

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/01/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEAK RESOURCES - SHELBY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1101 NORTH MORGAN STREET SHELBY, NC 28150</b>	
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F 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to repair 12 resident doors with broken and splintered laminate and wood on 3 of 4 resident hallways (Resident rooms #B8, #C5, #C8, #C12, #D3, #D4, #D5, #D6, #D8, #D9, #D10 and #D12) and failed to repair damaged wood and laminate on the edges of smoke prevention doors on 4 of 4 resident hallways (Hallways #A, #B, #C and #D).</p> <p>The findings included:</p> <p>1. a. Observations of Room #B8 on 08/30/16 at 9:00 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door. Observations on 08/31/16 at 3:15 PM revealed the door of resident room #B8 had broken and splintered laminate on the edges of the bottom half of the door. Observations on 09/01/16 at 3:51 PM during a tour with the Maintenance Director and Administrator revealed the door of resident room #B8 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>b. Observations of Room #C5 on 08/30/16 at 9:02 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p>	F 253	<p>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.</p> <p>F253</p> <p>No resident's were affected by broken and splintered laminate from the edges of the bottom of the doors. Resident's doors (rooms B8, C5, C8, C12, D3, D4, D5, D6, D8, D9, D10, and D12) will be repair. Order process (PO# 3CS1094) on September 19, 2016. Doors will be repair by removing small chips, scratches on the existing doors with Bondo in prep for film installation. Smoke prevention doors (A, B, C, and D hall) will be replaced. Order process (PO# 10842) on September 22, 2016.</p> <p>Maintenance Director to putty and sand the broken and splintered laminated on the edges of the bottom of doors (Rooms B8, C5, C8, C12, D3, D4, D5, D6, D8, D9, D10, and D12) and the smoke prevention doors (A, B, C, and D hall). Date of</p>	9/29/16

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

TITLE

(X6) DATE

Electronically Signed

09/23/2016

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 253	<p>Continued From page 1</p> <p>Observations on 08/31/16 at 3:16 PM revealed the door of resident room #C5 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 09/01/16 at 3:52 PM revealed the door of resident room #C5 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>c. Observations of Room #C8 on 08/30/16 at 9:03 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 08/31/16 at 3:17 PM revealed the door of resident room #C8 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 09/01/16 at 3:54 PM revealed the door of resident room #C8 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>d. Observations of Room #C12 on 08/30/16 at 9:05 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 08/31/16 at 3:19 PM revealed the door of resident room #C12 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 09/01/16 at 3:55 PM revealed the door of resident room #C12 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>e. Observations of Room #D3 on 08/30/16 at 9:06 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p>	F 253	<p>completion September 29, 2016.</p> <p>Resident's that have the potential of being affected by broken and splintered laminate on the edges of door, an audit will be completed for 100% to verify that no additional doors has broken or splintered laminate. Audit completed September 19, 2016.</p> <p>Education will be provided to all departments of the staff by Staff Development Coordinator (SDC) regarding the TELS system to inform Maintenance Director of repair including doors. In-service completed September, 29, 2016.</p> <p>An audit tool will be utilized to complete door audits to verify that doors are not broken or splintered laminate by Administrator or designee. 20% of doors will be audit weekly for 4 weeks. Audits will continue quarterly and results will determine if more frequent monitor is needed.</p> <p>Results of audit information will be reviewed and analyzed monthly by the Administrator at the Safety Committee Meeting for 2 months. Changes in Performance Improvement Plan will be accomplished when necessary.</p>		

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F 253	<p>Continued From page 2</p> <p>Observations on 08/31/16 at 3:20 PM revealed the door of resident room #D3 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 09/01/16 at 3:56 PM revealed the door of resident room #D3 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>f. Observations of Room #D4 on 08/30/16 at 9:08 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 08/31/16 at 3:22 PM revealed the door of resident room #D4 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 09/01/16 at 3:57 PM revealed the door of resident room #D4 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>g. Observations of Room #D5 on 08/30/16 at 9:09 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 08/31/16 at 3:23 PM revealed the door of resident room #D5 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 09/01/16 at 3:58 PM revealed the door of resident room #D5 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>h. Observations of Room #D6 on 08/30/16 at 9:11 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p>	F 253			

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F 253	<p>Continued From page 3</p> <p>Observations on 08/31/16 at 3:24 PM revealed the door of resident room #D6 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 09/01/16 at 3:59 PM revealed the door of resident room #D6 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>i. Observations of Room #D8 on 08/30/16 at 9:13 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 08/31/16 at 3:26 PM revealed the door of resident room #D8 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 09/01/16 at 4:01 PM revealed the door of resident room #D8 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>j. Observations of Room #D9 on 08/30/16 at 9:15 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 08/31/16 at 3:27 PM revealed the door of resident room #D9 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 09/01/16 at 4:03 PM revealed the door of resident room #D9 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>k. Observations of Room #D10 on 08/30/16 at 9:16 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p>	F 253			

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F 253	<p>Continued From page 4</p> <p>Observations on 08/31/16 at 3:29 PM revealed the door of resident room #D10 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 09/01/16 at 4:05 PM revealed the door of resident room #D10 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>I. Observations of Room #D12 on 08/30/16 at 9:18 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>Observations on 08/31/16 at 3:32 PM revealed the door of resident room #D12 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 09/01/16 at 4:06 PM revealed the door of resident room #D12 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>2 a. Observations of the smoke prevention doors on A hall on 08/30/16 at 9:30 AM revealed double doors with broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>Observations on 08/31/16 at 3:40 PM revealed double smoke prevention doors on A hall with broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>Observations on 09/01/16 at 4:08 PM revealed double smoke prevention doors on A hall with broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>b. Observations of the smoke prevention doors on B hall on 08/30/16 at 9:33 AM revealed double doors with broken and splintered laminate on the edges of the bottom half of the doors.</p>	F 253			

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F 253	<p>Continued From page 5</p> <p>Observations on 08/31/16 at 3:42 PM revealed double smoke prevention doors on B hall with broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>Observations on 09/01/16 at 4:10 PM revealed double smoke prevention doors on B hall with broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>c. Observations of the smoke prevention doors on C hall on 08/30/16 at 9:35 AM revealed double doors with broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>Observations on 08/31/16 at 3:45 PM revealed double smoke prevention doors on C hall with broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>Observations on 09/01/16 at 4:12 PM revealed double smoke prevention doors on C hall with broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>d. Observations of the smoke prevention doors on D hall on 08/30/16 at 9:37 AM revealed double doors had broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>Observations on 08/31/16 at 3:47 PM revealed doubled smoke prevention doors on D hall with broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>Observations on 09/01/16 at 4:15 PM revealed doubled smoke prevention doors on D hall with broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>During an interview and environmental tour on 09/01/16 at 3:28 PM with the Maintenance Director and Administrator, the Maintenance Director stated the only special project currently in</p>	F 253			

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F 253	Continued From page 6 progress in the facility was painting and that was ongoing. He explained the facility used a work order system and staff could log into any computer in the building and enter anything maintenance needed to repair. He further explained once staff entered the information it went directly to his cell phone and he knew what needed to be fixed immediately. He stated staff also stopped him when he made rounds and he reminded staff to enter the information into the computer so it would be addressed and logged. He confirmed the edges of the resident doors and smoke prevention doors had chipped and broken laminate on the bottom half of the doors. He confirmed staff had not reported the damage to the doors to him and he was not aware of the damage. He stated he expected for staff to log the doors that had splintered and damaged laminate and wood into the computer work order system so he could have made repairs to them.  During an interview on 09/01/16 at 4:49 PM with the Administrator she stated it is her expectation for staff to use the computerized work order system to document when doors were splintered or damaged so that the Maintenance Director was notified. She further stated she then expected the Maintenance Director to make the needed repairs.	F 253			
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED  The assessment must accurately reflect the resident's status.  A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.	F 278		9/26/16	

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F 278	<p>Continued From page 7</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews the facility failed to code the Minimum Data Set (MDS) accurately for 1 of 2 sampled residents reviewed for dental status (Resident #10).</p> <p>Findings included:</p> <p>Resident #10 was admitted to the facility on 03/06/12 and had diagnoses which included dementia with behavioral disturbances, diabetes, hypertension, seizures, anxiety, and depression. The annual Minimum Data Set (MDS) dated 02/17/16 indicated Resident #10 was severely</p>	F 278	<p>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.</p> <p>F278</p> <p>For resident #10, the admission Minimum Data Set (MDS) date 7/28/16 was modified and resubmitted to accurately code oral/dental status documented in the</p>		



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F 278	<p>Continued From page 8</p> <p>impaired and required extensive assistance for transfers and activities of daily living such as bathing, toileting, and dressing. The MDS revealed dental status indicated there were no problems present.</p> <p>Observations on 08/30/16 at 4:04 PM revealed Resident #10 was edentulous (had no teeth).</p> <p>An interview and observation on 09/01/16 at 3:05 PM revealed Nurse #1 stated she could not recall the dental status of Resident #10. Nurse #1 then observed Resident #10's mouth and confirmed Resident #10 was edentulous. Nurse #1 explained dental status for Resident #10 on the MDS was assessed by the Dietary Manager.</p> <p>Interviews with 2 MDS nurses, Nurse #2 and Nurse #3, were conducted on 09/01/16 at 3:17 PM. During the interview both Nurse #2 and Nurse # 3 stated the MDS assessment dated 02/17/16 was coded inaccurately because Resident #10 had no teeth.</p> <p>The Dietary Manager was interviewed on 09/01/16 at 3:27 PM and stated Resident #10 was edentulous and the MDS should have been coded to indicate the correct dental status.</p> <p>During an interview with the Director of Nursing on 09/01/16 at 3:40 PM she stated she expected the MDS to be completed accurately in regard to dental status.</p>	F 278	<p>resident's medical record within the 7 day look back period.</p> <p>For all residents with the potential to be affected, an audit will be completed for 100% of all residents to verify that oral/dental status were accurately coded on the MDS assessment. Assessments will be modified as needed. Audit completed by September 26, 2016.</p> <p>For the systemic change, education will be provided to the Interdisciplinary Care Plan Team by the Director of Nursing/RN Consultant regarding the assessment process and coding the MDS accurately. Staff on FMLA will be education upon return. In-service completed by September 26, 2016.</p> <p>An MDS accuracy audit tool was developed which includes the following:</p> <p>(1) For the assessment period, are there residents with any dental appliances for dental issues.</p> <p>(2) If yes, are they documented in section L of the MDS occurring in the 7 day look back period? Are they coded accurately?</p> <p>(3) Did the triggered areas lead to a CAA and is the CAA completed?</p> <p>(4) Are any dental issues in the CCP (comprehensive care plan)?</p> <p>Audit tool will be utilized to complete audits of MDS assessments to verify that</p>		

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F 278	Continued From page 9	F 278	<p>oral/dental status are coded accurately. Director of Nursing will audit 50% comprehensive assessments for 2 weeks, 25% for 2 weeks, and 10% for 4 weeks to ensure compliance is sustained.</p> <p>Results of audit information will be analyzed and reviewed monthly by the Director of Nursing at the QAPI Committee meetings for 3 months. Changes in the Performance Improvement Plan will be accomplished when necessary.</p>		