

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	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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 [DATE] 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"> <li>- Oxycodone 5mg every 6 hours as needed for pain.</li> <li>- Acetaminophen oral tablet 500 mg, 2 tablets by mouth three times a day for manage of pain for 10 days.</li> <li>- Assess pain every shift using numeric 1 to 10 scale. Document findings and interventions in nursing notes.</li> </ul> <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>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 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.</p> <p>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.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</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 of federal FY 2025 had not been submitted by the corporate office.</p> <p>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.</p>		