

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345458</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/01/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PEAK RESOURCES - TREYBURN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2059 TORREDGE ROAD</b> <b>DURHAM, NC 27712</b>
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F 157 SS=D	<p>483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment</p>	F 157		3/1/17
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>02/21/2017</b>
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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 157	<p>Continued From page 1 as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by: Based on record review and staff and family interviews the facility failed to notify the responsible party for changes in condition for 1 of 1 resident. (Resident #1)</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 11/27/15. Diagnoses included high blood pressure, renal failure, osteoarthritis and dysphagia.</p> <p>The minimum data set (MDS) annual assessment dated 11/18/16 revealed Resident #1 was cognitively intact and was frequently incontinent of bowel and bladder. The resident was not coded as having any skin issues.</p> <p>The notification policy and procedure revised November 2016, was provided and stated "the facility shall promptly notify the resident, his or her attending physician and the resident representative of changes in the resident 's condition and or status."</p> <p>A review of a nursing note written on 11/30/16 by Nurse #4 at 11:28 pm revealed the resident had a poor appetite, was refusing to eat her pureed diet</p>	F 157	<p>F - 157</p> <p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by dates indicated.</p> <p>Interventions for affected resident:</p> <p>Resident #1 no longer resides in the facility.</p> <p>Interventions for residents identified as having the potential to be affected:</p> <p>By 3/1/17, an audit will be completed of the facility 24 hour report form from 2/1/17  <input type="checkbox"/> 2/14/17 to ensure any resident change in condition has been communicated with</p>		

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F 157	<p>Continued From page 2</p> <p>and drank 25% of her broth. The note further added Prostat 30 milliliters (a protein supplement to help with wounding healing) was started that day for skin breakdown, the resident was confused and a urine specimen was collected.</p> <p>An interview with the Responsible Party (RP) on 1/31/17 at 3:35 pm revealed the RP visited the resident often as well as another family member and the other family member was not aware of the changes in her condition either. The RP reported she observed the resident on 11/30/16 while visiting and the resident "was not herself," but no one told her or the other family member anything was wrong with Resident #1.</p> <p>An interview with Nurse #1 on 2/1/17 at 12:45 pm was conducted. Nurse #1 stated she took care of Resident #1 on 11/30/16 and she confirmed there was no documentation to support she had informed the RP of Resident #1 ' s change in condition and treatment on 11/30/16. Nurse #1 revealed if there was a change in condition of a resident, the protocol was to notify the nursing supervisor, the physician, and the family member and then to document the notification in the nurse ' s notes.</p> <p>An interview was conducted with the Unit Manager (UM) on 2/1/17 at 1:00 pm. The UM revealed he was not aware of the resident having a change of condition. He reported that if the nurses noticed a change of condition, the expectation was to notify the unit manager or the nursing supervisor, the physician and the responsible party and document the appropriate parties were notified. The UM confirmed that there was no documentation to support the responsible party had been notified.</p>	F 157	<p>responsible party.</p> <p>Systemic Change:</p> <p>By 3/1/17, the facility Staff Development Coordinator will educate all Licensed Nurses on F-157 change in condition with emphasis on proper notification of responsible party of any change in condition.</p> <p>During daily clinical meeting, the 24 hour report will be audited by the Nursing Management team to ensure any change in condition identified has been communicated with the responsible party.</p> <p>Monitoring of the change to sustain system compliance ongoing:</p> <p>Monthly for a minimum of three (3) months, the Director of Nursing will report completed audit results to the Quality Assurance and Performance Improvement Committee. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained ongoing; and determine the need for further auditing beyond the three months.</p>		

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

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OMB NO. 0938-0391

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F 157	Continued From page 3  An interview with Nurse #4 on 2/1/17 at 4:30 pm revealed that she recalled the resident not feeling well on 11/30/16 and nursing needed to obtain a urine specimen due to resident ' s change in mental status. Nurse #4 reported she did not call the resident ' s responsible party to report the change in condition or the new orders. Nurse #4 stated the protocol was to notify the supervisor, the physician and the responsible party if there were any changes in the resident ' s condition and document that all parties were notified.  An interview was conducted with the Director of Nursing (DON) on 2/1/17 at 4:40 pm. The DON revealed her expectation of the nurses was to follow the notification policy and procedure, notifying the appropriate staff and the responsible party of changes in condition of any resident.	F 157			
F 164 SS=D	483.10(h)(1)(3)(i); 483.70(i)(2) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS  483.10 (h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  (h)(3)The resident has a right to secure and confidential personal and medical records.  (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.	F 164		3/1/17	

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F 164	Continued From page 4  §483.70 (i) Medical records. (2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-  (i) To the individual, or their resident representative where permitted by applicable law;  (ii) Required by Law;  (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;  (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews the facility failed to maintain the resident ' s privacy due to the lack of disrepair of a bathroom door in 1 of 1 resident ' s room. (Resident #4)  Findings included:  Resident #4 was admitted to the facility on 2/8/05. Diagnoses included neuropathy and quadriplegia.  The MDS quarterly assessment dated 11/16/16	F 164	F - 164 The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's		

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F 164	<p>Continued From page 5</p> <p>revealed the resident was cognitively intact. He required an extensive assist with two staff assist with toileting and extensive assist with one staff assist with hygiene. The resident had impairment to bilateral lower extremities and used a motorized wheelchair for mobility.</p> <p>A record review of the care plans revealed a plan of care for bladder and bowel incontinence related to quadriplegia. The resident required limited to total assist with all activities of daily living (ADLs). The appropriate goals and interventions were in place which were approachable and measurable.</p> <p>An observation on 1/31/17 at 10:45 am revealed the bathroom door for Resident #4 was in disrepair. The first layer of the wood on the door was noted to be missing in several areas. There were multiple scratches and surface dents noted on the door. The hinges to the left of the door had peeling paint and exposed wood around them. Additionally, the door latch area and the strike plate area was significantly worn with exposed wood which was chipped and frayed. The door latch would not secure into the strike plate when the door was closed.</p> <p>An interview with the Maintenance Director on 1/31/17 at 10:50 am revealed that he was aware the door was in need of repair. The MD reported that he attempted to get it fixed within the last month.</p> <p>An interview with Resident #4 on 2/1/17 at 9:36 am revealed the staff transferred him to the bathroom on the stand lift machine if he had to have a bowel movement, otherwise he would use his urinal. The resident reported his bathroom</p>	F 164	<p>allegation of compliance. All alleged deficiencies cited have been or will be completed by dates indicated.</p> <p>Interventions for affected resident:</p> <p>Resident #4 bathroom door was repaired on 2/2/17. The facility replaced Resident #4 bathroom door with a brand new door on 2/24/17.</p> <p>Interventions for residents identified as having the potential to be affected:</p> <p>On 2/1/17, the Maintenance Director and Administrator completed a facility wide audit of resident entrance and bathroom doors to ensure close properly. No other doors found to have latch issues.</p> <p>Systemic Change: Maintenance Director will perform facility audit of resident entrance and bathroom doors monthly for (3) three months to ensure doors close properly.</p> <p>By 3/1/17, Facility Staff will be educated by the Administrator and Maintenance Director on proper notification of damaged doors and completion of maintenance work order.</p> <p>Monitoring of the change to sustain system compliance ongoing:</p> <p>Monthly for a minimum of three (3) months, the Director of Nursing will report completed audit results to the Quality Assurance and Performance</p>		

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F 164	Continued From page 6 door had been broken since the summer. Resident #4 stated the facility was aware that the door needed to be repaired because it did not shut securely. The resident indicated when he used the bathroom, the bathroom door remained opened. The resident reported he didn ' t like the fact that it did not shut properly and he wanted his privacy while using the bathroom. The resident stated that it bothered him he did not have privacy while in the bathroom.  An interview with the Administrator on 2/1/17 at 4:45 pm revealed his expectation of the Maintenance Director was to repair the door when it was discovered to be in disrepair last summer. Additionally, he added the resident should have been offered to be moved to another room with a bathroom door that shut properly for his safety and dignity.	F 164	Improvement Committee. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained ongoing; and determine the need for further auditing beyond the three months.		
F 465 SS=D	483.90(h)(5) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON  (h) Other Environmental Conditions  The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  (h)(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews the facility failed to repair a bathroom	F 465	F-465 The statements included are not an	3/1/17	

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F 465	<p>Continued From page 7</p> <p>door in 1 of 1 resident ' s room (Resident #4).</p> <p>Findings included:</p> <p>Resident #4 was admitted to the facility on 2/8/05. Diagnoses included neuropathy and quadriplegia. The Minimum Data Set (MDS) quarterly assessment dated 11/16/16 revealed the resident was cognitively intact. He required an extensive assistance with assist of two staff with toileting and extensive assistance of one staff with hygiene. The resident had impairment to bilateral lower extremities and used a motorized wheelchair for mobility.</p> <p>An observation on 1/31/17 at 10:45 am revealed the bathroom door for Resident #4 was in disrepair. The first layer of the wood on the door was noted to be missing in several areas. There were multiple scratches and surface dents noted on the door. The hinges to the left of the door had peeling paint and exposed wood around them. Additionally, the door latch area and the strike plate area was significantly worn with exposed wood which was chipped and frayed. The door latch would not secure into the strike plate when the door was closed.</p> <p>An interview with the Maintenance Director (MD) on 1/31/17 at 10:50 am revealed that he was aware the door was in need of repair. The MD reported that he attempted to get it fixed within the last month. The MD stated the new door was going to cost approximately \$1,250.00. The MD reported he did not know how long it was in disrepair. The MD stated when there were concerns or anything that needed to be repaired, the staff reported the issues to him and he took care of the concern.</p>	F 465	<p>admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by dates indicated.</p> <p>Interventions for affected resident:</p> <p>Resident #4 bathroom door was repaired on 2/2/17. The facility replaced Resident #4 bathroom door with a brand new door on 2/24/17.</p> <p>Interventions for residents identified as having the potential to be affected:</p> <p>On 2/1/17, the Maintenance Director and Administrator completed a facility wide audit of resident entrance and bathroom doors to ensure close properly. No other doors found to have latch issues.</p> <p>Systemic Change: Maintenance Director will perform facility audit of resident entrance and bathroom doors monthly for (3) three months to ensure doors close properly.</p> <p>By 3/1/17, Facility Staff will be educated by the Administrator and Maintenance Director on proper notification of damaged</p>		



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F 465	Continued From page 8  An interview with Resident #4 on 2/1/17 at 9:36 am revealed the staff transferred him to the bathroom on the stand lift machine if he had to have a bowel movement, otherwise he would use his urinal. The resident reported his bathroom door had been broken since the summer. Resident #4 explained the facility was aware that the door needed to be repaired because it did not shut securely. The resident added when he used the bathroom, the bathroom door remained opened.  An interview with the Administrator on 2/1/17 at 4:45 pm revealed his expectation of the Maintenance Director was to repair the door when it was discovered to be in disrepair last summer. Additionally, he added the resident should have been offered to be moved to another room with a bathroom door that shut properly for his safety and dignity.	F 465	doors and completion of maintenance work order.  Monitoring of the change to sustain system compliance ongoing:  Monthly for a minimum of three (3) months, the Director of Nursing will report completed audit results to the Quality Assurance and Performance Improvement Committee. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained ongoing; and determine the need for further auditing beyond the three months.		