders for Resident #1 revealed the order, dated 3/3/18, for routine laboratory tests, including HgbA1C (average blood sugar test) every three month.</p> <p>Review of physician ' s orders for Resident #1 for February - March 2018 did not reveal the order to check blood sugar.</p> <p>Review of Resident 1 ' s Medication Administration Record for February - March 2018 did not reveal blood sugar checking procedures.</p> <p>Review of Resident 1 ' s laboratory data revealed the results of basic metabolic panel (BMP - blood test), dated 2/16/18, and signed by Physician #1, indicated high blood glucose level.</p> <p>Review of Resident 1 ' s laboratory data revealed the results of BMP, dated 3/3/18, and signed by Physician #1, indicated high blood glucose level and high level of HgbA1C.</p> <p>Review of Resident 1 ' s vital signs record for February - March 2018 did not reveal blood sugar results.</p> <p>On 6/6/18 at 1:45 PM, during an interview, Nurse #1 indicated that Resident #1 had diagnosis of diabetes mellitus, received oral anti-diabetic medication. There was no order for blood sugar check for this resident.</p> <p>On 6/6/18 at 2:26 PM, during the phone interview, Physician #1 indicated that Resident #1 had type two, non-insulin dependent diabetes mellitus with</p>	F 684	<p>Blood Glucose Monitoring Procedure. This procedure is attached to this POC.</p> <p>B. We have implemented in service education all of our Licensed Nursing Staff on this new Blood Monitoring Glucose Procedure. We will check all newly admitted residents upon admission for the Diagnosis of Diabetes Mellitus and at that time, implement our Blood Glucose Monitoring Protocol..</p> <p>C. All new residents with a diagnosis of Diabetes Mellitus, we will have obtained orders for HgbA1c which will be scheduled Q3 months or as recommended by the attending physician. Blood Sugars will be checked twice a day before breakfast and before dinner for one week. At the end of that week, readings will be reviewed by the NP or the MD. Additional blood sugars will be continued based upon clinical situation. (See Attached Blood Glucose Monitoring Procedure)</p> <p>D. All resident's with a Diagnosis of Diabetes Mellitus will have this addressed in their Care Plan.</p> <p>E. All of the Nursing Assistants and licensed nurses have received education on the care of Diabetics, signs & symptoms of Hypoglycemia and Hyperglycemia.</p> <p>F. The Procedure/Protocol outlined with our Medical Director was presented to the QAPI Committee for their Review and</p>		

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F 684	<p>Continued From page 2</p> <p>the history of hypoglycemia (low blood sugar). He received the treatment with Glipizide and the staff did not report hypoglycemic episodes during his stay in the facility. Physician #1 confirmed that he forgot to order the routine blood sugar check. He was aware of two blood tests with abnormal but not critically high blood glucose level. Physician #1 mentioned that it would be beneficiary for Resident #1 to have his blood sugar results few times a week.</p> <p>On 6/7/18 at 9:41 AM, during the phone interview, Physician #2 indicated that his expectation to have blood sugar monitoring for residents with diabetes mellitus in the facility. For Resident #1 it would be appropriate to order blood sugar check 2-3 times a week, as long as he was stable. Physician #2 was aware of two non-critically high blood glucose results.</p> <p>On 6/7/18 at 10:00 AM, during an interview, the Director of Nursing indicated that Resident #1 had type two diabetes mellitus and did not receive insulin. He did not have the order for blood sugar check. There were two laboratory test results, indicated high blood glucose, signed by Physician #1 with no new orders.</p> <p>On 6/7/18 at 10:20 AM, during an interview, the Administrator, indicated that she expected the staff to follow the physician ' s orders and communicate changes in resident ' s condition.</p>	F 684	<p>approval.</p> <p>G. The Monitoring Procedures to ensure the POC is effective and that the deficiency cited remains corrected and in compliance w/regulatory requirements are:</p> <ol style="list-style-type: none"> 1. At the morning clinical meeting, we will review all new admissions to be assured that the use of the Diabetes Protocol has been implemented on every new resident. 2. The Nursing Tools to be used for monitoring compliance with F684 are: <ul style="list-style-type: none"> A. Diabetic Blood Glucose Audit Sheet will be used for all new admissions to identify a diagnosis of Diabetes Mellitus. B. We have developed a Form for Monitoring HgbA1c every 3 months and this will be presented monthly to QAPI Committee. <p>These audits will be conducted for a minimum of 4 months and may be conducted longer at the discretion and/or recommendation of QAPI.</p> <p>This POC will be Monitored monthly by our QAPI Committee for 4 months to assure sustained compliance of the corrective action.</p> <p>The DON and her designee will be responsible for the implementation of this POC, with oversight from the Administrator and QAPI.</p> <p>The Administrator is ultimately responsible for the Plan of Correction.</p>		