STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETE:
	345429	A. BUILDING: _____ B. WING _____	7/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 157	483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)

(g)(14) Notification of Changes.

(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-

(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;

(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);

(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

(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).

(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.

(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-

(A) A change in room or roommate assignment as specified in §483.10(e)(6); or

(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.

(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 interview, the facility failed to have accurate Responsible Party contact information for one of two sampled residents (Resident #19). The findings included:

On 7/18/17 at 9:14 AM, a telephone family interview was conducted regarding Resident #19. The contact information for the Responsible Party for Resident #19 had been obtained from the face sheet located on the medical record and verified on the computerized chart. The family member that answered the telephone stated the Responsible Party information was no longer correct as the Responsible Party had expired two years ago. The family member stated another relative was now the Responsible Party.

On 7/18/17 at 9:57 AM, an interview was conducted with MDS Nurse #1 who stated the social worker was responsible for changes to the face sheet and keeping the Responsible Party information up to date. She

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETE:
	345429	A. BUILDING: _____ B. WING _____	7/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	**801 PINEHURST AVENUE CARTHAGE, NC**

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 157	Continued From Page 1

stated, if the social worker was not available, the Business Office Manager also assisted in keeping the information on the face sheet accurate.

On 7/18/17 at 10:10 AM, an interview was conducted with the Business Office Manager. She stated she assisted the social worker in making sure the face sheet had the most current information. She said she had worked at the facility about 1 1/2 years. She reviewed the information on the face sheet for Resident #19 and stated she was not aware that the responsible Party information was incorrect.

On 7/20/2017 at 10:07 AM, an interview was conducted with the Director of Nursing who stated she expected the contact information to be up to date and accurate.