

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345429	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/09/2015
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - PINELAKE			STREET ADDRESS, CITY, STATE, ZIP CODE 801 PINEHURST AVENUE CARTHAGE, NC 28327		
(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	
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and physician interview, the facility failed to assess the cause of rashes for 2 of 3 residents (Resident #3 and Resident #5) reviewed for rashes. The findings included:</p> <p>1. Resident #3 was admitted to the facility on 12/31/14.</p> <p>A review of the Infection Control Log revealed Resident #3 was assessed with a rash on 10/7/15 and was treated with Permethrin. The result of the treatment was not documented.</p> <p>A review of the Physician ' s Orders revealed an order dated 10/7/15 which stated " Permethrin cream: 5%: cover body: topical. Special Instructions: Wash off after 10 hours: at Bedtime. "</p> <p>No information pertaining to a rash was documented in the Nurses ' Notes from 10/7/15 until 12/9/15.</p> <p>An interview was conducted with the Attending Physician on 12/8/15 at 3:24 PM. He stated he</p>	F 309	<p>Disclaimer: Peak Resources acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions, the Plan of Correction is submitted as a written allegation of compliance. Preparation and submission of this plan of correction is in response to the 2567 from the December 8-9, 2015 complaint survey. Peak Resources response to the statement of deficiencies and plan does not denote agreement with the deficiency nor does it constitute an admission that the deficiency is accurate. Further, Peak Resources Pinelake reserves the right to refute any deficiency through informal dispute resolution, formal appeal, and/or other administrative or legal procedures.</p> <p>1. DON and SDC performed skin assessment on resident <input type="checkbox"/>s #3 and #5, Both residents were found to have no current rashes. 12/11/2015</p>	12/29/15	

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

TITLE

(X6) DATE

Electronically Signed

12/23/2015

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 309	<p>Continued From page 1</p> <p>had previously treated the resident ' s rash with other medications without success. He stated he did not know if the resident had an infection of scabies or how he could have contracted the disease. The Physician did not offer information regarding the effectiveness of the prescribed treatment. The Physician stated he could not recall if he had assessed the resident ' s rash. He stated he would have ordered a skin scraping to diagnose an infection of scabies if he had been made aware there was another resident at the facility with a possible diagnosis of scabies. The Physician further stated he did not know if the staff had informed him there was another resident in the facility with a possible diagnosis of scabies.</p> <p>An interview was conducted with Administrative Staff #1 on 12/9/15 at 3:08 PM. She stated she did not know if the resident was diagnosed with scabies and she did not know if the prescribed treatment was successful. Administrative Staff #1 did not offer an explanation as to why a skin scraping was not ordered for a diagnosis of scabies for Resident #3. She also stated she was not sure if the attending physician or the physician ' s nurse was informed there was another resident located in an adjacent room with a possible diagnosis of scabies in the facility.</p> <p>2. Resident #5 was admitted to the facility on 3/7/14.</p> <p>A review of the Infection Control Log revealed Resident #5 was assessed with a rash on 10/7/15 and was treated with Permethrin. The result of the treatment was not documented.</p> <p>A review of the Physician ' s Orders revealed an order dated 9/22/15 which stated "</p>	F 309	<p>2. Those with potential:</p> <p>A) All residents had a complete body audit performed on 12/11/2015. Audits were performed by DON, SDC and MDS nurses. Two residents were identified to have rashes present. These rashes had already been identified and addressed by MD as one fungal infection being treated and one dermatitis currently being treated.</p> <p>B) All residents will have complete body audits performed by Administrative nurses/charge nurses. Residents will be audited weekly for 8 weeks, then every 2 weeks for 1 month, then monthly for 3 months. Continued audits will be performed based on the prior 6 months of auditing.</p> <p>C) Any rashes found during skin assessments will be assessed by the MD for appropriate treatment.</p> <p>D) MD will determine the need for isolation upon assessment. If MD diagnoses rash as being contagious or has potential to be the resident will be placed on isolation until MD verifies resident is no longer contagious.</p> <p>E) If MD suspects scabies in a resident a referral will be made to a dermatologist for confirmation, in the meantime the resident will be placed on isolation and scabies protocol will be initiated.</p> <p>3. Systemic changes:</p> <p>A) SDC developed a lesson plan regarding rashes, notifying MD and treatment for rashes on 12/11/2015.</p>		

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F 309	<p>Continued From page 2</p> <p>Hydrocortisone cream: 1%: Thin amount to back: topical. Special Instructions: Apply thin amount to back topically, twice a day x one week. "</p> <p>A review of the Physician ' s Orders revealed an order dated 10/7/15 which stated " Permethrin cream: 5%: whole bottle: topical. Special Instructions: After shower apply to whole body. Replace sheets. "</p> <p>A review of the Physician ' s Orders revealed an order dated 10/8/15 which stated " Permethrin cream: 5%: whole bottle: topical. Special Instructions: After shower apply to whole body. Replace sheets. "</p> <p>A review of the Physician ' s Orders revealed an order dated 10/26/15 which stated " Permethrin cream: 5%: whole bottle: topical. Special Instructions: After shower apply to whole body. Replace sheets. "</p> <p>No information pertaining to a rash was documented in the Nurses ' Notes from 10/7/15 until 12/9/15.</p> <p>An interview was conducted with Administrative Staff #1 on 12/9/15 at 3:08 PM. She did not offer an explanation as to why a skin scraping was not ordered for a diagnosis of scabies for Resident #5. She stated she did not know if the resident was diagnosed with scabies and she did not know if the prescribed treatment was successful.</p>	F 309	<p>B) In-service education was provided to all nursing and housekeeping staff on 12/11/2015 through 12/29/15; all shifts, weekends and PRN staff by the SDC about scabies, signs and symptoms, charting, treatment, deep cleaning of rooms, isolation and personal protective equipment. Staff who are on leave of absence or otherwise not available will receive the in-service education prior to returning to an assignment.</p> <p>C) Multidisciplinary team to review all new orders at morning standup meeting daily. All weekend orders will be checked on Mondays at morning meeting to ensure all orders for potential skin disorders are identified timely.</p> <p>D) Education was provided by SDC on 12/11/2015 through 12/29/15 for all nursing staff; all shifts, weekends and PRN staff to notify DON, SDC and treatment nurse for any orders for Permethrin. Staff who are on leave of absence or otherwise not available will receive the in-service education prior to returning to an assignment.</p> <p>E) Any resident that has a skin rash that has been identified that does not respond to initial treatment or reappears within 6 months will have a dermatology consult. Education was provided by SDC on 12/11/2015 through 12/29/15 for all nursing staff; all shifts, weekends and PRN staff. Staff who are on leave of absence or otherwise not available will receive the in-service education prior to returning to an assignment.</p>		

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F 309	Continued From page 3	F 309	<p>4. Monitoring:</p> <p>A) The DON developed a monitoring tool on 12/13/2015 to assess residents that have developed new rashes to ensure the following: an accurate diagnosis is in place, there is an order in place for treatment, what is the start date and end date for the treatment, is the resident on contact precautions, is there a dermatologist referral in place, has the MD reassessed the resident after completion of treatment. Monitoring tool will be used for every resident that has developed a rash.</p> <p>B) Clinical Care Coordinator will complete a monitoring tool on every resident who develops a rash. Clinical Care Coordinator will bring tool to weekly Patients at Risk meeting for interdisciplinary team to review.</p> <p>C) All resident's skin will be audited for rashes or dermatological issues weekly for 8 weeks, then every 2 weeks for 1 month, then monthly for 3 months. Continued audits will be performed based on the prior 6 months of auditing, these audits will be done by Administrative nurses/Charge Nurses.</p> <p>5. QA: DON will bring results of these audits and monitoring tools to be reviewed monthly at the QAPI meeting for no less than 6 months.</p>		