TENTERS I	OR MEDICARE & MEDICAID SERVICES			A FURWI				
STATEMENT	OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY				
NO HARM WI	TH ONLY A POTENTIAL FOR MINIMAL HARM		A. BUILDING:	COMPLETE:				
FOR SNFs AN								
		345013	B. WING	1/11/2023				
		STREET ADDRESS, CITY, STATE, ZIP CODE						
NAME OF PRO	OVIDER OR SUPPLIER							
PEAK RES	OURCES - CHARLOTTE	3223 CENTRA						
DI XIX IXEO	ockels - chimbol le	CHARLOTTE	, NC					
ID								
PREFIX								
TAG	SUMMARY STATEMENT OF DEFICIE	NCIES						
	,							
F 583	Personal Privacy/Confidentiality of Re	cords						
	CFR(s): 483.10(h)(1)-(3)(i)(ii)							
	§483.10(h) Privacy and Confidentiality	y.						
			tiality of his or her personal and medica	il records.				
		,	r					
	8483 10(h)(l) Personal privacy include	es accommodations	s, medical treatment, written and telepho	one				
			mily and resident groups, but this does					
	the facility to provide a private room f		miny and resident groups, but this does	not require				
	the facility to provide a private room is	or each resident.						
	\$492.10(1)(2) The Collis							
			t to personal privacy, including the righ					
		ten, and electronic communications, including the right to send and						
	promptly receive unopened mail and o	ther letters, packag	ges and other materials delivered to the	facility for				
	the resident, including those delivered	through a means o	ther than a postal service.					
	§483.10(h)(3) The resident has a right	to secure and conf	idential personal and medical records.					
			onal and medical records except as prov	rided at				
	§483.70(i)(2) or other applicable feder		F					
			of the State Long-Term Care Ombudsma	an to				
	examine a resident's medical, social, as			an 10				
			ecords in accordance with State law.					
	This REQUIREMENT is not met as e		1 1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
			led to protect the private health informa					
		f9) when their con	fidential medical information was left vi	isible and				
	unattended in a common area.							
	The findings included:							
	Resident #8 was admitted to the facility on 12/23/22.							
	Resident #9 was admitted to the facility	y on 1/6/23.						
	A continuous observation was made or	n 1/10/23 from 1:5	2PM to 1:59PM of an unattended medic	cation cart				
	computer located on the 300 hall. The	Medication Aide	(MA) #1 left the medication cart compu	iter open with				
	Resident #8 and Resident #9's patient i	information visible	to the public when she went into the ba	ack room				
			ontrolled substance medication screen sl					
			an ordered medications on the computer					
			During this time, two other staff member					
			cation cart computer screen. At 1:59 PM					
	I		to approach the medication cart. The	medication				
	cart computer timed out and displayed	a black screen.						
	An interview was completed with MA	#1 on 1/10/23 at 2	:00 PM. MA #1 stated she knew she sl	nouldn't have				

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

The above isolated deficiencies pose no actual harm to the residents

	FOR MEDICARE & MEDICAID SERVICES OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY				
	ITH ONLY A POTENTIAL FOR MINIMAL HARM	FROVIDER#	A. BUILDING:	COMPLETE:				
OR SNFs AN		345013	B. WING	1/11/2023				
	OVIDER OR SUPPLIER SOURCES - CHARLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 3223 CENTRAL AVENUE CHARLOTTE, NC						
D REFIX AG	SUMMARY STATEMENT OF DEFICI	ENCIES						
F 583	Continued From Page 1 left the computer screen open but was resident documentation and staff composition confidentiality of Resident #8 and Resorther people to read. MA#1 communimedication cart computer. An interview with the Director of Nurhave locked the screen or covered it with the DON. The DON further explained	munication). MA#1 sident #9's medical i nicated she should have sing (DON) on 1/10 when she walked awa	verbalized she had to maintain privanformation and should not leave it expave hit the "walk-away" button prior to 1/23 at 2:32 PM revealed the medication. There was a button to click to lock	cy and posed for o leaving the on aide should the screen per				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	COM	TE SURVEY MPLETED C
		345013	B. WING			1	/11/2023
	PROVIDER OR SUPPLIER			3223	EET ADDRESS, CITY, STATE, ZIP CODE 3 CENTRAL AVENUE ARLOTTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	ITS	FC	000			
	on 1/9/23 through were investigated: NC00194386. The 3 were substantial Event ID # CUNJ1 Resident Rights/E	xercise of Rights	F 5	550			1/31/23
SS=G	§483.10(a) Reside The resident has a self-determination access to persons						
	with respect and c resident in a mann promotes mainten her quality of life,	icility must treat each resident lignity and care for each her and in an environment that hance or enhancement of his or recognizing each resident's facility must protect and softhe resident.					
	access to quality of severity of condition must establish and practices regardin provision of services	e facility must provide equal care regardless of diagnosis, on, or payment source. A facility d maintain identical policies and g transfer, discharge, and the ses under the State plan for all ess of payment source.					
		the right to exercise his or her not of the facility and as a citizen					
ABORATOR	Y DIRECTOR'S OR PROV	'IDER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE		TITLE		(X6) DATE
Electron	nically Signed						01/30/202

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.

Electronically Signed

	OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '	NG	COME	PLETED
		345013	B. WING		01/1	C 11/2023
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3223 CENTRAL AVENUE CHARLOTTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 550	resident can exerce interference, coerce from the facility. §483.10(b)(2) The free of interference reprisal from the facility and to be surexercise of his or his subpart. This REQUIREME by: Based on record reprisal finterviews care in a manner to dignity who was decare for 1 of 3 resifor dignity. Resident assistance with incompart and she felt as wrong to be treated. The findings included Resident #3 was an 1/26/17. Resident difficulty walking, go and hypotension. A review of the qual (MDS) assessment Resident #3 was an verbalize her need effectively with oth extensive assistant Resident #3 also rewith activities of days with activities of days and hypotension.	facility must ensure that the ise his or her rights without tion, discrimination, or reprisal resident has the right to be e, coercion, discrimination, and acility in exercising his or her pported by the facility in the ner rights as required under this enter rights as required under this enter the facility failed to provide that maintained a resident's expendent with incontinence dents (Resident #3) reviewed in the facility failed to provide that maintained a resident's expendent with incontinence dents (Resident #3) reviewed in the facility failed to provide that separate waiting for continence care made her feels if she had done something dithat way.		The statements included are no admission and do not constitute agreement with the alleged definerein. The plan of correction completed in the compliance of federal regulations as outlined. in compliance with all federal ar regulations the center has take take the actions set forth in the plan of correction. The following correction constitutes the center allegation of compliance. All all deficiencies cited have been. How corrective action will be accomplished for those resident have been affected by the deficient practice: Resident #3 suffered no physice effects related to the staffs allegation practice. Resident #3 the facility with no residual advertisets. How the facility will identify other	ciencies is is is state and To remain nd state n or will following g plan of ir s leged ats found to sient al adverse ged remains at erse	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		SURVEY PLETED
			A. BUILD	ING _			
		345013	B. WING				11/2023
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DEAK DI	ESCUIDCES CHADI	OTTE		32	223 CENTRAL AVENUE		
PEAN KI	ESOURCES - CHARL	OTTE		С	HARLOTTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 550	*	ntly incontinent of bowel.	F 5	550	having the potential to be affected same deficient practice:	by the	
	on the hall where Rentering Resident # consistent with a better Resident #3 was of left side facing the the bed all while gr #3 stated that she cleaned up as she resident stated that call light to ask for member came to hlight and stated that come to help her. If she had been water bed and noticed that the staff member left Resident #3 was even light again at 1:00 light.	8 PM an observation was done desident #3 resided. Upon #3's room a distinct smell owel movement was noted. Observed to be turned on her door with her bottom raised off ipping the side rail. Resident needed assistance with being had soiled herself. The tashe had previously used her assistance and that a staff her room and turned off the call of they would have someone Resident #3 further stated that whing the clock across from her at an hour had passed after eft and never returned. Incouraged to activate her call PM.			All other incontinent residents in the facility have the potential to be affer An audit was conducted on Januar 2023; by the Assistant Administrate Nursing Management team by interviewing and/or direct observate determine if any additional resident not receive incontinent care timely determined that no other residents adversely affected by the alleged of practice. Address what measures will be purplace or systemic changes made to ensure that the deficient practice were reviewed by facility administration on January 27, 2023	cted. y 27, or and ion to ts did It was were leficient t into o vill not	
	1/10/23 from 1:00 I #1 was observed in member was prese Resident #3's call I ringing and the ligh indicated the call ligh Housekeeper #1 si Resident #3's call I some time. Housel room to seek staff unsuccessful. She members sitting at surveyor approach	PM to 1:40 PM, Housekeeper in the hallway, but no other staff ent, and no one answered ight. A call bell was heard it outside the room that ght had been activated was ontated that she noticed that ight had been alarming for keeper #1 went from room to to help Resident #3 but was noted that there were staff the nurses' station. The ed the nurses' station and de (NA) #1 sitting beside the			no updates were necessary. NA #1 was educated by the Direct Nursing on January 27, 2023, on the importance of answering call lights timely matter and if unable to fulfill resident sequest, that the Certifical Nursing Assistant and/or nurse is not the resident needs/requests. End also included responding to audible from the call light system by looking each hall to see which room light resident illuminated in the instance that the is malfunctioning. In the instance to monitor is malfunctioning to enter request into the electronic system.	or of he s in a ed hotified lucation e alerts g down might be monitor hat the a repair	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE COMF	PLETED
		345013	B. WING				, 1/2023
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		.,
					223 CENTRAL AVENUE		
PEAK RE	ESOURCES - CHARL	OTTE		C	HARLOTTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 550	Continued From pa	age 3	F 5	50			<i>*</i>
F 550	NA #1 was observed Resident #3 what is PM. NA #1 stated to Resident #3 and care to another resident #1 entered the roof she needed assistate because she had a conducted with NA Resident #3's call I sitting at the nurses system monitor was light monitor at the displayed which rocall light and Resident #3. Noon another hall assistance. She further checked on Reside when she picked uranswered call light case. On 1/10/23 at 2:15 conducted with NA for Resident #3. Noon another hall assistance. She further checked on Reside when she picked uranswered call light case. On 1/10/23 at 2:15 conducted with Nu Resident #3. Nurse unaware that Resident #3.	ed walking down the hall to ask she needed on 1/10/23 at 1:50 hat she had not been assigned her nurse aide was providing ident on another hall. As NA m, Resident #3 told NA #1 that ance with being changed bowel movement. PM, an interview was #1. She stated she didn't hear ight going off while she was s' station and that the call light sn't working properly. The call nurses' station normally om number had an activated lent #3's room number did not onitor. PM, an interview was #2 who was assigned to care A #2 stated that she had been sisting another resident and Resident #3 needed rther stated that she had last ent #3 at around 12:45PM p her meal tray and Resident concerns to her. She also se aide was in another room or member sometimes s but that was not always the PM, an interview was rese #1 who was assigned to e #1 stated that she was dent #3 had her call light on	F 5	550	All staff will be educated regarding to importance of answering call lights it imely matter and if unable to fulfill resident sequest, that the Certifien Nursing Assistant and/or nurse is not of the resident needs/requests. This be completed by the Director of Nurand/or designee by January 31, 202. This education will include the follow. The resident has a right to a digexistence, self-determination, and communication with and access to persons and services inside and outhe facility. A facility must treat each reside respect and dignity and care for each resident in a manner and in an environment that promotes mainten or enhancement of his or her quality life, recognizing each resident's individuality. The facility must protect and prother rights of the resident. The resident has the right to exhis or her rights as a resident of the und as a citizen or resident of the Ustates. The facility must ensure that the resident can exercise his or her righ without interference, coercion, discrimination, or reprisal from the form the form of the problems associated with incontinence and moisture, including breakdown Preventing skin breakdown by providing timely incontinence care	in a In a	
	unaware that Resident and had been wait					ecked	

PRINTED: 02/01/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE	SURVEY
		345013	B. WING			01/1) 1/2023
	PROVIDER OR SUPPLIER			S:	TREET ADDRESS, CITY, STATE, ZIP CODE 223 CENTRAL AVENUE CHARLOTTE, NC 28205	1 0171	172023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 550	resident needs sho Nurse #1 stated sho prior to 1:00 PM be her call light for ass no complaints or coturned off the call light Resident #3 told he anything, so she left On 1/11/23 from 9:0 observation and int Resident #3. Upon noticeable odor of fobserved laying on needed to be clean someone came into turned off her call light return but never did waiting since. Resident waiting since. Resident waited for an exten changed. Resident waited for an exten changed. Resident her feel as if she has when she was treat stated that sometim time before she was care. On 1/11/23 at 11:50 Director of Nursing should answer call resident needs between the stated all staff were lights in a timely may be a stated that sometimes the stated all staff were lights in a timely may be a stated that sometimes the stated all staff were lights in a timely may be a stated that sometimes the stated all staff were lights in a timely may be a stated that sometimes the stated all staff were lights in a timely may be a stated that staff were lights in a timely may be a stated that staff were lights in a timely may be a stated that staff were lights in a timely may be a stated that staff were lights in a timely may be a stated that staff were lights in a timely may be a stated that staff were lights in a timely may be a staff were lights in a timely may be a staff were lights in a timely may be a staff were lights in a timely may be a staff were lights.	a another hall. She also stated uld be addressed promptly. e last checked on Resident #3 cause the resident activated sistance, and she had voiced oncerns to her when she ght. Nurse #1 stated that er that she didn't need	F	550	minimum to determine the need for incontinence care. "The staff is to ensure someone always present on the floor to meeresident srequests. If non-clinical should respond to call lights and at able to meet the resident sneeds requests, they are to inform the nuthor certified nursing assistant immered. The staff must respond to auditalerts from the call system by looking down each hall to see which room might be illuminated in the instance the monitor is malfunctioning. In the instance that the monitor is malfunctioning. In the instance that the monitor is malfunctioning into the electronic system (TELS). Any staff out on leave or prince their assignment by the Director of Nursing/designee. Newly hired state contracted staff will be educated discontracted staff will be educate	e is t I staff re not or rse and ediately. ble ng light e that e ctioning nance will be ff and uring onitor nitor t timely ed as ermine	

that even if the call light system had not been

The Director of Nursing, Assistant

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COME	SURVEY PLETED
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		345013	B. WING			01/1	1/2023
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DEAK DE	SOURCES - CHARL	OTTE		32	223 CENTRAL AVENUE		
FLANKE	SOURCES - CHARL	OTTE		C	HARLOTTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 550	Continued From pa		F 5	50			
	working call lights of the nurses' st	were still audible and visible ation.			Administrator and /or designee will incontinent residents weekly x 4 we then biweekly x 4 weeks, then mon month. These audits will occur on random days, shifts, and weekends audit will include observations and interviews to ensure compliance. The need for further monitoring will be determined by the prior month of at An audit tool was developed to mor call light answering times. Call light tool will be completed by Nursing Management team 2 x weekly x 4 weeks. The results of these audit determine the need for further mon Results of these audits will be brouthe Quality Assurance and Perform Improvement (QAPI) Committee M by the Director of Nursing monthly months for review and further recommendations.	eks, thly x1 s. The The uditing. nitor for audit weeks, eekly x s will itoring. ght to ance eeting x 3	
	ADL Care Provided CFR(s): 483.24(a)	d for Dependent Residents (2)	F6	677	Completion date. January 31, 2023)	1/31/23
	out activities of dai services to maintal personal and oral I This REQUIREME by: Based on record r staff, and family m failed to provide in	sident who is unable to carry ly living receives the necessary in good nutrition, grooming, and hygiene; ENT is not met as evidenced review, observations, resident, ember interviews, the facility continence care to 1 of 3 ats (Resident #3) reviewed for			The statements included are not a admission and do not constitute agreement with the alleged deficient herein. The plan of correction is		

C 01/11/2023 REET ADDRESS, CITY, STATE, ZIP CODE 23 CENTRAL AVENUE HARLOTTE, NC 28205 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 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 constitutes the center sallegation of compliance. All alleged deficiencies cited have been.
REET ADDRESS, CITY, STATE, ZIP CODE 23 CENTRAL AVENUE HARLOTTE, NC 28205 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 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 sallegation of compliance. All alleged
PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 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 sallegation of compliance. All alleged
COMPLETION DATE
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
How corrective action will be accomplished for those residents found to have been affected by the deficient practice: On January 10, 2023, NA #1 provided incontinence care to Resident #3. Resident #3 remains at the facility with no residual adverse effects. How the facility will identify other residents having the potential to be affected by the same deficient practice: All other incontinent residents in the facility have the potential to be affected. An audit was conducted on January 27, 2023, by the Assistant Administrator and Nursing Management team by interviewing and/or direct observation to determine if any additional residents did not receive incontinent care timely. It was
incontinence care to Resident #3. Resident #3 remains at the facility with no residual adverse effects. How the facility will identify other residents having the potential to be affected by the same deficient practice: All other incontinent residents in the facility have the potential to be affected. An audit was conducted on January 27, 2023, by the Assistant Administrator and Nursing Management team by interviewing and/or direct observation to determine if any additional residents did

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION NG	СОМ	E SURVEY PLETED
		345013	B. WING		1	11/2023
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				3223 CENTRAL AVENUE		
PEAK R	ESOURCES - CHARL	OTTE		CHARLOTTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 677	Continued From pa	age 7	F 6	77		
	light and stated that	at they would have someone		recur:		
	come to help her. I she had been wate bed and noticed th the staff member I Resident #3 was e light again at 1:00	Resident #3 further stated that ching the clock across from her at an hour had passed after eft and never returned. ncouraged to activate her call		The facility policies related to in care were reviewed by facility administration on January 27, 2 no updates were necessary. NA #1 was educated by the Dir Nursing on January 27, 2023, c importance of answering call lig	2023. and ector of on the	
	1/10/23 from 1:00 #1 was observed in member was present Resident #3's call ringing and the light indicated the call lithousekeeper #1 s Resident #3's call some time. House	PM to 1:40 PM, Housekeeper in the hallway, but no other staff ent, and no one answered light. A call bell was heard into outside the room that ght had been activated was ontated that she noticed that light had been alarming for keeper #1 went from room to		timely matter and if unable to furesident sequest, that the Centresident sequest, that the Centresident sequests also included responding to author the call light system by location each hall to see which room light illuminated in the instance that is malfunctioning. In the instance	alfill artified is notified Education dible alerts bking down ht might be the monitor be that the	
	unsuccessful. She members sitting at surveyor approach observed Nurse Ai call light system m			monitor is malfunctioning to en request into the electronic system. All staff will be educated regard importance of answering call light timely matter and if unable to furesident srequest, that the Conversing Assistant and/or nurse	em (TELS). Jing the ghts in a ulfill ertified is notified	
	Resident #3 what s PM. NA #1 stated to Resident #3 and care to another res	ed walking down the hall to ask she needed on 1/10/23 at 1:50 that she had not been assigned ther nurse aide was providing sident on another hall. As NA		of the resident needs/requests be completed by the Director o and/or designee by January 31 This education will include the	f Nursing , 2023.	
	she needed assist because she had a	m, Resident #3 told NA #1 that ance with being changed a bowel movement.		incontinence and moisture, inc breakdown " Preventing skin breakdowr	n by	
	conducted with NA Resident #3's call sitting at the nurse	5 PM, an interview was 4#1. She stated she didn't hear light going off while she was s' station and that the call light		providing timely incontinence c " Incontinent residents will b for incontinence every 2 hours minimum to determine the nee	e checked at a	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	(X3) DATE	SURVEY PLETED
			A. DOILL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		345013	B. WING			01/1	11/2023
NAME OF	PROVIDER OR SUPPLIE	R		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				3:	223 CENTRAL AVENUE		
PEAK RI	ESOURCES - CHAR	LOTTE		С	CHARLOTTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 677	displayed which it call light and Res show up on the n when she change medium-sized be to change her bri were both dry. On 1/10/23 at 2:0 conducted with N for Resident #3. on another hall a was unaware that assistance. She checked on Resi when she picked #3 had voiced no stated that if a nu busy, another tea answered call ligicase. On 1/10/23 at 2:0 conducted with N Resident #3. Nur unaware that Re and had been we incontinence car another resident stated a medical administer medical she was assigned aide. She also stated as the side of the shows a signed aide. She also stated a medical administer medical she was assigned aide. She also stated a she a	page 8 be nurses' station normally soom number had an activated ident #3's room number did not nonitor. NA #1 further stated that ed Resident #3, she had a swel movement and she only had ef. Her drawsheet and bedsheet 26 PM, an interview was lA #2 who was assigned to care NA #2 stated that she had been ssisting another resident and t Resident #3 needed further stated that she had last dent #3 at around 12:45PM up her meal tray and Resident to concerns to her. She also urse aide was in another room or am member sometimes hat but that was not always the 15 PM, an interview was lurse #1 who was assigned to se #1 stated that she was sident #3 had her call light on aiting for assistance with e as she had been busy assisting on another hall. She further ion aide was assigned to cations to Resident #3's hall and d to oversee the medication ated resident needs should be ptly. Nurse #1 stated she last		677	" The staff is to ensure someonalways present on the floor to me resident sequests. If non-clinic should respond to call lights and able to meet the resident sequests, they are to inform the notor certified nursing assistant imm." The staff must respond to au alerts from the call system by loo down each hall to see which room might be illuminated in the instant the monitor is malfunctioning. In instance that the monitor is malfunctioning. In the electronic system (TELS) Any staff out on leave or prinistated prior to returning to the assignment by the Director of Nursing/designee. Newly hired secontracted staff will be educated orientation by the Director of Nursing/designee. Indicate how the facility plans to its performance to make sure the solutions are sustained: An audit tool was developed to mincontinent residents to ensure the incontinence care has been provincessary to maintain resident cleanliness and comfort and to differ resident sright regarding incocare were being followed. The Director of Nursing, Assistant.	cet cal staff are not dis or nurse and nediately. dible king m light ce that the unctioning itenance). us will be ir staff and during monitor at monitor nat timely rided as seletermine ontinence	
	checked on Res because the res assistance, and	ident #3 prior to 1:00 PM dent activated her call light for she had voiced no complaints or when she turned off the call light.			Administrator and /or designee wincontinent residents weekly x 4 then biweekly x 4 weeks, then month. These audits will occur of	vill audit 5 weeks, ionthly x1	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	COMPLETE	
		345013	B. WING			C 11/2023
NAME OF I	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP		
DEAKD	ESOURCES - CHARL	OTTE		3223 CENTRAL AVENUE		
PEAN N	ESOURCES - CHARL	OTTE		CHARLOTTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 677	Continued From pa	age 9	F 6	77		
F 0//	Nurse #1 stated the didn't need anythin On 1/10/23 at 2:55 conducted with Me assigned to care for could not recall who but remembered the resident on the hall #3's call light being Resident #3 didn't time he was on the On 1/11/23 from 9: observation and in Resident #3. Upon noticeable odor of observed laying on needed to be clear someone came interest turned off her call I return but never diswaiting since. Resident was activate her call light stated that sometime before she was care. On 1/11/23 at 9:18 #3's room to assist care. Resident #3's	at Resident #3 told her that she g, so she left. PM, an interview was dication Aide (MA) #2 who was or Resident #3. He stated he at time he had been on the hall hat he had assisted another I and did not notice Resident yon. MA #2 also stated that voice any concerns the last hall. 15 AM until 9:20 AM an terview were conducted with entering the room there was a feces. Resident #3 was her left side and stated she hed up. The resident stated that to the room at 9:00 AM and ight and stated they would d and that she had been dent #3 was encouraged to ht for assistance. The resident mes she waited a very long as assisted with incontinence. AM, MA#1 came into Resident to the resident with incontinence is brief was noted to be soiled.		random days, shifts, and waudit will include observation interviews to ensure completed for further monitoring determined by the prior may audit tool was developed call light answering times. Tool will be completed by Now Management team 2 x weet then 1x weekly x 4 weeks 4 weeks. The results of the determine the need for furth Results of these audits will the Quality Assurance and Improvement (QAPI) Comby the Director of Nursing months for review and furth recommendations. Completion date: January	ons and liance. The g will be onth of auditing. ed to monitor for Call light audit Jursing ekly x 4 weeks, then biweekly x ese audits will ther monitoring. I be brought to Performance mittee Meeting monthly x 3 her	
	with both urine and medium-sized bow sheet was also we were noted. On 1/11/23 at 9:20 conducted with Re	A stool. Resident #3 had a vel movement but her draw t with urine. No skin issues AM, an interview was sident #3's family member who egarding ADL for his mother.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345013	B. WING		0.	C 01/11/2023		
NAME OF I	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP		711/2020		
DEAK DI	TOOLIDOES OLIABI	OTTE		3223 CENTRAL AVENUE				
PEAK RI	ESOURCES - CHARL	OTTE		CHARLOTTE, NC 28205				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
F 677	Continued From pa	age 10	F6	777				
	The family member sometimes waited incontinence care, stated that he had occasions walk by disregarded the care. On 1/11/23 at 9:25 conducted with Mabest to answer all owasn't assigned to	r stated that Resident #3 hours before she was provided The family member also observed MA #1 on several the resident's room and all light which was alarming. AM an interview was A#1. MA #1 stated she did her call lights promptly even if she the resident. She stated that						
	would use her call assistance. MA #1 Resident #3's call previously and that	ble to voice her needs and light when she needed stated she was unaware that light had been alarming t at 9:20 AM was the first time e call light was going off.						
	conducted with NA been assigned to day. NA #3 reveals had been on anoth another resident. Noto the other hall shroom to answer he what time it was. No aware that Reside incontinence care she would return a light. NA#3 stated	AM an interview was a #3 who stated that she had care for Resident #3 for the ed that at around 9:00 AM she her hall providing care for NA #3 stated that before going he had gone into Resident #3's er call light but she did not recall IA#3 revealed that she was not #3 needed assistance with and informed the resident that and turned off the resident's call that she had to get another the bed because the resident civity.						
	Director of Nursing should answer call resident needs be	9 AM, an interview with the g (DON) revealed that all staff l lights promptly and assess tween 15-20 minutes. The DON e responsible for answering call						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMI	X3) DATE SURVEY COMPLETED	
		345013	B. WING _			11/2023	
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP CO 3223 CENTRAL AVENUE CHARLOTTE, NC 28205	DDE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
		anner regardless of if it was dent or not.	F 6			1/31/23	
	provided to resider consistent with protection the comprehensive and the residents'. This REQUIREME by: Based on record rinterviews with respondent's complaint reviewed for paint resident #2 was and stated her paint resident #2 was and stated her paint resident #2 was a 8/24/10 with diagn four pressure ulce unspecified muscledisorder. Resident #2's care showed a problem showed Resident comfort related to resident was able Interventions inclusion paint, encourage medication before	nsure that pain management is also who require such services, fessional standards of practice, experson-centered care plan, goals and preferences. No is not met as evidenced eview, observation, and ident, staff and the Medical y failed to respond to a not of pain for 1 of 1 resident management (Resident #2). bserved sweating, grimacing, in level was at a 10.		The statements included are admission and do not constite agreement with the alleged of herein. The plan of correctic completed in the compliance federal regulations as outline in compliance with all federal regulations the center has take the actions set forth in the plan of correction. The follocorrection constitutes the ceallegation of compliance. All deficiencies cited have been How corrective action will be accomplished for those residence where the practice: On January 10, 2023, NA #7 Resident #2 to relieve her pronon-pharmacological method #2 remains at the facility with adverse effects. How the facility will identify the having the potential to be affisame deficient practice:	itute deficiencies ion is e of state and ed. To remain al and state aken or will the following owing plan of enter's Il alleged n. e dents found to leficient 1 repositioned ain using ods. Resident th no residual		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L' IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		345013	B. WING		01/1	1/2023	
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIF 3223 CENTRAL AVENUE CHARLOTTE, NC 28205				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIVE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 697	as positioning for conecessary. A review of the qual (MDS) assessment Resident #2 was conto verbalize her neverther than the resident of the total point of the terms of the	arterly Minimum Data Set to dated 12/29/22 revealed orgitively intact and was able eds and communicate ers. Resident #2 was totally assistance with all activities of g bed mobility and transfer. The MDS also sident received as needed pain to but her pain frequency and assessed during this discovered as the teaminophen tablet 500 liminister 1,000 mg orally once for pain, Acetaminophen tablet bedtime for pain. Lent #2's Medication cord (MAR) for January 2023 esident had not received any almophen for 1/10/23 on day les of Acetaminophen had been 1:00 PM on 1/09/23 and at 2:50 are MAR also showed her pain d by Nurse #1 on the day shift	F6	All other residents in the footential to be affected. A conducted on January 31 Director of Nursing and Nanagement team by integrated observation to determine additional residents had pheen assessed or address was determined that no owere adversely affected be deficient practice. Address what measures place or systemic change ensure that the deficient recur: MA#2 was educated by the Nursing on January 31, 2 observing residents for significant administering scheduled providing pain medication relieve pain per prescribed there is no order for pain notify the nurse as soon all medication aides will be observing residents for significant per prescribed there is no order for pain notify the nurse as soon the Director of Nursing and January 31, 2023. Any staff out on leave or educated prior to returning assignment by the Director Nursing/designee. Newlicontracted staff will be expressed to the provide of the provided of the provide	An audit was, 2023, by the lursing erviewing and/or rmine if any pain that had not used timely. It ither residents by the alleged will be put into es made to practice will not one Director of 023, on igns of pain when medications and it is as needed to er's orders. If medications, to as possible, be educated on igns of pain when medications and in as an ended to er's orders. If medications, to as possible by ind/or designee by ind/or designee by thired staff and ducated during		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		345013	B. WING		•		1/2023
	PROVIDER OR SUPPLIER			32 C			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 697	assistance. Reside to be a 10 out of 10 scale with 0 meaning pain, 4-7 meaning above meaning sepain had felt highen umber on the pain observed to be swheavily) and had fastated that her pain Resident #2 was elight at 1:00 PM. During a continuous 1/10/23 from 1:00 #1 was observed in member was president #2's call ringing and the light indicated the call light indicated the call light some time. House room to seek staff unsuccessful. She members sitting as surveyor approach observed Nurse A call light system in call light system in activated call lights monitor.	ent 2 rated her pain at that time 0 (based on a numerical pain ng no pain, 1-3 meaning mild moderate pain, and 8 and vere pain) and stated that the r but 10 was the highest n scale. Resident #2 had been eaty/diaphoretic (sweating acial grimacing. The resident n was near her bottom. Incouraged to activate her call as observation on the hall on PM to 1:40 PM, Housekeeper in the hallway, but no other staff ent and no one answered light. A call bell was heard into outside the room that ght had been activated was ontated that she noticed that light had been alarming for keeper #1 went from room to to help Resident #2 but was a noted that there were staff at the nurses' station. The ned the nurses' station and ide (NA) #1 sitting beside the nonitor. NA #1 stated that the ad not been functioning time and that she was unsure if made aware. NA #1 stated that mbers were showing up on the nonitor and the rooms that had as did not show up on the		697	Nursing/designee. Indicate how the facility plans to moits performance to make sure that solutions are sustained: An audit tool was developed to morresidents to ensure that Medication observed for signs of pain and administered ordered pain medicat needed or reported to the nurse tim The Director of Nursing, Assistant Administrator and /or designee will residents 2 times weekly x 4 weeks weekly x 4 weeks, then biweekly x weeks. These audits will occur on random days, shifts, and weekends audit will include observations and interviews to ensure compliance. In need for further monitoring will be determined by the prior month of an Results of these audits will be brouthe Quality Assurance and Perform Improvement (QAPI) Committee M by the Director of Nursing monthly months for review and further recommendations. Completion date: January 31, 2023	nitor Aides ion as nely. audit 5 s, then 4 s. The the uditing. ght to ance eeting x 3	
		ed walking down the hall to ask she needed on 1/10/23 at 1:45					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '		ONSTRUCTION	COMPLETED C 01/11/2023 CITY, STATE, ZIP CODE			
		345013	B. WING					
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - CHARLOTTE			3223	EET ADDRESS, CITY, STATE, ZIP CODE CENTRAL AVENUE ARLOTTE, NC 28205				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE	
F 697	PM. Resident #2 pain. NA #1 state need to inform the on. NA #1 then provided in the hall. A light, NA #1 went is turned off her call not been assigned aide was providing another hall. On 1/10/23 at 1:50 Resident #2 reveated out of 10 and the pain medication an non-pharmacolog #2 stated all sher repositioned by a bottom pain. Resident #2 scall sitting at the nurse system monitor will light monitor at the displayed which recall light and Resishow up on the monitor where call light, Resident #2 had a did not request for the control of the con	replied to NA #1 that she was in d to Resident #2 that she would a nurse and to keep her call light occeeded to answer another call of the answering the other call pack to Resident #2's room and light. NA #1 stated that she had it to Resident #2 and her nurse g care to another resident on OPM, a follow up interview with alled her pain level was currently at she did not usually ask for a	F6	697				
		IA #2 stated that she had been						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345013	B. WING		01	C / 11/2023		
	NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP 3223 CENTRAL AVENUE CHARLOTTE, NC 28205				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CC X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
F 697	unaware of Resid further stated that Resident #2 at are up her meal tray a concerns to her. Saide was in anoth member sometim was not always the On 1/10/23 at 2:1 conducted with Nr. Resident #2. Nursunaware that Resand had been was because she had resident on anoth one had informed complained of paredications to Reassigned to oversalso stated resident #2 prior no complaints or On 1/10/23 at 2:5 conducted with Massigned to care could not recall what the resident on the had the resident with the resident on the had the resident #2 did not recall what remembered remembered resident #2 did not recall what remembered resident #2 did not recall what remembered remembe	sisting another resident and was ent #2 needing assistance. She is she had last checked on bund 12:45PM when she picked and Resident #2 had voiced no she also stated that if a nurse er room or busy, another team es answered call lights but that e case. 5 PM, an interview was urse #1 who was assigned to se #1 stated that she was ident #2 had her call light on iting for assistance for pain relief been busy assisting another er hall. Nurse #1 stated that no her that Resident #2 had in. She further stated a was assigned to administer esident #2's hall and she was see the medication aide. She ent needs should be addressed #1 stated she last checked on to 1:00 PM and she had voiced		97				
	On 1/11/2023 at 1	11:59 AM, an interview with the						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		COMPLETED			
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - CHARLOTTE		B. WING			01/11/2023		
			32	REET ADDRESS, CITY, STATE, ZIP CODE 223 CENTRAL AVENUE HARLOTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 697	Director of Nursing should answer caresident needs be stated all staff walights in a timely represented their assigned resident even if the care working call lights from the nurses's of the complaints of pain medication to the eded it. The Mirespond promptly complaints of pain medication to the eded it. The Mirespond promptly complaints of pain Resident Call Systems (Systems): 483.90(g) Residents to call from the facility must residents to call from the eded it. The facility must residents to call from the facility from the staff work area from Systems (Systems): 483.90(g)(1) East (Systems) (Systems	g (DON) revealed that all staff Ill lights promptly and assess atween 15-20 minutes. The DON is responsible for answering call manner regardless of if it was sident or not. The DON stated all light system had not been is were still audible and visible station. I2:10 PM, an interview with the (MD) revealed Resident #2 did of pain and had an as needed that was available to her if she D stated that staff should into resident needs as well as inc. Item (I)(1)(2) In the call System is the call system which relays the call member or to a centralized staff in the call detained bathing facilities. ENT is not met as evidenced if review, observations and staff cility failed to maintain a fully yetem when the call light monitor of 2 nurses' stations (Long-term of of a call light being activated for eviewed for call light functioning	F	919	The statements included are not at admission and do not constitute agreement with the alleged deficier herein. The plan of correction is completed in the compliance of state federal regulations as outlined. To in compliance with all federal and s	ncies te and remain	1/31/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345013	B. WING	B. WING		01/1	1/2023
NAME OF I	PROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE	0171	1/2020
				32	223 CENTRAL AVENUE		
PEAK RI	ESOURCES - CHARL	OTTE		С	HARLOTTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 919	Continued From page	age 17	F 9	19			·
	Resident #2 was a 8/24/10. Resident #3 was a 1/26/17. On 1/10/23 at 12:5 Resident #3 in her waiting for incontin went into the room said to her that she member to assist lencouraged to turn PM, while waiting in Resident #2 was hallway. Resident	dmitted to the facility on dmitted to the facility on 88 PM, an interview with room revealed she had been bence care. A staff member to turn off her call light and e would send another staff her. Resident #3 was her call light back on. At 1:00 in Resident #3's room, leard screaming across the #2 stated that she was in pain ance. Resident #2 was also			regulations the center has taken or take the actions set forth in the folloplan of correction. The following placorrection constitutes the center sallegation of compliance. All allege deficiencies cited have been. How corrective action will be accomplished for those residents for have been affected by the deficient practice: On January 10, 2023, NA #1 reposing Resident #2 to relieve her pain using non-pharmacological methods. Reward #2 remains at the facility with no readverse effects. On January 10, 2023, NA #1 providing incontinence care to Resident #3. Resident #3 remains at the facility with residual adverse effects.	owing an of ed ound to ditioned ng esident sidual	
	1/10/23 from 1:00 #1 was observed in member was presserved in member was presserved in the hallway and indicated the call in on. Housekeeper Resident #2 and Fibeen alarming for noted that there wourses' station. The nurses' station and sitting beside the call stated that the call in the call i	us observation on the hall on PM to 1:40 PM, Housekeeper in the hallway, but no other staffent and no one answered Resident #3's call lights. A call ging both inside the rooms and the light outside the rooms that ights had been activated were #1 stated that she noticed that Resident #3's call lights had some time. Housekeeper #1 ere staff members sitting at the de surveyor approached the dobserved Nurse Aide (NA) #1 call light system monitor. NA #1 light system had not been by for some time that day and			How the facility will identify other re having the potential to be affected I same deficient practice: All other residents in the facility have potential to be affected. An audit we conducted on January 10, 2023, the Maintenance Director reprogrammentor for the call system and audithe rooms for that monitor to ensur was functioning properly. It was determined that no other residents adversely affected by the alleged depractice. Address what measures will be put place or systemic changes made to	by the ve the vas e ed the dited re that it were deficient	

AND PLAN OF CORRECTION IDENTIFICA		, IDENTIFICATION AND TO		IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED C 01/11/2023	
		345013	B. WING _				
NAME OF PROVIDER OR SUPPLIER		₹		STREET ADDRESS, CITY, STATE, ZIP		11/2020	
PEAK RE	ESOURCES - CHAR	LOTTE		3223 CENTRAL AVENUE			
		4		CHARLOTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 919	Continued From p	page 18	F 91	9			
	aware. NA #1 stat	ure if anyone had been made ed that incorrect room numbers		ensure that the deficient pr recur:	actice will not		
	and the rooms that	on the call light system monitor at had activated call lights did e monitor. NA #1 stated the		NA #1 was educated by the Nursing on January 27, 20			
	room number that	showed up on the monitor was 2 or Resident #3's and she had		importance of reporting ma the call light system by enti	alfunctions to		
	checked on that re	oom number but the call light vated in that room. NA#1		request into the electronic On January 27, 2023, the I	system (TELS).		
	stated she had as	sumed the call bell was for the showed up on the monitor and		Nursing, Assistant Adminis Department Directors bega	trator and		
	she did not notice	that Resident #2 and Resident been on outside their rooms.		staff regarding the importa malfunctions to the call ligh	nce of reporting at system by		
		the Director of Nursing (DON) 0 PM revealed she was aware		entering a repair request in electronic system (TELS). be completed by January 3	Education will		
	that the call light s	system monitor at one of the as not working so staff who were		Any staff out on leave or preducated prior to returning	n status will be		
	sitting at the nurse rooms had activat	es' station did not know which led their call lights. The DON did have notified the Maintenance		assignment by their superv hired staff and contracted seducated during orientation	visor. Newly staff will be		
		y noticed issues with the call		Director of Nursing, supervidesignee.			
	1/10/23 at 2:30 Pt system monitor at	the Maintenance Director on M revealed that the call light the nurses' station was not He explained that the call light		Indicate how the facility pla its performance to make si solutions are sustained:			
	system, once acti	vated in the resident rooms, elight above the door frame		An audit tool was develope the facility call light system			
	outside the reside	nt room and make an audible ff. The call light system should		they are operating properly The audit tool was initiated	<i>'</i> .		
	which resident roo	e monitor at the nurses' station om had activated their call light.		2023, the Maintenance Dir designee will audit 5 reside	ent call lights 2		
	be reset to registe	d that at times the system had to er the resident room numbers to		times weekly x 4 weeks, the weeks, then biweekly x 4 w	veeks. The		
	and he was in the	ay monitor at the nurses' station process of completing the		need for further monitoring determined by the prior mo	onth of auditing.		
	reset. He stated t	that he had completed halls 900.		Results of these audits will	be brought to		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		345013	B. WING				11/2023
	PROVIDER OR SUPPLIER	OTTE		32	REET ADDRESS, CITY, STATE, ZIP CODE 23 CENTRAL AVENUE HARLOTTE, NC 28205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 919	800, and was work there were still glitch numbers showing on nurses' station and glitches. An interview with the 3:20 PM revealed to visible even if the control of the still t	ing on 700. He stated that ches with the resident room on the display monitor at the he was working through those he Administrator on 1/11/23 at that call lights were audible and call light system monitor wasn't staff should respond promptly.	FS	119	the Quality Assurance and Perform Improvement (QAPI) Committee Moby the Maintenance Director month months for review and further recommendations. Completion date: January 31, 2023	eeting ly x 3	