

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

PRINTED: 05/28/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345578	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER BRIAR CREEK HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6041 PIEDMONT ROW DRIVE CHARLOTTE, NC 28210		
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E 000	Initial Comments	E 000			
	An unannounced recertification survey was conducted from 05/04/25 through 05/06/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #AP3W11.				
F 000	INITIAL COMMENTS	F 000			
	A recertification survey was conducted from 05/04/25 through 05/06/25. Event ID#AP3W11.				
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3)	F 655		6/4/25	
	<p>§483.21 Comprehensive Person-Centered Care Planning</p> <p>§483.21(a) Baseline Care Plans</p> <p>§483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <ul style="list-style-type: none"> (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- <ul style="list-style-type: none"> (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <ul style="list-style-type: none"> (i) Is developed within 48 hours of the resident's 				

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

TITLE

(X6) DATE

Electronically Signed

05/27/2025

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 655	<p>Continued From page 1 admission.</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and staff interviews, the facility failed to develop a baseline care plan with goals that addressed a resident's pain and opioid pain medication for 1 of 1 resident reviewed for baseline care plan (Resident #156).</p> <p>Findings Included:</p> <p>Resident #156 was admitted to the facility on 5/1/2025 with a diagnosis that included multiple fractures post fall.</p> <p>A review of Resident #156's Physician order summary dated 5/1/2025 included:</p> <ul style="list-style-type: none"> - Oxycodone 5mg every 6 hours as needed for pain. - Acetaminophen oral tablet 500 mg, 2 tablets by mouth three times a day for manage of pain for 10 days. - Assess pain every shift using numeric 1 to 10 	F 655	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #156 care plan has been updated to reflect the residents pain needs and medication.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice: The DON (Director of Nursing) completed a one-time audit of current residents' baseline care plans to ensure that residents with pain or pain medication have a baseline care plan. Newly admitted residents will have a baseline care plan for pain developed within 48 hours of admission.</p> <p>Address what measures will be put into</p>		

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F 655	<p>Continued From page 2</p> <p>scale. Document findings and interventions in nursing notes.</p> <p>A review of the medication administration record revealed documentation of pain medication administration and pain assessment. Acetaminophen oral tablet 500 mg, 2 tabs given three times per day on 5/1, 5/2, 5/3 and 5/4/2025. Oxycodone 5 mg given once on 5/2/25, given twice on 5/3/25, and given once on 5/4/25.</p> <p>The baseline care plan dated 5/4/2025 addressed activities of daily living care and fall risk. Pain and pain management were not included in the baseline care plan.</p> <p>An interview with the MDS Coordinator on 05/05/25 at 02:09 revealed 48-hour baseline care plan should include visual/hearing impairments, pain, surgeries, incontinent status, fall risk, advance directives, and discharge information. MDS Coordinator stated the order summary was reviewed with the resident and used to develop the baseline care plan. MDS Coordinator stated if a resident were admitted during the evening, the weekend, or while the MDS Nurse was on leave, a regional back up for MDS would complete entry MDS and start care plan. The MDS Coordinator stated pain medication and assessment was not addressed on the 48-hour baseline care plan due to a busy schedule.</p> <p>An interview with the Director of Nursing (DON) on 05/06/25 at 10:13 AM revealed the order summary was used as the baseline care plan per facility policy. The DON reported the order summary consisted of resident goals, adjustment to skill nursing facility, pain management as needed, behavioral and physical therapy as</p>	F 655	<p>place or systemic changes made to ensure that the deficient practice will not recur: The DON will audit all new admissions care plans x4 weeks then monthly x3 months to ensure that a pain management care plan is developed within 48 hours. The MDS Coordinator was re-educated by the Regional MDS (Minimum Data Set) Consultant regarding the importance of developing a baseline care plan (with an emphasis on pain management) within 48 hours of admission. The above information will be included in the new employee orientation program for MDS Coordinators.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: Data results will be presented by the DON reviewed and analyzed by the IDT (Interdisciplinary Team) at the centers monthly QAPI meeting for 3 months with a subsequent plan of correction as needed.</p>		

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F 655	Continued From page 3 ordered by physician. The DON stated the admitting nurse or MDS Coordinator would review the order summary with resident/representative and have resident/representative sign. The order summary was then uploaded to documents and labeled as an initial care plan. The DON stated pain was not addressed on the care plan in progress because pain was addressed on the order summary. An interview with the facility Administrator on 5/5/2025 at 02:45 PM stated the 48 hour care plan should have pain addressed. Administrator reported she would have to check with DON on who would complete it if it were the weekend or the MDS Coordinator was not available.	F 655			
F 851 SS=F	Payroll Based Journal CFR(s): 483.70(p)(1)-(5) §483.70(p) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(p)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is	F 851		6/4/25	

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F 851	<p>Continued From page 4</p> <p>maintaining the physical environment of the long term care facility (for example, housekeeping).</p> <p>§483.70(p)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following:</p> <p>(i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS);</p> <p>(ii) Resident census data; and</p> <p>(iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).</p> <p>§483.70(p)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.</p> <p>§483.70(p)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.</p> <p>§483.70(p)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly.</p>	F 851			

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F 851	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to electronically submit direct care staffing information based on payroll data to the Centers for Medicare and Medicaid Services (CMS) as required for quarter 3 (April 1 through June 30, 2024), quarter 4 (July 1 through September 30, 2024) of federal fiscal year (FY) 2024 and quarter 1 of FY 2025 (October 1 through December 31, 2024). This failure occurred for 3 of 3 quarters reviewed.</p> <p>The findings included:</p> <p>Review of the Payroll Based Journal (PBJ) staffing data reports from the Certification and Survey Provider Enhanced Reports (CASPER) database revealed the facility failed to submit the required PBJ staffing data for the third and fourth quarters of federal FY 2024 and the first quarter of federal FY 2025.</p> <p>An interview on 05/05/25 at 11:38 AM with the Administrator revealed the payroll department at their corporate office was responsible for submitting the PBJ staffing data. The Administrator indicated payroll information from the facility payroll system would "roll up" to the corporate office.</p> <p>A follow-up interview with the Administrator on 05/05/25 at 1:37 PM revealed the corporate office stopped submitting PBJ data because their facility census numbers were so small that the facility would not receive a staffing star rating (a CMS nursing home quality rating system). She confirmed the PBJ data for third and fourth quarters of federal FY 2024 and the first quarter</p>	F 851	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: No residents were identified</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice: The Administrator was educated by the Regional Clinical Consultant regarding the mandatory CMS requirement to electronically submit accurate direct care staffing information no less frequently than quarterly.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Director of Workforce Management will send the Administrator a manual PBJ file monthly for 3 months then quarterly thereafter to ensure ongoing compliance in submitting direct care staffing information based on payroll data.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: Data results will be presented by the Administrator reviewed and analyzed by the IDT at the centers monthly QAPI meeting for 6 months with a subsequent plan of correction as needed.</p>		

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F 851	Continued From page 6 of federal FY 2025 had not been submitted by the corporate office. A telephone interview on 05/05/25 at 1:54 PM with the corporate Director of Workforce Management revealed she became responsible for submitting the PBJ data during the first three months of 2025. She indicated when she became aware the PBJ data was not being submitted she contacted CMS to see if the first quarter of federal FY 2025 PBJ data could be submitted but was told it was too late, and revealed the second quarter of federal FY 2025 PBJ data had been submitted earlier in the day. She provided the CMS Submission Report PBJ Final File Validation Report dated 5/05/25 showing the data had been accepted.	F 851			