

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/27/2014
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES-CHERRYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 7615 DALLAS CHERRYVILLE HIGHWAY CHERRYVILLE, NC 28021		
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F 201 SS=D	<p>483.12(a)(2) REASONS FOR TRANSFER/DISCHARGE OF RESIDENT</p> <p>The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;</p> <p>The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;</p> <p>The safety of individuals in the facility is endangered;</p> <p>The health of individuals in the facility would otherwise be endangered;</p> <p>The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a nursing facility, the nursing facility may charge a resident only allowable charges under Medicaid; or</p> <p>The facility ceases to operate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to offer a bed to a resident who needed skilled care and was on Medicaid when his Medicare A benefits ran out 1 of 4 residents reviewed for discharge. (Resident #113)</p>	F 201	Filing the plan of correction does not constitute admission that the deficiencies alleged did in fact exist. The plan of correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide	4/24/14	

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

TITLE

(X6) DATE

Electronically Signed

04/17/2014

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 201	<p>Continued From page 1</p> <p>The findings included:</p> <p>Resident #113 was admitted to the facility on 01/31/14 with diagnoses which included depression, difficulty walking and muscle weakness. Resident #113's most current Admission Minimum Data Set (MDS) assessed him as having moderate cognitive impairment. The MDS further assessed Resident #113 as needing extensive assistance with bed mobility, transfers and all activities of daily living. The MDS indicted Resident #113 had been receiving speech therapy, occupational therapy and physical therapy. All therapies began on 02/03/14.</p> <p>Review Social Worker (SW) notes dated 02/21/14 read: Discharge: Resident has completed therapy. Family stated that they are unable to care for him at home and desires long term care for him. SW received a bed offer from another facility in Gastonia for long term care bed. The family accepted the bed offer. Resident discharged on 02/20/12.</p> <p>An interview was conducted on 03/27/14 at 11:04 AM with the SW. The SW stated Resident #113 was a difficult case because he only spoke Spanish. The SW stated Resident #113 had finished his rehab. She went on to explain that when they called the family in they stated they could not care for him at home anymore. The SW stated we only do short term rehab. She stated when residents plateau or finish rehab they call a family meeting when giving the 5 day notice that Medicare will be ending. If the family is unable to care for the resident at home they send referrals to different skilled nursing facilities. The SW stated they received a bed offer from a facility in Gastonia, She stated the only long term residents</p>	F 201	<p>high quality of care.</p> <p>Resident #113 was discharged on 2/20/14.</p> <p>For all residents, 100% of residents completing rehabilitation will be assessed for their ability to return to their prior living situation versus the need for long-term placement. The facility will offer a bed for long-term placement for residents completing their rehabilitation and needing continued skilled care.</p> <p>4-17-14</p> <p>Education was provided to the Inter-Disciplinary Care Plan Team by the Administrator regarding the reasons for the transfer/discharge of a resident. Any staff member on leave of absence will be educated prior to beginning work.</p> <p>4-17-14</p> <p>An audit tool was developed to include if the resident required long-term placement and if a bed was offered. 100% of all residents completing rehabilitation will be audited for compliance with proper transfer/ discharge procedures. Audits will be completed by the Social Worker or Administrator weekly for 8 weeks. Audits will continue quarterly and the results will determine the need for more frequent monitoring.</p> <p>4-24-14</p> <p>All audit information will be analyzed and discussed by the Administrator at the QA Committee meetings.</p> <p>4-24-14</p>		

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F 201	Continued From page 2 who are allowed to stay at the facility are the ones who were grandfathered in from the old building. On 03/27/13 at 11:44 AM an interview was conducted with the Administrator. The Administrator stated all beds are skilled nursing facility/nursing facility beds and are dually certified for Medicare and Medicaid. The Administrator went on to explain the most residents who come to the facility come with the goal to return home. If the circumstances change then the facility will look for other placement for those residents. She stated residents or families are notified they will have to find other placement when their rehab is completed. The Administrator stated the only residents who are at the facility are those who were grandfathered in from the old facility. She stated all residents are appropriately discharged to another facility.	F 201			
F 367 SS=D	483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN Therapeutic diets must be prescribed by the attending physician. This REQUIREMENT is not met as evidenced by: Based on observation of the breakfast and lunch meals, resident and staff interviews and record review, the facility failed to serve a mechanical soft diet to 1 of 3 sampled residents with physician ordered mechanical soft diets (Resident #116). The findings included: Resident #116 was admitted to the facility on	F 367	Filing the plan of correction does not constitute admission that the deficiencies alleged did in fact exist. The plan of correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality of care. For resident #116, the physician ordered diet was audited by the Dietary Manager and the resident was served the	4/11/14	

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F 367	<p>Continued From page 3</p> <p>03/10/14 with diagnoses which included recent left hip fracture and mild dementia. Admission physician orders included direction to serve a regular, no added salt diet.</p> <p>Review of physician's orders dated 03/12/14 revealed direction to change from a regular diet to a mechanical soft diet.</p> <p>Review of Resident #116's admission Minimum Data Set dated 03/17/14 revealed an assessment of intact cognition and the requirement of a mechanically altered diet.</p> <p>Review of physician's orders dated 03/24/14 revealed Resident #116 required nectar thick liquids. An endoscopic evaluation dated 03/24/14 documented Resident #116 with a significant risk of aspiration with dysphagia.</p> <p>Review of the therapeutic spreadsheet revealed residents on a mechanical soft diet were to receive grits, scrambled eggs, toast, margarine and jelly for the breakfast meal on 03/26/14. Residents who received a mechanical soft diet were not to receive bacon.</p> <p>Observation on 03/26/14 at 8:26 AM revealed approximately one inch pieces of bacon on Resident #116's breakfast tray. Review of the dietary slip on Resident #116's meal tray revealed direction to serve a mechanical soft diet.</p> <p>Interview with Resident #116 on 03/26/14 at 8:27 AM revealed she did not eat the bacon since it was hard to swallow.</p> <p>Interview with the Speech Therapist on 03/26/14 at 8:31 AM revealed Resident #116 should not</p>	F 367	<p>appropriate diet.</p> <p>3-27-14</p> <p>For all residents, 100% of all resident trays were audited by the Dietary Manager for therapeutic accuracy.</p> <p>3-27-14</p> <p>Education was provided to all dietary and nursing staff by the Dietary District Manager and the Staff Development Coordinator regarding appropriate foods for mechanically altered diets. Any staff member on leave of absence will be educated prior to beginning work.</p> <p>3-27-14</p> <p>20% of all residents' meal trays will be audited utilizing the tray audit form which includes texture accuracy, therapeutic accuracy, and preferences honored. Audits will be completed by the Dietary Manager weekly for 8 weeks. Audits will continue monthly and the results will determine the need for more frequent monitoring.</p> <p>4-1-14</p> <p>All audit information will be analyzed and discussed by the Dietary Manager at the QA Committee meetings.</p> <p>4-11-14</p>		

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

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F 367	Continued From page 4 receive pieces of bacon. The Speech Therapist explained Resident #116 required ground meat. Interview with Cook #1 on 03/26/14 at 8:38 AM revealed he cut up the bacon for Resident #116. Cook #1 explained he served the bacon because he thought the Resident would prefer bacon. Cook #1 reported he did not ask the Dietary Manager if bacon could be served to Resident #116. Interview with the Dietary Manager on 03/26/14 at 2:09 PM revealed the bacon should not be served to Resident #116. The Dietary Manager explained staff should use the therapeutic spreadsheet for guidance.	F 367			