PRINTED: 11/05/2019 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB/YA  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1086 MAIN STREET NORTH  YANCEYVILLE, NC 27379  (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
BRIAN CENTER HEALTH & REHABIYA  (PA) DE (EACH DEFICIENCY MUST RE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)  E 000 Initial Comments  An unanonced recertification survey was conducted on 9/29/19-10/3/19. The facility was found to be in compliance with the requirements CFR 48.37.3, Emergency Prepardness. Event ID#YCXC11  F 000 INITIAL COMMENTS  An unannounced recertification and complaint investigation survey was conducted on 9/29/19-10/3/19. The facility was found to be in compliance with the requirements CFR 48.37.3, Emergency Prepardness. Event ID#YCXC11  F 000 INITIAL COMMENTS  An unannounced recertification and complaint investigation survey was conducted on 9/29/19-10/3/19. 4 of the 22 allegations were substantiated resulting in a deficiency (F679). Event ID# NGXC11.  F 550 Resident Rights/Exercise of Rights SSEE CFR(S) 483.10(a)(11/20/b)(11/2)  §483.10(a) Resident Rights.  The resident has a right to a displified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severify of condition, or payment source. A facility must stabilish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all			345265					
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  E 000  Initial Comments  An unanonced recertification survey was conducted on 9/29/19-10/3/19. The facility was found to be in compliance with the requirements CFR 48.9.73. Emergency Prepardness. Event ID#YGXC11  INITIAL COMMENTS  An unanonunced recertification and complaint investigation survey was conducted on 9/29/19-10/3/19. 4 of the 22 allegations were substantiated resulting in a deficiency (F679). Event ID# YGXC11.  F 500  Resident Rights/Exercise of Rights  CFR(s): 483.10(a)(1/2)(b)(1/(2)  §483.10(a) Resident Rights.  The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(2) The facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regardles for all				1086 MAIN STREET NORTH	P CODE	1 10/0	0/2010	
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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		access to quality care severity of condition, must establish and m practices regarding tr provision of services residents regardless	e regardless of diagnosis, or payment source. A facility aintain identical policies and ansfer, discharge, and the under the State plan for all of payment source.					

Electronically Signed 10/23/2019

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

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		IDENTIFICATION NUMBED:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345265	B. WING		C 10/03/2019	
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB/YA		STREET ADDRESS, CITY, STATE, ZIP CODE  1086 MAIN STREET NORTH  YANCEYVILLE, NC 27379		10/03/2019		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION	
F 550	rights as a resident of or resident of the Unit §483.10(b)(1) The faresident can exercise interference, coercion from the facility.  §483.10(b)(2) The refree of interference, coercions	of Rights. right to exercise his or her f the facility and as a citizen	F 55	0		
	rights and to be supplexercise of his or her subpart. This REQUIREMENT by: Based on observation interviews, the facility the residents during a residents (Resident #30, Resident #95, R #27) observed having meals while other resident assisted with the Findings included:  1. Resident #106 w 11/2/16 with diagnost dementia, depresent disease.  Resident #106's Data Set coded as an revealed the resident supplementation.	orted by the facility in the rights as required under this is not met as evidenced ons, record review, and staff failed to promote dignity of meals for 6 out of 26 at 106, Resident #43, Resident tesident #62, and Resident g to wait for assistance with sidents were being served		F550  1. Residents #106, #43, #30, #95,#62 and #27 are receiving assistance for meals served ongoing. Beginning 10/24/2019nursing staff was educate offering assistance to residents during meals by the Staff Development Coordinator.  2. Residents requiring assistance dur meals have the potential to be affected this deficient practice. On 10/24/2019 residents residing in the facility had section G0110 H of their most recent minimum data sets reviewed to identification residents requiring assistance with meand their respective Kardexes were updated by the Unit Managers and or Assistant Director of Nursing.	their d on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345265	B. WING		C 10/03/2019
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	_ <del>'</del>	STREET ADDRESS, CITY, STATE, ZIP CODE	10/03/2013
				1086 MAIN STREET NORTH	
BRIAN CENTER HEALTH & REHAB/YA			YANCEYVILLE, NC 27379		
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PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	
F 550	Continued From page	e 2	F 550		
	needing supervi	sion during eating.		Unit Managers or Assistant Director     Nursing will complete an as needed	or of
	A review of Resi	dent #106's most current		update, based on observations, to	
	care plan dated 9/14/	19 revealed the resident		resident Kardexes, to reflect the char	nges
		d for needing assistance with		in levels of assistance needed during	·
		Living including meals.		meals. Changes of level of assistant	
		vas made on 9/29/19 at		also be communicated via the 24 hou	
	· ·	#106. It was observed that		change of condition report by 10/24/2	
		ved his lunch tray. He was		Newly admitted residents will have the	
		ood with his fingers but ate		Kardexes updated by the Unit Manag	jers,
	· ·	observed at 2:15pm the thed most of his food. At		Assistant Director of nursing, and or Admitting Nurse. Nursing staff will be	
		#15 was clearing the tables,		in-serviced on reviewing resident	=
		sident #106 and cut up his		Kardexes at the beginning of their sh	ift
		d him with his meal. The		and on offering assistance, to reside	
	resident was observe	ed eating 90% of his meal.		requiring assistance, or more at mea time, by the Staff Development	
	2. Resident #43 wa	as admitted to the facility on		Coordinator, Assistant Director of Nu	rsing
		es that included metabolic		and or Unit Managers by 10-24-2019	•
	encephalopathy,	dementia, glaucoma, and		Nursing staff will have to complete	
	cerebral infarction.			inservicing prior to returning to work a 10-24-2019. During their classroom	after
	A review of Resi	dent #43's most recent MDS		orientation, the Staff Development	
	(Minimum Data Set)			Coordinator will in-service newly hire	d
	assessment and	dated 7/25/19 revealed the		nursing staff on reviewing resident	
		ely impaired. The MDS		Kardexes at the beginning of their sh	ift for
		's vision as highly impaired		the amount of assistance residents	
		ises. The resident was		require with meals and for residents	who
		g one-person assistance with		require more at meal time.	
	eating.			4. For two live weeks, the Director of	
	A rovious of Book	dent #43's care plan dated		4. For twelve weeks, the Director of	
		dent #43's care plan dated resident was care planned		Nursing, Assistant Director of Nursing Staff Development Coordinator or Ur	
		meals and to have staff notify		Managers will perform observation a	
	resident where items	•		of ten residents, five times per week,	
		a. o piacoa.		during meal time, to validate proper	
	An observation v	vas made of Resident #43 on		assistance is given to residents. Res	sults
		The resident was given her		of the audits and any concerns identi	
	-	l over the plate. The tray had		will be reported/ trended to our Quali	

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(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE
a Kennedy cup for ling she had 2 differ NA #15 unwrapped in handed to her. The sate her sandwich and at the table. Note 2:05pm when NA #1 up the trays and sate her fed," and process with her meal.  An interview was 2/29/19 at 3:00pm.  Usually work the who all needed help with diagnose Alzheimer's discopsychosis.  Resident #30 w 8/6/16 with diagnose Alzheimer's discopsychosis.  Resident #30's dated 7/8/19 revealed cognitively impaired resident as needing assistance with ear exercised the resident nutritional declirications included An observation	quids which was empty, but ent cups of liquid on the tray. the resident's sandwich and It was observed Resident #43 d then sat in her wheelchair o staff came over to her until 7 came to her table to pick aid, "I didn't know you hadn't eeded to assist the resident as conducted with NA #17 on NA #17 reported she didn't dementia unit so didn't know with meals.  as admitted to the facility on es that included dementia, ease, delusional disorder, and ease, delusional disorder, and extensive one-person ating.  care plan dated 4/9/19 at was care planned for risk of the due to dementia. End meal assistance.	F 550	assurance and Performance Ir Committee monthly times three Quality Assurance and Perform Committee will review the audi make recommendations, as ne	e. The mance its and eeded, to	
	SUMMARY S (EACH DEFICIEN REGULATORY OF  Continued From page A Kennedy cup for lishe had 2 differ NA #15 unwrapped handed to her. At the table. No E:05pm when NA #1 Ip the trays and seen fed," and proce with her meal.  An interview wa B/29/19 at 3:00pm.  usually work the who all needed help B. Resident #30 w B/6/16 with diagnose Alzheimer's disc psychosis.  Resident #30's dated 7/8/19 reveale cognitively impaire esident as needing assistance with ea Resident #30's evealed the resider nutritional declir interventions include An observation conducted on 9/29/1 vas observ	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  A Kennedy cup for liquids which was empty, but she had 2 different cups of liquid on the tray. NA #15 unwrapped the resident's sandwich and handed to her. It was observed Resident #43 ate her sandwich and then sat in her wheelchair at the table. No staff came over to her until 2:05pm when NA #17 came to her table to pick up the trays and said, "I didn't know you hadn't been fed," and proceeded to assist the resident with her meal.  An interview was conducted with NA #17 on 0:0/29/19 at 3:00pm. NA #17 reported she didn't usually work the dementia unit so didn't know who all needed help with meals.  3. Resident #30 was admitted to the facility on 3:6/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and osychosis.  Resident #30's most recent quarterly MDS dated 7/8/19 revealed the resident was conjuitively impaired. The MDS coded the esident as needing extensive one-person assistance with eating.  Resident #30's care plan dated 4/9/19 evealed the resident was care planned for risk of nutritional decline due to dementia.  The MDS coded the resident was care planned for risk of nutritional decline due to dementia.  The MDS coded the resident was care planned for risk of nutritional decline due to dementia.  The MDS coded the resident was care planned for risk of nutritional decline due to dementia.  The MDS coded the resident was care planned for risk of nutritional decline due to dementia.  The MDS coded the resident was care planned for risk of nutritional decline due to dementia.  The MDS coded the resident was care planned for risk of nutritional decline due to dementia.  The MDS coded the resident was conducted on 9/29/19 at 1:20pm. The resident	A BUILDING  345265  B. WING  WIDER OR SUPPLIER  TER HEALTH & REHAB/YA  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  A Kennedy cup for liquids which was empty, but she had 2 different cups of liquid on the tray. WA #15 unwrapped the resident's sandwich and handed to her. It was observed Resident #43 ste her sandwich and then sat in her wheelchair at the table. No staff came over to her until 2:05pm when NA #17 came to her table to pick up the trays and said, "I didn't know you hadn't obeen fed," and proceeded to assist the resident with her meal.  An interview was conducted with NA #17 on 3/29/19 at 3:00pm. NA #17 reported she didn't usually work the dementia unit so didn't know who all needed help with meals.  3. Resident #30 was admitted to the facility on 3/6/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and baychosis.  Resident #30's most recent quarterly MDS dated 7/8/19 revealed the resident was conjunitively impaired. The MDS coded the esident as needing extensive one-person assistance with eating.  Resident #30's care plan dated 4/9/19 evealed the resident was care planned for risk of nutritional decline due to dementia.  nterventions included meal assistance.  An observation of Resident #30 was conducted on 9/29/19 at 1:20pm. The resident was observed attempting to open his ice	A BUILDING  345265  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 1066 MAIN STREET NORTH YANCEYVILLE, NC 27379  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  20 PREFIX TAG  PROVIDERS PLAN OF COP (EACH CORRECTIVE ACTION)  CROSS-REFERENCED TO THE, DEFICIENCY)  Continued From page 3  1 Kennedy cup for liquids which was empty, but she had 2 different cups of liquid on the tray.  VA #15 unwrapped the resident's sandwich and handed to her. It was observed Resident #43 tate her sandwich and then sat in her wheelchair at the table. No staff came over to her until  2:05pm when NA #17 came to her table to pick up the trays and said, "I didn't know you hadn't usually work the dementia unit so didn't know who all needed help with meals.  3. Resident #30 was admitted to the facility on  10/6/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and  10/16/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and  10/16/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and  10/16/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and  10/16/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and  10/16/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and  10/16/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and  10/16/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and  10/16/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and  10/16/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and  10/16/16/16/16/16/16/16/16/16/16/16/16/16/	A BUILDING  345265  B. WING  STREETADDRESS, CITY, STATE, ZIP CODE  1086 MAIN STREET NORTH  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEPTICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LISO IDENTIFYING INFORMATION)  Continued From page 3  If Remedy cup for liquids which was empty, but she had 2 different cups of liquid on the tray.  IA #15 unwrapped the resident's sandwich and handed to her. It was observed Resident #43 the her sandwich and then sat in her wheelchair at the table. No staff came over to her until cupsom when NA #17 came to her table to pick up the trays and said, "I didn't know you hadn't even fed," and proceeded to assist the resident with her meal.  An interview was conducted with NA #17 on 1/20/19 at 3:00pm. NA #17 reported she didn't usually work the dementia unit so didn't know who all needed help with meals.  3. Resident #30 was admitted to the facility on 3/6/16 with diagnoses that included dementia, Alzheimer's disease, delusional disorder, and sychosis.  Resident #30's most recent quarterly MDS tated 7/8/19 revealed the resident was congulitively impaired. The MDS coded the esident as needing extensive one-person issistance with eating.  Resident #30's care plan dated 4/9/19 evealed the resident was care planned for risk of nutritional decline due to dementia.  An observation of Resident #30 was conducted on 9/29/19 at 1:20pm. The resident was observed attempting to open his ice

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F 550	4. Resident #95 wa 1/20/17 with diagnose disease, Non-Alz depression.  Resident #95's nassessment dated 8/2 cognitively impair Resident #95 as need person with eating.  The care plan da #95 was care planned altered nutritional self-feeding difficultie include meal assisting at a tage one other resident. Ther meal tray and behad to wait 20 minute to him and staff was meal. During the 20 wait for his meal attempt to pull the oth him or attempt to staff did not stop him actions.  An interview was 9/29/19 at 2:15pm. Self-20/21 was sitting at a tage of the pull the oth him or attempt to pull the oth him or attempt to pull the oth him or attempt to staff did not stop him actions.	the ice cream container ice cream with his fork.  Its admitted to the facility on es that included Alzheimer's zheimer's dementia, and  Inost recent quarterly MDS 21/19 coded the resident as ired. The MDS coded ding total assistance of one	F 55		

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F 550	Resident #62's dated 8/6/19 coded to impaired. Resident meeding extensive of eating.  An observation conducted on 9/29/1 was seated at a the dining area. It was the residents at the trays and NA #16 be residents with the Resident #62 was giff #17 began assisting 6. Resident #27 was 2/3/18 with diagnose	as admitted to the facility on es that included dementia.  most recent quarterly MDS the resident as cognitively dent #62 was coded as ne-person assistance with  of Resident #62 was 9 at 1:10pm. Resident #62 table with 3 other residents in as observed at 1:10pm 2 of table were served their meal agan assisting those 2 neir meal. At 1:40pm ven her meal tray and NA ng her with her meal.  as admitted to the facility on es that included dementia, I bipolar disorder.	F 550	· ·	
	quarterly MDS dated was cogniti was coded as needing assistance with earth of the second was coded as needing assistance with earth of the second was coded as needing at risk for dementia. Intervention resident with match of the second was considered as a second was considered with match of the second was considered with match of the second was considered with match of the second was considered with the second was considered win the second was considered with the second was considered with t	most current care plan dated resident was care planned for nutritional decline due to ons included assisting			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
345265	B. WING		C <b>10/03/2019</b>
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB/YA	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1086 MAIN STREET NORTH YANCEYVILLE, NC 27379	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE
residents at the table were served their meal trays and NA #16 began assisting those 2 residents with their meal. At 1:40pm Resident #27 was given his meal tray and NA #17 began assisting him with his meal.  An interview was conducted on 10/2/19 at 12:00pm with NA #13. She reported the staff was to give the residents who could feed themselves their food first then the ones who need assistance would get their meals at the same time, so everyone got their food at the same time at the same table.  An interview was conducted on 10/3/19 at 11:40am with the Director of Nursing. She reported she expected all residents were served meals at the same time and the residents who needed assistance with their meal be assisted at the same time.  F 679 Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1)  §483.24(c) Activities. §483.24(c) Activities. §483.24(c) Activities, shad and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.  This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to provide activities	F 679		10/24/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345265	B. WING			C / <b>03/2019</b>	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 10	703/2013	
				1086 MAIN STREET NORTH			
BRIAN CE	NTER HEALTH & REHA	B/YA		YANCEYVILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 679	Continued From page	e 7	F 67	9			
	for 1 of 1 residents (F	Resident #43) with visual		are appropriate for a visually imp	aired		
	impairment.	, , , , , , , , , , , , , , , , , , , ,		resident with dementia. Nursing			
	•			Activity staff was educated on of			
	Findings include:			assistance to residents with visu	al		
				impairments during activities.			
		lmitted to the facility on					
	_	es that included metabolic		2. Residents with visual impairm			
		nentia, glaucoma, and		the potential to be affected by thi			
	cerebral infarction.			deficient practice. On 10-24-201			
	A raviou of Posidont	#43's most recent MDS		residents residing in the facility h section B1000 of their most rece			
	(Minimum Data Set) coded as a quarterly			completed minimum data sets re	•		
	*	ed 7/25/19 revealed the		identify residents with visual imp			
		rely impaired. The MDS		and their respective Kardexes w			
		vision as highly impaired		updated by the Unit Manager an			
	with no corrective len			Assistant Director of Nursing to r			
				visual impairments and activities			
	A review of Resident	#43's most current care plan		interest to meet their needs.			
		ne resident was dependent					
		ng emotional, intellectual,		Nursing and activity staff will be			
		ated to cognitive deficit and		in-serviced on providing assistan			
	-	goal was noted to be that		visually impaired residents during	-		
		participate in activities of		activities per the Kardexes, by the			
	activities the resident	s included ensuring the		Development Coordinator, Activi Director or Unit Managers by 10-			
		vn interests and preferences		Nursing staff will have to comple			
	•	vith physical and mental		inservicing prior to returning to w			
	capabilities.	viti priyologi and montai		10-24-2019. A special activity gr			
				be initiated five times per week,			
	An observation was r	made of Resident #43 on		Activity Director, or Activity assi	-		
		The resident was sitting at a		the visual impaired by 10-24-201			
	-	ea. Other residents were		Visually impaired residents will b			
		en table top activities such		these activities by 10-24-2019. I			
		ivity blanket, and play		their classroom orientation, the S			
		were given to the resident		Development Coordinator will in-			
	nor did any staff com	e over to the resident.		newly hired nursing staff and nev			
				activity staff on reviewing the Ka			
		made of Resident #43 on		the beginning of their shift and or	-		
	10/1/19 at 1:55pm.	The resident was sitting at a	1	activities to visually impaired res	ident	1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(2) MULTIPLE CONSTRUCTION  . BUILDING		(X3) DATE SURVEY COMPLETED	
		345265	B. WING _			C <b>10/03/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC	DDE I	10/03/2019	
551411.05		- 0.44		1086 MAIN STREET NORTH			
BRIAN CE	NTER HEALTH & REHA	B/YA		YANCEYVILLE, NC 27379			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIAT		
F 679	table in the dining are sitting in the dining are they were working wir with no activities nor an activities nor an activities nor an activities nor	ea. The other residents rea had table top activities th. Resident #43 was sitting anyone interacting with her.  ducted on 10/2/19 at 8 (Nursing Assistant). She 3 did not participate in the can't see." NA #13 loved to talk and listen to as playing in the dining area. The had time she would talk ducted with the Activities to 11:00am. He reported if a pairments, he would have esident during activities to a would place the resident is leader. He reported have an activity blanket to top activities were being not say why the resident did is during the observations.	F6	4. The Nursing Home Admir Activity Director, or Unit Mar observe ten visually impaire weekly, for twelve weeks, to proper assistance is being of activities by 10-24-2019. Reaudits and any concerns ide reported/ trended to our Quare Performance Improvement Composition of the Comp	nagers will ad residents by validate offered during esults of the entified will be ality assuran Committee euality e II review aud s, as needed	e ce	