

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

PRINTED: 01/12/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2021
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/YANCEYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
E 000	Initial Comments	E 000			
	An unannounced recertification survey was conducted on 12/11/21 through 12/14/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #QVQQ11.				
F 000	INITIAL COMMENTS	F 000			
	An unannounced recertification survey and complaint investigation was conducted from 12/11/21 through 12/14/21. 17 of the 17 complaint allegations were not substantiated. Event ID# QVQQ11.				
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)	F 578		1/4/22	
	§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.				
	§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.				
	§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.				

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

TITLE

(X6) DATE

Electronically Signed

12/27/2021

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 578	<p>Continued From page 1</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews, and record review, the facility failed to maintain accurate advance directive information throughout the medical record for 1 of 6 residents reviewed for formulation of advance directives (Resident #47).</p> <p>The findings included:</p> <p>Resident #47 was initially admitted to the facility on 01/19/18. He was readmitted to the facility on 12/07/21 after a hospitalization. Diagnoses included Alzheimer's disease, paranoid schizophrenia, and thyrotoxicosis.</p> <p>Resident # 47's electronic health record (EHR) revealed a scanned in Medical Orders for Scope of Treatment (MOST) form dated 01/19/18. The form stated Resident #47 should have full scope of treatment and cardiopulmonary resuscitation</p>	F 578	<p>F578</p> <ol style="list-style-type: none"> 1. Resident #47 had their advance directive paperwork clarified on 12-22-2021 by Social Services to ensure it was accurate throughout the medical record. 2. Facility residents have the potential to be affected by this deficient practice. Residents with advance directives will be reviewed to ensure their advance directives are correct/ accurate throughout the medical record by 12-24-2021 by Social Services/ nursing/ designee. 3. Nursing/ Social Service/ and Medical Records staff will be inserviced on accurate advance directive process throughout the medical record by the Staff Development Coordinator/ designee by 1-4-2021. Social Services/ designee will keep an ongoing list of residents' advance directives by 12-28-2021. 		

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F 578	<p>Continued From page 2 (CPR) should be initiated.</p> <p>A care plan dated 10/13/21 revealed Resident #47 chose full scope of measures for end-of-life care. The goal stated Resident #47 would have his wishes honored. Interventions included providing CPR, a feeding tube and medications if needed.</p> <p>Resident #47's quarterly minimum data set (MDS) dated 10/30/21 revealed he had impaired cognition.</p> <p>Resident #47's EHR revealed a physician's order for Do Not Resuscitate (DNR) dated 12/07/21.</p> <p>A review of Resident #47's hard copy chart on 12/13/21 at 9:55 AM revealed a DNR form was in the chart. It was dated 12/07/21 and signed by a physician.</p> <p>An interview was conducted with Nurse #6 on 12/13/21 at 9:55 AM. She explained Resident #47 was a full code before he went to the hospital. He came back to the facility as a DNR. She revealed hardcopy DNR's were kept in residents' charts. Nurse #6 stated she would check the EHR for doctor's orders and check in the hard chart when she needed to know a resident's code status. Nurse #6 stated when a resident's code status changes, the DNR was verified by the nurse.</p> <p>On 12/13/21 at 11:00 AM, an interview was conducted with the nurse practitioner (NP). She explained social services filed paperwork for changes in wishes. Medical records would put the information in the computer, and she would sign new forms. The NP verbalized Resident #47's family made decisions regarding his code status.</p>	F 578	<p>4. The Social Service Director/ designee will audit new admissions five times a week to ensure advance directives are correct and accurate throughout the medical record by 12-28-2021 times twelve weeks. The Social Service Director/ designee will audit facility resident advanced directives to ensure accurate throughout the medical record monthly times three starting 12-24-2021. The Director of Nursing/ designee will run an order listing report and any changes in advance directives will be communicated to Social services/ designee 5 days a week times twelve weeks to ensure accurate throughout the medical record. Results of the audits and any concerns identified will be reported/ trended to our Quality Assurance committee monthly times three.</p> <p>5. 1-4-2021</p>		

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F 578	Continued From page 3 An interview was conducted with the social worker on 12/13/21 at 1:45 PM. She explained the process for formulating advanced directives. When there was a change in code status or change with wishes, the family was asked to sign new MOST forms and new DNR forms. Forms were signed by the NP and sent to medical records for inclusion in the chart. The social worker stated a conference was held prior to Resident #47's hospitalization. During the conference, the resident's sister confirmed his full code status. The social worker was unaware Resident #47's code status changed to DNR after his hospitalization and stated she should have been notified by nursing of the change in status. The social worker explained Resident #47's family would need to fill out new paperwork for his change in wishes and code status. An interview was conducted with the director of nursing (DON) and the assistant director of nursing (ADON) on 12/13/21 at 3:25 PM. The DON explained nurses verified a resident's code status upon return to the facility. The ADON stated she would check on the process. In an interview with the administrator on 12/14/21 at 9:32 AM, she explained nursing staff verified DNR forms and social work verified and completed MOST forms. Code status changes and changes in wishes were communicated during morning clinical meetings. The administrator had spoken with the social worker regarding the process and stated the social worker had been at the meeting where Resident #47's status change was discussed.	F 578			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary	F 812		1/4/22	

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F 812	<p>Continued From page 4 CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(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.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review the facility failed to label and date food and failed to maintain the nourishment refrigerator clean for 2 of 2 nourishment refrigerators reviewed for food storage (nourishment refrigerator #1 on 200 hallway and nourishment refrigerator #2 on 600 hallway).</p> <p>On 12/11/21 at 10:00 AM, an observation of the nourishment refrigerator #1 on the 200 hallway revealed the refrigerator contained 1 white plastic container with home cooked food with no label or date. The nourishment refrigerator also contained 2 clear plastic containers with home cooked food with no label or date on them, a yellow-colored carry bag with a takeout food box containing food</p>	F 812	<p>F 812</p> <ol style="list-style-type: none"> Nourishment refrigerators on the 200 and 600 wings were cleaned on 12-11-2021 by dietary staff. Food items within the nourishment refrigerators on the 200 and 600 wings were labelled or discarded on 12-11-2021 by dietary staff. Facility residents have the potential to be affected by this deficient practice. Residents who utilize the nourishment rooms refrigerators/ responsible parties will be notified/called regarding proper storage of food items in these refrigerators by 1-4-2021. Both nourishment room refrigerators on 200 and 600 hall were cleaned and had food 		

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F 812	<p>Continued From page 5</p> <p>with no label, and a white-colored carry bag with a takeout food with no label or date on it. The refrigerator was overstuffed with store-brought food in plastic bags, nutritional supplements, and other snacks. The refrigerator floor and the shelves of the refrigerator had orange-colored stains on them.</p> <p>During an interview on 12/11/21 at 10:05 AM, the dietary aide stated the nurses were responsible to label any food brought in by resident's family prior to be placed in the nourishment refrigerator. The nursing staff were also responsible to keep the refrigerator clean.</p> <p>On 12/11/21 at 10:15 AM, an observation of the nourishment refrigerator #2 on the 600-hallway revealed yellow-colored stains on the floor and on the shelves on the refrigerator. The nourishment freezer had brown-colored ice on the floor.</p> <p>During an interview on 12/11/21 at 10:20 AM, Nurse Aide #1 stated the housekeeping staff were responsible to clean the nourishment refrigerator daily. On occasions when housekeeping staff were unavailable, the nourishment refrigerator was not clean. NA #1 stated all food brought in by resident's family members should be labeled and dated by the person receiving the food prior to placing them in the refrigerator.</p> <p>During an interview on 12/11/21 at 10:45 AM, Dietary Manager stated the nursing staff were responsible to label and date the food brought in for residents by family members. The dietary manager indicated the food should be discarded within 3 days by the nursing staff or the dietary staff. The Dietary manager stated the housekeeping staff were responsible for cleaning</p>	F 812	<p>items labelled or discarded on 12-11-2021. A Resident Council meeting will be held to ensure residents are aware of proper storage by Activity Director/ designee on 12-28-2021.</p> <p>3. Facility staff will be inserviced on proper labelling of food items and cleaning nourishment room refrigerators by the Staff Development Coordinator/ designee by 1-4-2021. New admissions will be notified regarding storage of food products during their sign in for admission by Admissions Director/ designee 5 days a week times twelve weeks.</p> <p>4. The Dietary Staff/ designee will audit both nourishment room refrigerators five times a week times twelve weeks to ensure proper labelling of food items and cleanliness of nourishment refrigerators is done by 12-28-2021. Results of the audits and any concerns identified will be reported/ trended to our Quality Assurance committee monthly times three.</p> <p>5. 1-4-2021</p>		

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F 812	<p>Continued From page 6 the nourishment refrigerator.</p> <p>During an interview on 12/13/21 01:02 PM, the housekeeping manager stated the housekeeping staff usually cleaned the nourishment room and outside of the nourishment refrigerator. The housekeeping manager added, his staff did not clean the inside of the refrigerator. The manager stated the housekeeping staff did not use sanitization solution and only used disinfection solution to clean surfaces, and hence could not clean the inside of the refrigerator as disinfectant should not be used with food products.</p> <p>During an interview on 12/13/21 at 01:25 PM, Director of Nursing (DON) stated the dietary and the nursing staff were responsible to maintain and keep the nourishment refrigerators clean. Homemade food that was brought in by visitors or family members should be labeled and dated by the staff member accepting the food and discarded within 24- 48 hours. Store-brought food with expiration date should be consumed within expiration date or should be discarded. DON indicated the facility staff were not allowed to put their personal food in the nourishment refrigerator that was meant for the residents' food.</p> <p>During an interview on 12/14/21 at 1:20 AM, the Administrator stated the food brought in by family for residents should be labeled and dated by the staff receiving the food. The refrigerator should be cleaned by the dietary staff on a regular basis. Staff should be cleaning any spills in the refrigerator immediately. Any food that was expired or past the date on the label should be discarded.</p>	F 812			