

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

PRINTED: 09/21/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345337	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/11/2023
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - ALAMANCE, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 215 COLLEGE STREET GRAHAM, NC 27253		
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E 000	Initial Comments	E 000			
F 000	An unannounced recertification survey and complaint investigation were conducted on 8/7/23 through 8/11/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #4R8611. INITIAL COMMENTS	F 000			
F 727 SS=D	A recertification survey and complaint investigation were conducted from 8/7/23 through 8/11/23. Event ID# 4R8611. 1 of the 33 complaint allegations was substantiated. The following intakes were investigated: NC00204325, NC00205672, NC00203552, NC00200468, NC200198869, NC00198674, NC00198450, NC00196133 and NC00196287 RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the	F 727		8/14/23	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
Electronically Signed					09/01/2023

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 727	<p>Continued From page 1</p> <p>facility failed to provide Registered Nurse (RN) coverage for 8 consecutive hours a day for 1 out of 121 days reviewed for staffing (2/4/2023).</p> <p>Findings included:</p> <p>The daily assignment sheets were reviewed from January 1, 2023 through March 31, 2023 and July 7, 2023, through August 8, 2023, it revealed that on 2/4/23 there was no RN assigned to work in the facility.</p> <p>Record review of the daily nurse staffing hours from February 1 to February 28, 2023 revealed that 8 RN hours were assigned on 2/4/23; this did not match the daily assignment sheet provided.</p> <p>An interview and record review of the 2/4/23 staff assignment sheet and the daily nursing department staffing form with the Director of Nursing (DON) on 08/09/23 at 2:56 PM revealed that a RN was documented on the daily staffing hours and there was no RN assigned on the staff assignment sheet. She stated in the past the scheduler was responsible to confirm an RN was assigned 8 hours each day. There was currently no scheduler, and she was responsible for nursing staff assignments.</p> <p>The scheduler was not available by phone.</p> <p>On 8/10/23 at 1:30 PM the Administrator stated that there was no RN coverage for 2/4/23. The scheduler had made an error and it was an oversight. Since that time another RN was hired and there was RN coverage daily.</p> <p>An interview on 8/11/23 at 10:50AM the Staff</p>	F 727	<p>This plan of correction constitutes our written allegation of compliance for the deficiency cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by the state and federal law.</p> <p>Affected Resident</p> <p>There were no residents affected by the alleged deficient practice. Staff schedules were adjusted immediately by the Administrator to ensure that there was Registered Nurse (RN) coverage for 8 consecutive hours 7 days/week. This was completed on 8/10/2023.</p> <p>Residents with potential to be affected.</p> <p>An audit was completed by Human Resources Coordinator on 8/14/2023 of the schedule for the past 14 days to ensure the proper RN coverage was maintained. There were no days without 8 consecutive hours of RN coverage.</p> <p>Systemic Changes</p> <p>The Director of Nursing was educated on 8/14/2023 by the Administrator on requirements for required RN coverage to include 8 consecutive hours per day, 7 days/week.</p> <p>Facility Administration has been and will continue to recruit for additional RN coverage to ensure that the required 8 hours of consecutive RN coverage is maintained daily.</p> <p>Monitoring</p> <p>An audit tool was developed to monitor for the required RN coverage to ensure that there is an RN on duty for 8 consecutive</p>		

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F 727	Continued From page 2 Development Coordinator indicated that she was a new employee and setting up her office on 2/4/23 and had "no idea" how to supervise in the facility.	F 727	hours daily, 7 days/week. The Director of Nursing and/or Human Resources Coordinator will audit schedules weekly x 12 weeks to ensure that the required RN coverage is maintained. QAPI The results of these audits will be brought to the Quality Assurance and Performance Improvement Committee monthly x 3 months by the Director of Nursing, for review and further recommendations to ensure compliance with the plan of correction. Completion date: 8/14/2023		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced	F 812		9/5/23	

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F 812	<p>Continued From page 3</p> <p>by: Based on observations, staff interviews, and record review the facility failed to: 1) keep the floors of the walk-in refrigerator and walk-in freezer clean; 2) label foods in the walk-in refrigerator, reach-in refrigerator and in three of three nourishment room refrigerators; 3) ensure the food in walk-in freezer was free of ice; 4) ensure the divided plates used for the upcoming meal were clean; 5) utilize clean dollies to store cups and glasses; and 6) ensure male dietary staff (dietary cook, dietary aide #2 and # 3) had all facial hair contained in a face covering. These practices had the potential to affect food being served to residents.</p> <p>Finding included:</p> <p>1a) An observation of the walk-in refrigerator on 8/7/23 at 6:12 AM revealed light brown colored crust on the floor under the racks containing milk. White colored fluid was observed on the floor. There were pieces of brown paper and plastic cling wrap on the floor. The floor was dirty and sticky.</p> <p>During an interview on 8/7/23 at 6:15 AM, the Dietary Aide #1 stated she was unsure what the brown colored crust was. She further stated the white colored fluid was milk and someone should have cleaned the floors of the refrigerator.</p> <p>b) An observation of the walk-in freezer on 8/7/23 at 6:18 AM revealed brown colored liquid stains on the floor. The floor was very sticky and dirty.</p> <p>During an interview on 8/7/23 at 6:20 AM, the Dietary Aide #1 stated she was unsure what the brown colored stains were and why the floor was</p>	F 812	<p>F-812</p> <p>This plan of correction constitutes our written allegation of compliance for the deficiency cited. However, submission of this plan correctio is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by the state and federal law.</p> <p>Resident affected by this deficient practice: There were no residents affected by this alleged deficient practice. On 8/7/2023, the floor under the racks containing milk, the walk-in refrigerator floor and the walk-in freezer floor was cleaned by the dietary manager. The nutritional supplements labeled "magic cups" were discarded, divided plates were removed from the tray line and all male staff with facial hair had corrective coverings on. On 08/09/2023, three dollies were cleaned by the Dietary manager. On 8/7/2023 all the expired thickened liquid products and the sandwiches were discarded by the dietary aide. In addition, any unlabeled, undated, unwrapped food was discarded by the dietary aide. On 8/7/2023 and 08/09/2023, a staff nurse removed all unlabeled, undated, unwrapped food or liquid from the Station 3 and Station 2 nourishment rooms.</p> <p>Residents with potential to be affected: All residents have the potential to be affected by the alleged deficient practice.</p>		

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F 812	<p>Continued From page 4 sticky.</p> <p>During an interview on 8/9/23 at 12:10 PM, the District Dietary Manager indicated all the Dietary Aides were responsible for cleaning the walk-in refrigerator and walk-in freezer prior to the end of the shift.</p> <p>2a) An observation of the reach-in refrigerator on 8/7/23 at 6:22 AM revealed an opened 46 fluid ounce (fl. oz.) carton "nectar thick water" with no date, two opened 32-ounce cartons "Honey thick milk" with no date, and two opened 46 fl. oz. carton "honey thick water" with no date. The reach-in refrigerator also contained a tray with 5 sandwiches wrapped in clear plastic wrap with no date.</p> <p>During an interview on 8/7/23 at 6:25 AM, the Dietary Aide#1 stated the thickened liquid cartons when opened should be dated with "open by date". She stated she was unsure why the staff had not dated them. The Dietary Aide further stated the sandwiches were "peanut butter jelly" sandwiches, but unsure when they were prepared.</p> <p>During an interview on 8/9/23 at 3:30 PM, the District Dietary Manager stated opened thickened liquids cartons should be labeled with an open date and the carton should be discarded 7 days after opening.</p> <p>Review of the manufacturer's recommendations revealed thickened water can be stored in the refrigerator for 10 days and thickened milk can be stored in the refrigerator for 3 days after opening.</p> <p>b) An observation of the walk-in refrigerator on</p>	F 812	<p>Systemic changes</p> <p>An in-service was conducted by the District Manager to the facility Dietary Manager on maintaining a clean environment, including the floor in the walk-in refrigerator and walk-in freezer on 8/7/2023.</p> <p>On 8/08/2023 an in-service was performed by the Director of Operations to the District Manager and facility Dietary Manager on storage of thickened milk for 3 days after opening.</p> <p>In-services were initiated for all dietary staff by the Dietary manager on 08/09/2023 on the following:</p> <ul style="list-style-type: none"> maintaining a clean environment inclusive of floors in the walk-in refrigerator and walk in freezer. that all foods will be stored wrapped or in covered containers, labeled and dated in the kitchen. that all foods will be stored wrapped or in covered containers, labeled and dated in the nourishment room. That all thickened liquids will be discarded after being opened for 3 days that they must remove any leftover nutritional supplements from ice and place in a clean crate before placing back in the freezer. on ensuring divided plates were cleaned and free from any food particles or debris prior to placing them on the tray line for meal service. ensuring dollies were clean and free from any food particles or debris prior to placing clean dishes on them. all male dietary staff will have facial hair properly restrained. 		

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F 812	<p>Continued From page 5</p> <p>8/7/23 at 6:12AM, revealed an opened plastic container containing light orange food labeled "Pimento cheese- 5 pounds (5 lbs.), with no date on it. Observation also revealed a white plastic bucket, one fourth filled with strawberries and pink fluid, wrapped with cling wrap on top and dated "July 4".</p> <p>During an interview with the Dietary Aide #1 on 8/7/23 at 6:12 AM, she stated the strawberries were frozen strawberries and usually used when pancakes were on the menu. She stated the date " July 4" must be incorrect.</p> <p>c) Observations of three of three nourishment room refrigerators/ freezer were as follows: - On 8/7/23 at 12:52 PM observation of Nourishment room freezer at Station #3 revealed a 24-ounce Styrofoam take out cup with pink colored frozen liquid with no label or date.</p> <p>During an interview on 8/7/23 at 12:53 PM, Nurse #1 stated any food placed in the nourishment refrigerator/freezer should be labelled and dated. She indicated the cup was from a fast-food restaurant and must belong to a staff member.</p> <p>- On 8/9/23 at 2:49 PM observation of the nourishment room refrigerator at Station #1 revealed a white grocery plastic bag containing an opened 12 oz. plastic soda bottle, 2 unopened soda bottles and a white Styrofoam take out box with no label or date. The freezer contained two plastic 16 oz. cups. One contained light pink semi solid liquid (similar to a milk shake), and another contained brownish white semi solid liquid. There was no label or date on them. During the observation a staff member walked in and took the 2 cups indicating that were his and walked out</p>	F 812	<p>All new hires will be serviced in orientation by the Dietary manager or designee on the above.</p> <p>Any dietary staff out on leave or PRN status will be educated by the Dietary manager or designee prior to returning to duty. Completion date set for 09/05/2023.</p> <p>On 08/09/2023, The Assistant Director of Nursing/Infection Preventionist (ADON/IP) in-service nursing staff that no personal items are to be stored in the nourishment room refrigerators. All residents' foods must be labeled with name and room number and dated when it was placed in the nourishment room refrigerators. All new hires will be in-service in orientation by the ADON/IP or designee. Any nursing staff out on leave or PRN status will be educated by the ADON/IP or designee prior to returning to duty.</p> <p>Monitoring An audit tool was developed to monitor walk in coolers, floors, freezer floors, and sanitation of dollies to ensure cleanliness. The audit will be completed by dietary staff twice daily for 12 weeks. Dietary manager to review results of audit weekly x 12 weeks. An audit tool was developed to monitor cleanliness of divided plates during tray line and that magic cups were free from ice while in storage. This audit will be completed daily times three meals times 12 weeks by the dietary manager or designee. An audit tool was developed to monitor for proper alignment of beard guard daily for</p>		

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F 812	<p>Continued From page 6 of the room.</p> <p>During an interview on 8/9/23 at 2:52 PM, the District Dietary Manager indicated any food brought in by the resident's family members should be labeled with resident's name, room number and the date when the food was placed in the refrigerator. He further indicated facility staff should not be storing their personal food in the nourishment refrigerator.</p> <p>- On 8/9/23 at 2:55 PM, an observation of the nourishment room refrigerator at Station #2 revealed two plastic takeout containers containing cut fruit with resident's name and room number but no date. One plastic takeout container contained watermelon chunks, and another contained cantaloupe chunks. The containers were half filled with fruit.</p> <p>During an interview on 8/9/23 at 2:58 PM, the District Dietary Manager indicated any food brought in by the resident's family members should be labeled with resident's name, room number and the date when the food was placed in the refrigerator. He further indicated the food should be discarded within 7 days since placed in the refrigerator. He indicated the Dietary Manager did daily nourishment refrigerator checks to ensure the nourishment refrigerators were clean and food was label and dated.</p> <p>The Dietary Manager was unavailable to be interviewed.</p> <p>3) An observation of the walk-in freezer on 8/7/23 at 6:18 AM revealed a brown cardboard box, half filled with nutrition supplement "Magic Cup" with ice cubes on them. The cups were attached to</p>	F 812	<p>each mealtime 12 weeks by dietary manager or designee.</p> <p>An audit tool was developed to ensure that food in the nourishment rooms are labeled with name and room number, and dated with the date it was placed in the refrigerator. This will be completed by unit managers or designee, daily for 12 weeks.</p> <p>An audit tool was developed to monitor that all food in the kitchen is covered, dated and labeled and discarded when expired. The audit will be completed by dietary staff twice daily for 12 weeks. Dietary manager to review results of audit weekly x 12 weeks.</p> <p>QAPI</p> <p>The results of these audits will be brought to Quality Assurance and Performance Improvement committee monthly times three months by the dietary manager and unit managers for review and further recommendations to ensure compliance with the plan.</p> <p>Completion Date: 9/5/2023</p>		

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F 812	<p>Continued From page 7</p> <p>each other with large chunks of ice. Two black crates filled with nutrition supplement "Magic Cup" with ice on them. The cups were attached to each other with large chunk of ice.</p> <p>During an interview on 8/7/23 at 6:20 AM, the Dietary Aide #1 stated the nutritional supplements "Magic Cups" were stuck together to form a huge ice chunk and unsure why that had accumulated so much ice. The Dietary Aide #1 indicated these must have been used during the previous meal on the tray line.</p> <p>During an interview on 8/9/23 at 12:05 AM, the District Dietary Manager stated the ice cream cups were nutritional supplements that were used during the tray line. The nutritional supplements were stored on ice during tray line service and the staff had not removed the cups from the ice before they restored them in the walk-in freezer resulting in a huge ice block. He indicated all the nutritional supplements that formed an ice block had been discarded. The District Dietary Manager stated the staff should remove any leftover nutritional supplements from the ice and place them in a clean crate before placing them back in the freezer.</p> <p>4) During the tray line observation on 8/9/23 at 12:15 PM, seven of the eleven divided plates to be used at the upcoming meal had dried food stains and black spots on them. These plates were immediately removed from the tray line and were rewashed.</p> <p>During an interview on 8/9/23 at 12:20 PM, the District Dietary Manager indicated Dietary Cook usually checked the plates prior to plating the food and will not serve food if the plate was not</p>	F 812			

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F 812	<p>Continued From page 8</p> <p>cleaned well. The District Dietary Manager stated the Dietary Aides should ensure the divided plates were clean and free of any food particles/debris prior to placing them on tray line for upcoming meals.</p> <p>5) During an observation of the dishwasher on 8/9/23 at 2:20 PM, clean crates of cups and glasses were stored on dollies that were not clean. There were three dollies that had dirt and food particles on the base on which the clean crates were stored.</p> <p>During an interview on 8/9/23 at 2:25 PM, the District Dietary Manager stated the staff assigned for dishwashing duty should ensure the dollies were cleaned before placing any clean dishes on them. The District Dietary Manager removed the crates containing cleaned cups and glasses and ensured the staff rewashed all the dishes in the dishwasher and the dollies were cleaned prior to the clean dishes been placed on them.</p> <p>6. a) An observation on 8/7/23 at 6:08 AM revealed a male Dietary Aide #2 filling coffee in carafe. The Dietary Aide had a beard and was not wearing a beard guard.</p> <p>During an interview on 8/7/23 at 6:10 AM, Dietary Aide #2 stated he usually wore a beard guard and not worn it today.</p> <p>b) An observation on 8/7/3 at 6:10 AM, revealed a male Dietary Cook, cooking residents' breakfast. The cook had a beard and was not wearing a beard guard.</p> <p>During an interview on 8/7/23 at 6:12 AM, the Dietary Cook stated all male staff with beard</p>	F 812			

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F 812	<p>Continued From page 9</p> <p>usually wore a beard guard while in kitchen. He indicated he had not worn one today.</p> <p>c) During the tray line observation on 8/9/23 at 12:15 PM, observed a male Dietary Aide #3 assisting on the tray line. The male aide had facial hair and was not wearing a beard guard.</p> <p>The District Dietary Manager who also observed it requested the male Dietary Aide #3 to wear a beard guard to cover his facial hair. Dietary Aide #3 indicated he had forgotten to wear one.</p> <p>During an interview on 8/9/23 at 12:15 PM, the District Dietary Manager indicated all male dietary staff should ensure their facial hair was covered with beard guards and hair covered with hair nets while working in the kitchen and assisting in meal service for the residents.</p> <p>During an interview on 08/10/23 03:27 PM, the Administrator indicated the refrigerator and freezer should be cleaned as scheduled. The cleaning schedule should be monitored by the Dietary Manager or designee to ensure all equipment was cleaned. All foods when opened should be labeled and dated. Foods should be discarded with in use by date on the label. The Administrator indicated the dietary staff should check the plates, cups and glasses used to serve food and used in meal service for residents prior to tray line service to ensure all of them were clean. The Administrator stated Nourishments refrigerators were to be used for resident food only and staff should not be using them for their personal food. All foods should be labeled with resident name and room number and dated. Related to the use of beard guard to cover facial hair the Administrator indicated all hair should be</p>	F 812			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345337	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/11/2023
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - ALAMANCE, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 215 COLLEGE STREET GRAHAM, NC 27253		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 812	Continued From page 10 appropriately covered when working in the dietary department especially facial hair.	F 812			