SEP 1 8 2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/20/2013 FORM APPROVED OMB NO. 0938-0391

CEMIEK	S FUR WEDICARE &	MEDICAID SERVICES			OMB NO.	. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345429	8. WING		08/0	9/2013
	ROVIDER OR SUPPLIER		84	TREET ADDRESS, CITY, STATE, ZIP CODE D1 PINEHURST AVENUE PARTHAGE, NC 28327	1 00/0	312013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE .	(X5) COUPLETION DATE
	(INJURY/DECLINE/F A facility must immed consult with the resid known, notify the resion an interested familiaccident involving the injury and has the polintervention; a signification in health status in either life the clinical complications significantly (i.e., a nexisting form of treatment); or a decision treatment); or a decision from the §483.12(a). The facility must also and, if known, the resident from the §483.12(a). The facility must also and, if known, the resident rights under regulations as specified in §483.15 resident rights under regulations as specified in §483.15. The facility must record the address and pholegal representative of the section. This REQUIREMENT by: Based on record review, the physician interview, the physician when Lasional and interview, the physician interview in the properties of the physician interview, the physician interview, the physician interview in the physician interview.	liately inform the resident; ent's physician; and if ident's legal representative by member when there is an e resident which results in tential for requiring physician cant change in the resident's esychosocial status (i.e., a or, mental, or psychosocial reatening conditions or by; a need to alter treatment end to discontinue an	F 157	Filing this Plan of Correction does not constitute admission that deficiencies alleged did in fact exis plan of correction is filled as evidence of the facility's desire comply with the requirements and continue to provide high quality of Resident # 176 chart was reviewed Director of Nursing, the physician waware that the Lasix had been within it was determined by the resident's attending physician that there was regative outcomes as a result of this medication being withheld Action taken regarding all others was potential to be affected. A thorough MAR review was completed administrative nurses for all cur residents using the developed audit determines the presence of any with medications. Ten omissions were id and the attending physician was not the ADON and the attending physician determined there were no negative outcomes regarding any of the identifications.	t. This to to f care. by the as made neld and no s with the eted by rent tool to held entified tified by lan	8/9/13

Any deficiency statement ending with an asteriek to 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 rursing 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.

FORM CMS-2567(02-99) Previous Versions Obsofete

Event ID: J3FE11

Facility ID: 923405

If continuation sheet Page 1 of 29

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

A. BUILDING

B. WING

STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP COD

801 PINEHURST AVENUE

PEAK RESOURCES - PINELAKE CARTHAGE, NC 28327 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY Measures put in place F 157 Continued From page 1 All licensed nursing staff were educated by held due to low pressure for 1 of 6 sampled the SDC on or before 8/28/2013 regarding residents (Resident #176).

Resident #176 was admitted to the facility on 6/14/13. Diagnoses included heart failure, hypertension, atrial fibrillation, chronic kidney disease and pneumonia.

The findings included:

Admission physician orders dated 6/14/13 included Lasix 40 milligrams (mg) daily. Lexicomp's "Geriatric Dosage Handbook" 17th Edition includes hypotension under Adverse Reactions and blood pressure under Monitoring Parameters.

The Medication Administration Record (MAR) indicated that the Lasix was held on 6/19, 6/21, 6/22, 6/24, 6/25, 6/28, and 6/29. Recorded blood pressures included: on 6/19: 99/44, on 6/21: 95/50, on 6/25: 98/51, on 6/28: 96/63 and on 6/29/: 98/58. There was no indication in the medical record that the physician had been notified of the low blood pressure.

During an interview on 8/8/13 at 2:37 PM, Nurse #7 acknowledged she had held the resident's Lasix on 6/24, 6/25 and 6/28. Nurse #7 stated her practice, based on nursing judgment, was to hold blood pressure medications whenever a resident's blood pressure was less than 100/60. The nurse added she would notify the physician and document on the nurse's notes. The nurse acknowledged documentation was lacking, and stated she may have verbally informed the physician or nurse practitioner.

During an interview on 8/9/13 at 9:05 AM, the

All licensed nursing staff were educated by the SDC on or before 8/28/2013 regarding the requirement to contact the attending physician when it is necessary to withhold a medication. The nursing staff's education included documentation requirements which indicated the need to include the attending physician's agreement and support of the nurse's rational.

This education will be completed by the SDC Nurse. The education included Notification of Physician, resident, family member, as well as the documentation requirements when with holding a medication. Any staff on vacation or leave will receive education before returning to work.

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OMB NO. 0938-0391

08/09/2013

(X3) DATE SURVEY

COMPLETED

	OF DEFICIENCIES CORRECTION	I INCATIGICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILDI	NG_			2	
		345429	B. WNG				09/2013	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
PEAK RE	SOURCES - PINELAKE				01 PINEHURST AVENUE			
				C	ARTHAGE, NC 28327			
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 157 F 241 SS=D	Lasix was held due to 483.15(a) DIGNITY A INDIVIDUALITY The facility must pron manner and in an emenhances each residifull recognition of his This REQUIREMENT by: Based on family, res record review the facineeds for toileting and when call bells were a 5 sampled residents (#118). Findings inclu 1. Resident #25 was 4/25/13 with diagnose	rould expect to be notified if a low blood pressure. ND RESPECT OF note care for residents in a vironment that maintains or ent's dignity and respect in or her individuality. is not met as evidenced dident and staff interview and lity failed to meet resident's dincontinence assistance not answered timely for 3 of Resident #25, #3 and			Monitoring The DON has developed and audit to consists of the following observations did the resident have any medication withheld during the last week; 2. is the evidence that the Doctor was notified 3. Were any new orders given as a remedications being withheld. The DOI administrative nurse will audit 25% of charts to include the MARs weekly for weeks, then 10% of charts to include MARs weekly for six weeks then monfor six months to ensure continued compliance. Continued audits will be on the results of the previous audits. audits will be reviewed and trended if weekly administrative nursing meeting follow up will be reviewed during the facility's next scheduled QA committed meeting to ensure continued compliances verified during the 8-15-13. Administrative nurses meeting that Committed in the schedules of the schedules of the schedules of the schedules.	s: 1. nere d; and sult of N or f or two the othly based The in the ee ance, It	8/11/13	
	status post open redu on 12/12/12. The most recent Minin quarterly assessment Resident #25 was con revealed she needed transfers, personal hy she was frequently inci- bladder. On 8/5/13 at 11 AM a #25 stated that call be	nction of left ankle fracture The mum Data Set (MDS), a Dated 4/6/13 indicated			nurse completed audits on 8-11, MDS #2 completed audits on 8-9, and SDC completed audits on 8-9. It was verifi on 8-20 Administrative nurses meetin was verified that SDC nurse complete audits on 8-20 and QA nurse complete audits on 8-20. It was verified on 8-25 Administrative nurses meeting that C nurse completed audits on 8-27 and 8 was verified at 9-8 Administrative nur meeting that QA nurse completed aug-3. Going forward the DON will assig Administrative nurse to the audits for	nurse ed that ng it ed A A B B B B B B B B B B B B B B B B B	8/10/13	
		when one staff member			next week and this will be documented the minutes of the meeting.		√/ ±0/13	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	'	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COVPLETION DATE
F 241	always left and the as changed. She also so nursing supervisor on member alledged that hall took breaks at the left the facility during! She stated that the numbels when the Nursin that she had seen Numering station and ig Observations were may 10PM of 3-11 shift Upon entry at 8:10 PM six nursing assistants lights. Up to 4 lights witime. During the obseless than a ten minute were on. On 8/7/13 at 8:40 PM stated the staff membershift and 11-7 shift was Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed at the often came back to the observations of Administrative Staff #frequently stayed a	ssignment had to be said that there was no a second shift. The family at staff assigned to the same e same time and sometimes breaks for an hour or so. urses did not answer calling Assistants could not and ursing staff eating at the	F2		Residents # 3, 25, 118 were assessed MDS nurse #1 on 8/10/2013 to ensure current needs are being met in a time efficient manner to include assistance all ADL care. The assessment consists an observation by the administrative to include all necessary aspects of space and the end of the resident of the	re all nely and ce with ted of e nurses ecitic l es and the nt's vith the ssed by that all ce with een ich	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345429	8. WING _		<u> </u>	08/0	9/2013	
NAME OF PI	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE			
PEAK RES	SOURCES - PINELAKE			801 PINEHURST AVENUE				
		, <u>, , , , , , , , , , , , , , , , , , </u>		CA	RTHAGE, NC 28327			
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F 241	PM, leaving six nursing floor. When asked if an indicate being informed that A indicated the 200/300	ng assistants to cover the she was the supervisor for 3 d that she was not but after dministrative Staff #1) hall Nurse was always	F 2		Measures put in place All nursing staff including certified n assistants, housekeeping, maintena therapy department, dietary and lic nurses will be educated the SDC on importance of answering call bells t "no passing zone" was included in ti	nce, ensed the imely a	8/30/13	
	that she was the pers changes to the staffir	•			education as was providing timely assistance with the desired task who call bell is answered. The "No Passin initiative instructs ALL STAFF to resp	ng Zone"		
	especially after 7 PM aides after 7 PM. Sh after 7 PM putting res incontinent care and crazy. NA #6 said th PM, the state survey	acility was short of help since staffing was cut to 6 e added that staff was busy sidents back to bed, doing call bells would be going at last night (8/7/13) after 7 pors were in the building and off was the one answering		1 1 1 1	call bell lights and not to PASS by a rathat has an activated call light. The expectations regarding call light resitimes are that every reasonable efformade to respond to a call light was minutes. If non-nursing staff answe call light and the resident needs assifrom nursing, the non-nurse staff wi	facility's ponse ort will ithin ten rs the istance ill		
	interviewed and reve around 8:30 PM she unanswered for 10 - then located the two to the hall on break to room. She indicated Nursing Assistants a that the Nursing Assi Nurse they were goin where they would be suggested Administra Nursing Assistants in	ative Staff #4 look for the the Restorative Room.		t	summons help and the call light will activated until the need is addressed education will be completed by 08/30/2013. Any staff on vacation owill receive education prior to return work. All staff will be educated regathe acceptable practice of toileting/changing during mealtimes on the need of each resident. Monitoring The facility has developed an audit to monitor Call bells. Call bells will be a over all three shifts daily for one we	d. This or leave ning to ording based tool to oudited	8/11/13	
	2. Resident #3 was 12/26/05 and readmi	inary action for the Nurse. admitted to the facility on ted 6/14/13. Diagnoses art failure, hypertension, depression		·	at least weekly for seven weeks, the monthly for six months to ensure co compliance. Further audits will be to the results of previous audits. All co	ontinued based on	İ	

MANE OF PROMOBER OR SUPPLIER PEAK RESOURCES - PINELAKE STREET ADDRESS, CITY, STATE, 7P CODE 951 PINELINEST AVENUE CATHAGE, NC 28327 PROMOBER PINA OF CORRECTION PRETX TAG. FACILITY STATES AND A SUPPLIES AND A SU		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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PEAK RESOURCES - PINELAKE SITEMET ADDRESS, CITY, STATE, JAP COOE SITEMENT SATELLIST OF DEPOTE SHOULD BE CARTHAGE, NO 28327 F 241 Continued From page 5 The most recent Minimum Data Set (MDS), a quarterly assessment dated (7713, indicated Resident #30 hat severe cognitive imprisment, sometimes was understands, required extensive assistance of 1 person for transfers and folieting, and was occasionally incontinent of bowel and bladder. On 8/5/13 at 13.0 PM, two family members of Resident #3 stated that the resident was incontinent at times because she had to wait so long for assistance. They also alleged they had seen nursing assistants come in to turn off the call light but not address the resident was not petting assistance to the bathroom as needed after supper. They family member of Resident #3 stated that the resident was not petting assistance to the bathroom as needed after supper. The family member sold call lights. Upon entry at 8:10 PM there was one nurse and sk nursing assistants available to answer call lights. Up to 4 lights were observed on at one time. During the observation period, there was less than a ten minute span in which no call lights were on. Street ADMONEROR SUPPLEAR CATHAGE, NC 28327 PROMORERS PLAN OF CORNECTIVE ACRON SHOULD BE CATHAGE, NC 28327 PROMORERS PLAN OF CORNECTIVE ACRON SHOULD BE CATHAGE, NC 28327 PROMORERS PLAN OF CORNECTIVE ACRON SHOULD BE CATHAGE, NC 28327 PROMORERS PLAN OF CORNECTIVE ACRON SHOULD BE CATHAGE, NC 28327 Will be addressed immediately to include shift and location of concern. The audits will be reviewed and trended weekly during the specific audits related to the actual assigned shift and location of concern. The audits will be reviewed and trended weekly during the serviewed at the next scheduled CA committee meeting to enact shift. Call be audited over all three shifts including weekends, it was verified during the 81-513 Administrative nurses meetings that SDC completed audits on 8-10, 8-11, 8-12, 8-13 and 8-16, DDN completed audits on 8-10, 8-11, 8			345429	B. WING			
(A4)ID PUTERN 1/1/2 F 241 Continued From page 5 The most recent Minimum Data Set (MDS), a quarterly assessment dated 67/13, indicated Resident #3 had severe cognitive impairment, sometimes was understands, required extensive assistance of 1 person for transfers and tolleting, and was occasionally incontinent of bowel and bladder. On 8/6/13 at 1:30 PM, two family members of Resident #3 satisf that the resident had to wait so long for assistance. They also alloged they had seen nursing assistants come in to turn of the call light but not address the resident was not getting assistance to the bathroom as needed after supper. The family member of Resident #3 and that the resident was not getting assistance to the bathroom as needed after supper. The family member of Resident #3 and that the resident was not getting assistance to the bathroom as needed after supper. The family member of Resident #3 and that the resident was not getting assistance to the bathroom as needed after supper. The family member said she would put the call light on but response was very slow, sometimes close to an hour. Observations were made on 8/7/13 from 8:10 PM - 9:10PM of 3-11 shift staff response to call lights. Upon entry at 8:10 PM there was one nurse and six nursing assistants available to answer call lights. Up to 4 lights were observed on at one time. During the observation period, there was less than a ten minute span in which no call lights were oon. On 8/7/13 at 8-40 PM., Administrative staff #1 stated the staff member in charge on the 3-11	NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE	1 00,007,010	
(ACHID PREFIX TAG) SUMMARY STATEMENT OF DEFOCENCIES (PACH DEFOCENCY MUST BE PRECEDED BY FIGH. TAG) PREFIX TAG	PEAK RES	SOURCES - PINELAKE		8	01 PINEHURST AVENUE		
F 241 F 241 Continued From page 5 The most recent Minimum Data Set (MDS), a quarterly assessment dated 67/13, indicated Resident #3 has evere cognitive inpairment, sometimes was understood and sometimes understands, required extensive assistance of 1 person for transfers and tolleting, and was occasionally incontinent of bowel and bladder. On 8/5/13 at 1:30 PM, two family members of Resident #3 stated that the resident had to wait 30 - 50 minutes for her call light to be answered after supper. They indicated that the resident was incontinent at times because she had to wait so long for assistance. They also alleged they had seen nursing assistants come in to turn off the call light but not address the resident's reason for calling. On 8/7/13 at 11:30 AM another family member of Resident #3 said that the resident was not getting assistance to the bathroom as needed after supper. The family member said she would put the call light on but response was very slow, sometimes close to an hour. Observations were made on 8/7/13 from 8:10 PM - 9:10PM of 3-11 shift staff response to call lights. Up to 4 lights were observed on at one time. During the observation period, there was less than a ten minute span in which no call lights were on. On 8/7/13 at 8:40 PM., Administrative staff #1 stated the staff member in charge on the 3-11					CARTHAGE, NC 28327		
The most recent Minimum Data Set (MDS), a quarterly assessment dated 6/7/13, indicated Resident #3 had severe cognitive impairment, sometimes was understood and sometimes understands, required extensive assistance of 1 person for transfers and tolleting, and was occasionally incontinent of bowel and bladder. On 8/5/13 at 1:30 PM, two family members of Resident #3 stated that the resident had to wait 30 - 50 minutes for her call light to be answered after supper. They indicated that the resident was incontinent at times because she had to wait so long for assistance. They also alleged they had seen nursing assistants come in to turn off the call light to unt address the resident's reason for calling. On 8/7/13 at 11:30 AM another family member of Resident #3 said that the resident was not getting assistance to the bathroom as needed after supper. The family member asid she would put the call light to but response was very slow, sometimes close to an hour. Observations were made on 8/7/13 from 8:10 PM - 9:10PM of 3-11 shift staff response to call lights. Up to 4 lights were observed on at one time. During the observation period, there was less than a ten minute span in which no call lights were on. On 8/7/13 at 8:40 PM., Administrative staff #1 stated the staff member in charge on the 3-11	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	E COMPLETION	
shift and 11-7 shift was the 200/300 hall nurse.	F 241	The most recent Mining quarterly assessment Resident #3 had sever sometimes was under understands, required person for transfers a occasionally incontine. On 8/5/13 at 1:30 PM Resident #3 stated th 30 - 50 minutes for heafter supper. They incontinent at times book long for assistance. The seen nursing assistance at light but not addressed to the bath supper. The family means the call light on but resometimes close to an Observations were many -9:10 PM of 3-11 shift. Upon entry at 8:10 PM six nursing assistants lights. Up to 4 lights were on. On 8/7/13 at 8:40 PM. stated the staff members.	mum Data Set (MDS), a dated 6/7/13, indicated pre cognitive impairment, restood and sometimes dextensive assistance of 1 and toileting, and was ant of bowel and bladder. It wo family members of at the resident had to wait ar call light to be answered dicated that the resident was because she had to wait so they also alleged they had the come in to turn off the tess the resident's reason for A another family member of the resident was not getting from as needed after the resident was not getting from as needed after the resident was not getting from as needed after the resident was not getting from as needed after the resident was not getting from as needed after the resident was not getting from as needed after the resident was not getting from as needed after the resident was not getting the resident was the	F 241	specific audits related to the actual shift and location of concern. The abe reviewed and trended weekly dadministrative nursing meetings. The will be reviewed at the next schedu committee meeting to ensure conticompliance. Monitoring will consist minute observations on each shift. bells will be audited over all three sincluding weekends. It was verified the 8-15-13 Administrative nurses that SDC completed audits on 8-10, 12, 8-13, 8-14, 8-15 and 8-16, ADO completed audits on 8-17, and 8-16, DON completed audits on 8-17, and 8-16, DON completed audits on 8-17, the 8-20 Administrative nurses meeting that QA nurse completed audits on 8-17, ADON and SDC comaudits on 8-16. It was verified durin 29 Administrative nurses meeting the second audits on 8-24. It verified during the 9-8 Administration nurses meeting that QA nurse completed audits on 9-6 and 9-8. Go forward the DON will assign the Administrative nurses audits to confor the next week and this will be respectively.	l assigned audits will uring the he audits will uring the he audits will will also will be audits will be audit and audit audi	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	S FOR MEDICARE & OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE COI	NSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		С		
		345429	B. WING		08/09/2013		
	ROVIDER OR SUPPLIER		801 F	ET ADDRESS, CITY, STATE, ZIP CODE PINEHURST AVENUE ETHAGE, NC 28327			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETE		
F 241	often came back to observations of Admanswer call bells quunusual. During an interview #6 (200/3000 half N worked the 3-11 shi during the past hou answered call lights had no estimate of call light may be on Nurse #6 also said of the nursing assis PM, leaving six nur floor. When asked - 11 shift she indicated the 200/3 assigned to be in call that she was the packanges to the staff on 8/8/13 at 5:15 If She stated that the especially after 7 PM, after 7 PM putting incontinent care ar crazy. NA #6 said PM, the state survithe administrative the call lights. On 8/9/13 at 9:35	the facility until 7 PM, and the facility after that, the sinistrative Staff assisting to lickly after 8 PM were not on 8/7/13 at 9:15 PM, Nurse surse) stated she regularly fit and the call light activity r was typical. She stated staff as quickly as possible but the length of time any given before it was answered. That it was not unusual for one stants to only work until 7:00 sing assistants to cover the if she was the supervisor for 3 sted that she was not but after that Administrative Staff #1 00 hall Nurse was always harge on 3 - 11, she revealed erson assigned to make fing schedule. PM NA #6 was interviewed. If acility was short of help PM since staffing was cut to 6 She added that staff was busy residents back to bed, doing and call bells would be going that last night (8/7/13) after 7 eyors were in the building and staff was the one answering	F 241				
	interviewed and re around 8:30 PM sl	vealed that on June 26/13 at the observed call bells go 0 - 15 minutes on 300 hall and					

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STATEMENT	OF DEFICIENCIES	IVAL DECOMPEDIGUEDUEDUE				OMB N	O. 0938-0391
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PEAK RE	SOURCES - PINELAKE			801 PINEHURST AVENUE			
				CARTHAGE, NC 28327			
(X4) 1D	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION		1
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							ļ
F 241	Continued From page	7	F 24	41			1
		Nursing Assistants assigned	12.	*'			
	to the hall on break to	gether in the Restorative					l i
	room. She indicated to	hat she gave these two					
	Nursing Assistants a	written warning. She stated					
İ	that the Nursing Assis	tants said they told the hall					
	Nurse they were going	g on break together and	ļ				
	where they would be	and the Nurse had					
	Suggested Administra	tive Staff #4 look for the		ŀ			ļ
	There was no disciplin	the Restorative Room.					
	There was no disciplif	nary action for the Nurse.]
	3. Resident # 118 was	admitted to the facility	1				
	12/21/11. Cumulative	diagnoses included:					
	chronic respiratory fail	lure and CHF (congestive					
	heart failure).	the true (songoonto					
	A Quarterly Minimum	Data Sat (MDS) datad					
	6/1/13 indicated Resid	lent # 118 was cognitively	l	ĺ			1
	intact. She required e	xtensive assistance with]]
	toileting and limited as	sistance with personal					
	hygiene. Resident#1	18 was frequently					l i
	incontinent of bladder	and bowel.					
	A Grievance rened 3-1	had 7/05/40 but to 11.					
	118 stated in part the	ted 7/25/13 by Resident # t the nursing staff did not					[
	answer the call bell in	r me unisitià statt dia vot	1				
	and the self per the	a unely manner.					
1	On 8/7/13 at 4:01 PM.,	an interview was					
1	conducted with Reside	nt # 118. She said she	ĺ				
1	went to bed around 8:0	00PM and would not have					
	her incontinent brief ch	anged until after 11:00 PM					
1	Resident stated there v	vere times she turned on		1		}	
1	the light, the nursing st	aff would come and turn		1			ĺ
] 1	the light off and say the	y would be back but they					
- 1	did not return. Reside	nt # 118 indicated she got				1	ĺ
[1	up around 9:00 AM. She would ring for toileting]
[*	assistance in changing	her incontinent brief and,					1
] :	at times, nursing staff v	vould tell her that the food		7		l	
1	rays were being put or	the hall and she had not					1

PRINTED: 08/20/2013 FORMAPPROVED

TATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	/Value	F:01 = 0		OMB NO. 0938-039		
AND PLAN OF CO	RRECTION	IDENTIFICATION NUMBER:	A. BUILD:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
111115 0		345429	B. WING				С	
	DER OR SUPPLIER			801	REET ADDRESS, CITY, STATE, ZIP CODE PINEHURST AVENUE RTHAGE, NC 28327	16	8/09/2013	
(X4) ID PREFIX TAG	LEACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	$\neg \top$	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	Hinas	(X5) COMPLETION DATE	
Duri #6 (2 work durir answ had call if Nurs of the PM, i floor 11 s being indica assig that s chang	ys or received her servations were many at 8:10 Phones as sistants ats. Up to 4 lights were at the con. 8/7/13 at 8:40 Phones at the many at the staff members and 11-7 shift were and 11-7 shift were all bells quick and the staff members and the staff members and 11-7 shift were call bells quick and the 3-11 shift are the staff may be on be the staff she indicated the staff she indicated the staff	after they had picked up the bath for morning care. Inade on 8/7/13 from 8:10 PM it staff response to call lights. M there was one nurse and available to answer call vere observed on at one revation period, there was a span in which no call lights in the 200/300 hall nurse. I indicated that since she had facility after that, the histrative Staff assisting to kell after 8 PM were not selected at the call light activity as typical. She stated staff a quickly as possible but length of time any given fore it was answered. It was not unusual for one its to only work until 7:00 assistants to cover the ne was the supervisor for 3 that she was not but after ministrative Staff #1 all Nurse was always a on 3 - 11, she revealed in assigned to make schedule.	F2	241				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDI	10_	i ili "B	C	,	
		. 345429	B. WING _			08/0	09/2013	
	ROVIDER OR SUPPLIER SOURCES - PINELAKE			80	REET ADDRESS, CITY, STATE, ZIP CODE 1 PINEHURST AVENUE ARTHAGE, NC 28327			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 241	Continued From page 9		F 2	241				
	She stated that the far especially after 7 PM aides after 7 PM. Sh after 7 PM putting resincontinent care and crazy. NA #6 said the PM, the state surveyon the administrative state call lights. On 8/9/13 at 9:35 AM	I NA #6 was interviewed. acility was short of help since staffing was cut to 6 e added that staff was busy sidents back to bed, doing call bells would be going at last night (8/7/13) after 7 ors were in the building and off was the one answering I Administrative Staff #4 was aled that on June 26/13 at						
F 312 SS=E	around 8:30 PM she unanswered for 10 - then located the two to the hall on break to room. She indicated to Nursing Assistants a that the Nursing Assistants a that the Nursing Assistants in where they would be suggested Administration Nursing Assistants in There was no disciplication 483.25(a)(3) ADL CADEPENDENT RESID	observed call bells go 15 minutes on 300 hall and Nursing Assistants assigned ogether in the Restorative that she gave these two written warning. She stated stants said they told the hall ag on break together and and the Nurse had ative Staff #4 look for the the Restorative Room. Inary action for the Nurse. RE PROVIDED FOR	£		Residents # 3,25,107,4 and 118 were assessed by DON. No negative outcomes were associate this citation. For personal hygiene		8/11/13	
	maintain good nutritio and oral hygiene.	ne necessary services to on, grooming, and personal on grooming.			Resident #25 had no negative outcom from this citation. Resident #25 has a			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345429	B. WING			001	
NAME OF P	ROVIDER OR SUPPLIER			,	TREET ADDRESS, CITY, STATE, ZIP CODE	1 08/0	09/2013
	TO TIBER ON OUT FEEL			ŧ	01 PINEHURST AVENUE		
PEAK RES	SOURCES - PINELAKE			ŧ			
			·	L	ARTHAGE, NC 28327		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	• • • • • • • • • • • • • • • • • • • •		1		appointment for polishing and clean	ing	
F 312	Continued From page	÷ 10	F	312	artificial eye that was scheduled		
	Based on record revi	ew, observation, resident,			Prior to the surveyors entering the f	acility	
		iew, the facility failed to			and the staff will continue to clean a	round	
		roviding incontinent care to			, eye in an ongoing attempt to keep e	ye clear	
		sampled residents who			of matter.	•	
		sist to total assistance with				1	
		iene, failed to provide timely			Action taken regarding all others w	ith tha	0/04/43
		ing for 4 (Resident #25,			potential to be affected	itii tiit	8/11/13
	#107, #3, and #118) o	of 7 sampled residents and			position to be uncerted		'
		onal hygiene for a resident's se of matter for 1 (Resident			All current residents have been asses	ssed by	
		sidents The findings	1		administrative nurses to ensure that		
	included:	sidents The intulings			personal hygiene and assistance with	-	-
	moradou.				care is being provided. In addition, a		
	1. The facility's policy	on perineal care dated May,			current residents that require incont		
	2007 was reviewed.	The policy read in part: "			care have been observed to ensure t		
	wet washcloth and ap	ply soap or skin cleansing			appropriate incontinence care is being		
		oiled, otherwise disposable	1				
		ficient. Wash perineal area,			provided. The Care Plans for all curre	ent	
		ack. Separate labia, and			residents were reviewed by the		
	wash area downward				administrative nurses to ensure that		
		perineum moving from			and incontinent needs were identifie		
Ì		including thighs, alternating using downward strokes.	-		also communicated to the staff. Thi		
		e wash cloth or water to			assessment was completed by 8/11/	2013	
	clean the urethra or la				and assessment validation was docu	mented	•
		rection, using fresh water			on a resident census sheet. These		
		Rinse washcloth and	1		observations were conducted by the	2	
		ansing agent. Wash the	1		administrative nurses. The resident	care	
	rectal area thoroughly	, wiping from the base of			plan assessment that was conducted	1	
	the labia towards and	extending over the			included a review to determine if an	٧	
		e the same washcloth or			revisions were needed regarding an		
		ia. Rinse thoroughly using			care needs.	, -,	
	the same technique. I	Ory area thoroughly, "			,	1	
	Resident #4 was adm	itted to the facility on 5/9/11					
	with multiple diseases	es including coronary artery					
	disease (CAD).	o moduling coloniary aftery					
	The quarterly Minimur	m Data Set (MDS)					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
				_			2		
		345429	B. WING_			1	09/2013		
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/1	5572010		
חביאע סבי	COURAGE BUILDING			8	01 PINEHURST AVENUE				
FEAN RE	SOURCES - PINELAKE				CARTHAGE, NC 28327				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID		PROVIDER'S PLAN OF CORRECTION				
PRÉFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
					Measures put in place		T		
F 312)pug		F:	312	·	ucated by	8/30/13		
	assessment dated 6/				the SDC on facility policy for inconi	tinent	, .		
ļ	Resident #4's cognition	on was intact, always	1		care and providing assistance with	VDI			
	incontinent of bowel a	and bladder and needed			care. This education includes prop	AUL			
	extensive assist with	toileting and personal			perineal care, incontinent care and	61			
	hygiene. The assess	ment further indicated that			grooming. Proper technique and s	i ••			
		e assist of 2 person with			Brooming, Frohei technique and s	upplies			
ļ	transfer.				were also discussed as part of the education.				
	The gare plan was re				1				
		viewed. The care plan for	1		This education will be completed by)y			
	revealed a problem "	g (ADL) dated 6/13/13 ' resident's ability to perform	-		08/30/2013 to allow for any staff o	n			
	in ADLs are impaired	" and the goal was "			vacation. The facility has developed an audit	+==1+=	İ		
	resident will not furthe	er deteriorate in ADLs. "							
	The approaches inclu	ided " provide extensive	1		monitor incontinent care and ADL (are to	8/11/13		
ļ	assist in bed mobility,	transfers and toileting. "	-		include proper personal hygiene. T	he audit			
	{	•			tool consists of the following comp	onents:			
	On 8/7/13 at 2:50 PM	, Resident #4 was observed			1. Did the auditor observe incontin	ent care	;		
i	during incontinent car	re. NA#3 (nursing			2. Was incontinent care provided a	ccording	5		
	assistant) was observ	red to stand the resident up			to policy; 3. Was the resident mad	e			
	using the stand up lift	, pulled her pants down,		comfortable after care; and 4. Has the					
	femoved the solled di	laper, put on a new diaper,			employee been educated on appro-	priate			
	fastened it and pulled	resident in the electric			incontinent care. The audit tool wil	,			
		as not observed to clean the			therefore determine compliance wi				
		ctal area. At 3:55 PM, NA			facility's procedures. As of 9/14/20				
	#3 was interviewed.	She agreed that she did not			revised the audit forms to include 1	12 DOM			
]	clean the resident ber	cause the resident was tired			of growing needs mat. 2 Manager	t. were	1		
	standing up, but she v	would lift her again and			all grooming needs met; 2. Were ner	eds met			
	clean her up. At 3:58	PM, while sitting in the			timely. By revising this on the audit				
	electric chair, Resider	nt #4 had asked to use the			will ensure that all resident's persor				
	toilet to have a bowel	movement. NA #3 was			hygiene needs and incontinent care	will be			
	observed to put the re	esident on a stand up lift and			met in a timely manner. The audits				
1	placed her in the com	mode. The resident had a			conducted by the administrative nu	rses. Ali			
	bowel movement. NA	\#3 was observed to wet a			residents will be observed over the	COURSE			
1	Washcioth with water	and cleaned the rectal			of all three shifts using the audit too				
	area. INA #3 was not	observed to use soap to			9/12/2013. Thereafter weekly audit	n by Fe sailt			
		NA #3 was not observed to		1		is wiii			
	Clean the pennear are	a. NA#3 was observed to		- 1					
	pull and to lasten the	diaper, pulled her pants up	1	- 1		1			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				•	С		
		345429	B. WNG		08/09/2013		
	ROVIDER OR SUPPLIER SOURCES - PINELAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 801 PINEHURST AVENUE CARTHAGE, NC 28327				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROMOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE DATE		
F 312	and put her to bed us was not observed to phile Resident #4 was treatment nurse was treatment to the open. On 8/7/13 at 4:30 PM interviewed. She state provided incontinent of the veryday when shoup and the staff champaying attention as to because she was tryitadded that the nurse had to put her on the nurse's aide from the to bed. On 8/9/13 at 8:45 AM additional information used one wash cloth perineal and rectal arrinsed the wash cloth indicated that it was because she was state being on the lift. On 8/9/13 at 8:50 AM interviewed. She was was providing additionidicated that she expended to the perine of the wash cloth indicated that she expenses the wash cloth because the wash cloth indicated that she expenses the wash cloth but because washcloth but because washcloth but because washcloth but because washcloth but because the washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth but because washcloth washcloth but because washcl	ing the stand-up lift. NA #3 provide incontinent care s in bed. At 4:05 PM, the observed to provide a area on the right buttock. I, Resident #4 was ted that the staff had care by using the stand up e was out of bed. She stood ged her diaper. She was not b how they cleaned her up ng to hold on to the lift. She s aide from the 11-7 shift chair every morning and the 7-3 shift had to put her back I, NA #3 had provided b. She stated that she had to clean the resident's ea. She added that she had in between. She also hard to clean her up good harding up and was tired I, administrative staff #1 was had information. She prected NA #3 to use 2 se the resident was on the lift in on a stand up position, it	F 31	be conducted for the next six weel include ten percent of residents eat then monthly for six months to encontinued compliance. Any issues identified regarding staff performaresult in further education to include monstration. The results of these will be discussed and trended in the administrative nursing meeting an reviewed during the next schedule committee meeting to ensure concompliance with the policy and pregarding incontinent care and AD include personal hygiene. It was well during the 8-15 Administrative numeeting that SDC completed audit 8-12, 8-13, 8-14, 8-15 and DON concompleted audits on 8-14. It was verified during the suddits on 8-14 and DOC completed audits on 8-15 and DOC completed audits on 8-19. It was during 8-29 Administrative nurses that the QA nurse completed audit 27. It was verified during the 9-8 Administrative nurses meeting the nurse completed audits on 9-3 and DON completed audits on 9-6 and MDS nurse #1 completed audits on Going forward the DON will assign Administrative nurses audits to consider the pool of the pool o	ich week sure that are ince will de return de audits de weekly d will be d QA tinued ocedures de care to derified deses des on 8-11, mpleted ng det the QA DC N verified meeting des on 8-		
	2a. Resident #25 wa	s admitted to the facility on					

OF ALLES	O LOW MEDICANE OF	MEDICAID SERVICES			OMB 110. 0000-0007	
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245400	B. WNG		C	
	A in a	345429			08/09/2013	
NAME OF PR	ROVIDER OR SUPPLIER		1	TREET ADDRESS, CITY, STATE, ZIP CODE	l	
PEAK RES	SOURCES - PINELAKE	•		01 PINEHURST AVENUE		
	- 1 - 7 			CARTHAGE, NC 28327		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 312	glaucoma of left eye status post open reduce on 12/12/12. The most recent Miniquarterly assessmen Resident #25 was convealed she needed transfers, personal his she was frequently in bladder. The Immediate Care the following goals: continence for bowel intervention checked Comprehensive Care revealed a problem since was at risk for poor hintervention to provid activities of daily living Review of the Conce Form dated 7/12/13 had a complaint that aide changed me. "Follow-up Action the written: "it was dete incontinent episode in clothes - continue (wimportance of checking assessment of the continue (wimportance of checking assessment of the continue (wimportance of checking assessment of the continue (wimportance of checking assessment of the continue (wimportance of checking assessment of the continue (wimportance of checking assessment of the continue (wimportance of checking assessment of the continue of the continue (wimportance of checking assessment of the continue of t	es including: dysphasia, and prosthetic right eye, and uction of left ankle fracture imum Data Set (MDS), a t dated 4/6/13 indicated egnitively intact. It also I extensive assistance with ygiene and toileting and that acontinent of bowel and Plan dated 6/12/13 revealed return to usual level of and bladder function with an to assist with toileting. The eyeland dated 6/12/13 state met that Resident #25 sygiene which included an le limited assistance for ig. em/Grievance Reporting revealed that Resident #25 "I wet my pants before the Under the heading following, in part, was emined that resident had in therapy and wet her lith) staff education on ing (with) resident on and importance of requesting	F 312	for the next week and this will be	resident iew ning the ereby each a specific erview ther	
	#25 stated that call b timely on second shi	a family member of Resident vells were not answered ft between 5 - 9 PM and M when one staff member				

STATEMENT OF DETICIENCIS AND PLAN OF CORRECTION A BUILDING NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - PINELAKE (24) D SUMMARY STATEMENT OF DEFICIENCY REGULATORY OR ILSC IDENTIFYING INFORMATION) FREEX TAG F 312 Continued From page 14 always left and the assignment had to be changed. The family member alded that safe assigned to the same hall took breaks at the same time and sometimes left the facility during hereaks for an hour or so. She stated that the nurses did not answer call bells when the Nursing Assistants could not and that she had seen Nursing staff eating at the nursing station and ignoring call bells. The family member added that Resident #25 was assisted with tolleding she would not be incontinent and she recalled two cocasions when Resident #25 is dress had been soaked with urine. On 8/6/13 at 6:00PM., NA #1 stated there was one nursing assistant on the hall. When asked what she would do if someone wanted to be toileted or changed during the meditine, NA #1 hesitated in answering, then said she would change them after the cart on the hall was good fit he hall.	<u> </u>	ST SIT MEDIONINE W	INCOIONID OCITATORO				<u> </u>	. 0000 0001
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - PINELAKE SIMMARY STATEMENT OF DEFICIENCIES SOFT INFORMATION STATE OF CORRECTION (CA) THE PRECIX REGULATORY OR LSC IDENTIFYING INFORMATION) FRACE AND DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 312 Continued From page 14 always left and the assignment had to be changed. The family member alledged that staff assigned to the same half took breaks at the same time and sometimes left the facility during breaks for an hour or so. She stated that the nurses did not and that she had seen Nursing staff eating at the nursing station and ignoring call bells. The family member added that Resident #25 was not being taken to the bathroom as needed and during meal times staff would not take residents to the bathroom. The family member indicated that if Resident #25 was assisted with toileting she would not be incontinent and she recalled two occasions when Resident #25 s dress had been soaked with urine. On 8/6/13 at 6:00PM, NA #1 stated there was one nursing assistant on the half for the evening meal while the other was in the dining room. The one on the half passed out the trays and fed the residents on the half. When asked what she would of is someone wanted to be tolleted or changed during the mealtime, NA #1 hesitated in answering, then said she would change them				1 ' '				
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - PINELAKE (X4) ID PREFERX TARGET AND FEBRUARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TARGET AND FEBRUARY OR LIST IDENTIFYING INFORMATION) F 312 Continued From page 14 always left and the assignment had to be changed. The family member alledged that staff assigned to the same hall took breaks at the same time and sometimes left the facility during breaks for an hour or so. She stated that the nurses did not answer call bells when the Nursing Assistants could not and that she had seen Nursing staff eating at the nursing station and ignoring call bells. The family member added that Resident #25 was not being taken to the bathroom as needed and during meal times staff would not take residents to the bathroom. The family member indicated that if Resident #25 was assisted with tolleting she would not be incontinent and she recalled two occasions when Resident #25 's dress had been soaked with urine. On 8/6/13 at 6:00PM., NA #1 stated three was one nursing assistant on the hall for the evening meal while the other was in the dilning room. The one on the hall passed out the trays and fed the residents on the hall. When asked what she would do if someone wanted to be toileted or changed during the mealtime, NA #1 hesitated in answering, then said she would change them			345490	R MANG				
PEAK RESOURCES - PINELAKE SUMMARY STATEMENT OF DETICIENCIES FORMINES PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TO PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROMINESS PLAN OF CORRECTION SIDULD BE COMPLETION PREFIX TAG PROMINESS PLAN OF CORRECTION COMPLETION CROSS REFERENCE TO THE APPROPRIATE COMPLETION DEHCIENCY) F 312 Continued From page 14 Always left and the assignment had to be changed. The family member altedged that staff assigned to the same halt took breaks at the same time and sometimes left the facility during breaks for an hour or so. She stated that the nurses did not answer call bells when the Nursing Assistants could not and that she had seen Nursing staff eating at the nursing station and ignoring call bells. The family member added that Resident #25 was not being taken to the bathroom as needed and during meal limes staff would not take residents to the bathroom. The family member indicated that if Resident #25 was assisted with toileting she would not be incontinent and she recalled two occasions when Resident #25 's dress had been soaked with urine. On 8/6/13 at 6:00PM., NA #1 stated there was one nursing assistant on the half lost the evening meal while the other was in the dining room. The one on the half passed out the trays and fed the residents on the half possed out the trays and fed the residents on the half lost would do if someone wanted to be toileted or changed during the mealtime, NA #1 hesitated in answering, then said she would change them		·····	345429	o. wave			08/	09/2013
PEAK RESOURCES - PINELAKE (XA) ID PREFEX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY) F 312 Continued From page 14 always left and the assignment had to be changed. The family member alledged that staff assigned to the same half took breaks at the same time and sometimes left the facility during breaks for an hour or so. She stated that the nurses did not answer call bells when the Nursing Assistants could not and that she had seen Nursing staff eating at the nursing station and ignoring call bells. The family member added that Resident #25 was not being taken to the bathroom as needed and during meal times staff would not take residents to the bathroom. The family member indicated that if Resident #25 was assisted with toileting she would not be incontinent and she recalled two occasions when Resident #25's dress had been soaked with urine. On 8/6/13 at 6:00PM., NA #1 stated there was one nursing assistant on the hall for the evening meal while the other was in the dining room. The one on the hall passed out the trays and fed the residents on the hall bassed what she would of if someone wanted to be toileted or changed during the mealtime, NA #1 hesitated in answering, then said she would change them	NAME OF P	ROVIDER OR SUPPLIER						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTION WIST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) F 312 Continued From page 14 always left and the assignment had to be changed. The family member alledged that staff assigned to the same hall took breaks at the same time and sometimes left the facility during breaks for an hour or so. She stated that the nurses did not answer call bells when the Nursing Assistants could not and that she had seen Nursing staff eating at the nursing staff would not take residents to the bathroom. The family member indicated that if Resident #25 was assisted with toileting she would not be incontinent and she recalled two occasions when Resident #25's dress had been soaked with urine. On 8/6/13 at 6:00PM., NA #1 stated there was one nursing assistant on the hall for the evening meal white the other was in the dining room. The one on the hall passed out the trays and fed the residents on the hall. When asked what she would do if someone wanted to be toileted or changed during the mealtime, NA #1 hesitated in answering, then said she would change them	PEAK RE	SOURCES - PINELAKE			80	D1 PINEHURST AVENUE		
FREERY TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIRED FROM THE PROPRIATE DEFICIENCY) F 312 Continued From page 14 always left and the assignment had to be changed. The family member alledged that staff assigned to the same hall took breaks at the same time and sometimes left the facility during breaks for an hour or so. She stated that the nurses did not answer call bells when the Nursing Assistants could not and that she had seen Nursing staff eating at the nursing station and ignoring call bells. The family member added that Resident #25 was not being taken to the bathroom as needed and during meal times staff would not take residents to the bathroom. The family member indicated that if Resident #25 was assisted with toileting she would not be incontinent and she recalled two occasions when Resident #25 's dress had been soaked with urine. On 8/6/13 at 6:00PM., NA #1 stated there was one nursing assistant on the hall for the evening meal while the other was in the dining room. The one on the hall passed out the trays and fed the residents on the hall. When asked what she would of if someone wanted to be toileted or changed during the mealtime, NA #1 hesitated in answering, then said she would change them	/////	oonoro i mirrina			С	ARTHAGE, NC 28327		
always left and the assignment had to be changed. The family member alledged that staff assigned to the same half took breaks at the same time and sometimes left the facility during breaks for an hour or so. She stated that the nurses did not answer call bells when the Nursing Assistants could not and that she had seen Nursing staff eating at the nursing station and ignoring call bells. The family member added that Resident #25 was not being taken to the bathroom as needed and during meal times staff would not take residents to the bathroom. The family member indicated that if Resident #25 was assisted with toileting she would not be incontinent and she recalled two occasions when Resident #25 's dress had been soaked with urrine. On 8/6/13 at 6:00PM., NA #1 stated there was one nursing assistant on the hall for the evening meal while the other was in the dining room. The one on the hall passed out the trays and fed the residents on the hall. When asked what she would do if someone wanted to be toileted or changed during the mealtime, NA #1 hesitated in answering, then said she would change them	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		COMPLETION
On 8/6/13 at 6:00 PM., Nurse #4 stated nursing staff did not change or toilet residents while the tray cart was on the hall. On 8/7/13 at 11:13 AM., NA #2 stated she had always been told not to toilet or change anyone while the trays were out on the hall. If food was in the room for the resident who had requested to have their incontinent brief changed or to be toileted or the roommate in the room, she would tell them she would toilet and/or change them	F 312	always left and the as changed. The family assigned to the same same time and some breaks for an hour or nurses did not answe Assistants could not Nursing staff eating a ignoring call bells. Ti Resident #25 was no bathroom as needed would not take reside family member indica assisted with toileting incontinent and she resident #25 's dres urine. On 8/6/13 at 6:00 PM one nursing assistan meal while the other one on the hall passer residents on the hall. would do if someone changed during the nanswering, then said after the cart on the hold of the cart on the hold of the cart on the hold of the cart on the hold of the cart on the hold of the cart on the hold of the cart on the hold of the cart on the hold of the cart on the hold of the cart on the hold of the cart on the hold of the cart on the hold of the residence in the hold of the residence their incontinent toileted or the roommute the term of the residence of the roommute to the roommute t	ssignment had to be member alledged that staff hall took breaks at the times left the facility during so. She stated that the er call bells when the Nursing and that she had seen at the nursing station and he family member added that to being taken to the and during meal times staff ents to the bathroom. The stated that if Resident #25 was gishe would not be recalled two occasions when as had been soaked with the trays and fed the When asked what she wanted to be toileted or nealtime, NA #1 hesitated in she would change them hall was gone off the hall. M., Nurse #4 stated nursing or toilet residents while the hall. M., NA #2 stated she had to toilet or change anyone out on the hall. If food was in dent who had requested to to be nate in the room, she would	F	312			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345429	B. WING		·· ·		С	
	ROVIDER OR SUPPLIER SOURCES - PINELAKE			1	STREET ADDRESS, CITY, STATE, ZIP CODE 801 PINEHURST AVENUE CARTHAGE, NC 28327	1 08	/09/2013	
(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 B CROSS-REFERENCED TO THE APPROPRI- DEFICIENCY)		(X5) COMPLETION DATE	
	after the trays were pit to avoid that problem residents prior to the happen. On 8/7/13 at 8:40 PM stated the person in control of the stated the person in control of the stated the person in control of the stated the person in control of the stated the person in control of the stated the person in control of the stated the person in control of the stated that th	icked up. She said she tried by asking and or changing meal so that would not Administrative staff #1 harge on the 3-11 shift and //300 hall nurse. I indicated that nursing staff provide incontinent care id there was one nursing t meal time but the nurse call lights and any staff, ould find out what the ing meals, the nursing he roommate if the food traying care and brought back ative staff had no idea why uld say they could not entinent care and she would staff. It admitted to the facility on a including: dysphasia, and prosthetic right eye, and cition of left ankie fracture Thum Data Set (MDS), a dated 4/6/13 indicated entitively intact. It also extensive assistance with giene and toileting and that ontinent of bowel and The provided in the said of the sa	F	312				
	was at risk for poor hy	giene which included an						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X'		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED		
AND PLAN OF	CORRECTION	DEATH WATCH HORDER	A, BUILD	NG			С		
		345429	B. WING				8/09/2013		
	ROVIDER OR SUPPLIER SOURCES - PINELAKE		•	801 P	ET ADDRESS, CITY, STATE, ZIP CODE INEHURST AVENUE ITHAGE, NC 28327				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
F 312	activities of daily living activities of daily living activities of daily living activities on the second activities on the second activities of the actificial she had already had member stated that practice to have her cleaning daily but the	de limited assistance for	F	312					
	Observation on 8/8/ Resident #25 was a her breakfast. The her right eyelashes 1/8th of her artificial Observation on 8/8/ Resident #25 did no eye area anymore hright eyelid were be artificial eye. She in	13 at 2:30 PM revealed of have yellow matter on her R nowever the eyelashes of her nt inwards and stuck to her ndicated that her right eye table and she thought she							
	revealed that she w common practice w instead of removing staff just needed to #7 was informed of Resident #25 and to about eye area disc #7 said she would to	e #7 on 8/8/13 at 3 PM ras aware Resident #25's as to leave her artificial eye in, it for cleaning daily, so facility help her keep it clean. Nurse the above observations of he Resident's comment comfort and eye drops. Nurse talk to the physician about it he seeing Resident #25 on							

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	S FOR MEDICARE & OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CON		(X3) DATE SURVEY COMPLETED		
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		1	C	
		345429	B, WING	THE TOP OF THE TOP OF		/09/2013	
	ROVIDER OR SUPPLIER SOURCES - PINELAKE		801 P	ET ADDRESS, CITY, STATE, ZIP CO INEHURST AVENUE THAGE, NC 28327	JUE		
		and a section of the	T ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
(X4) ID PREFIX TAG	#FACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	COMPLETION	
F 312	Continued From page 8/9/13. Observation of Resi	ident #25 on 9/9/13 at 9:55	F 312				
	eyes and the eyelas longer stuck to her						
	3. Resident #107 was admitted to the facility on 6/13/13. Diagnoses included diabetes mellitus type 2, acute myocardial infarction, muscle weakness, and dementia. Output Description: Output Description:						
	6/20/13 revealed the cognitive impairme assistance of 2 per	imum Data Set (MDS) dated ne resident had moderate nt, required extensive rsons for transfers and ce of 1 person for toileting.					
	2 hours, incontiner	ed 6/24/13 included toilet every nce care after each episode t, skin-friendly pads/briefs.					
	during an interview sometimes found extent that the income and her clothes we added that they di	AM, family members indicated withat the resident was very wet and/or soiled to the continent product was saturated ere wet and soiled. The family did her laundry so they were					
	The family added grievance since a not changing the admitted until the had arrived. The fuses a different kithe hospital, and	periodic but ongoing problem. that they have filed one dmission, regarding the facility resident from the time she was next morning, after the family family explained that the facility and of incontinence product than they recognized that the product was still on the resident the					

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C		
		345429	B. WING_			8/09/2013		
	ROVIDER OR SUPPLIER SOURCES - PINELAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 801 PINEHURST AVENUE CARTHAGE, NC 28327					
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F 312	Continued From pag		F	312				
	The nursing assistar resident on the 11-7 longer employed at	nt who was assigned to the shift on 6/13-6/14/13 was no the facility.						
	During the survey, to be up, dressed and 8:00 AM. No odors of observed.	he resident was observed to groomed every morning by of incontinence were						
	residents raised cor	amily members of 3 other neerns that residents were not tor provided incontinent care vent accidents.						
	12/26/05 and readn	admitted to the facility on nitted 6/14/13. Diagnoses eart failure, hypertension, and depression.						
	quarterly assessme Resident #3 had se sometimes was und understands, requir person for transfers	enimum Data Set (MDS), a cent dated 6/7/13, indicated evere cognitive impairment, derstood and sometimes red extensive assistance of 1 is and toileting, and was inent of bowel and bladder.						
	Resident #3 stated 30 - 50 minutes for after supper. They incontinent at times so long for assistar resident's faundry frequency in which	PM, two family members of that the resident had to wait her call light to be answered indicated that the resident was sonly because she had to wait nee. They also said they did the so they were aware of the the resident had soaked nence product onto her						

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ENTERS	FOR MEDICARE &	MEDICAID SERVICES	Lares MILIT	IN E	CONSTRUCTION		E SURVEY	
TEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COM	COMPLETED	
D PLAN OF	CORRECTION	Amenda is see to a con-		_			C	
		345429	B. WING			0:	8/09/2013	
	an augustes				TREET ADDRESS, CITY, STATE, ZIP CODE			
IAME OF PR	OVIDER OR SUPPLIER				01 PINEHURST AVENUE			
PEAK RES	OURCES - PINELAKE			C	ARTHAGE, NC 28327		(X5)	
(X4) ID PREFIX TAG	OU OF CICIEMO	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	լ∪թբ	COMPLETION	
F 312	During an interview Assistant (NA) #5 st assigned to Resider said she toileted the and before and afte #3 can also tell staft toilet so the resider the day. 5. Resident # 118 12/21/11. Cumulat Degenerative Disc Failure. A Quarterly Minimm 6/1/13 indicated R intact. Extensive a toileting and limite hygiene. During ti noted that Reside incontinent of blace A care plan dated indicated Resider physical function Interventions inch Toilet q2hr (every handwritten in on written). A Concern/ Griev 7/25/13 Residen at night would no call bells timely, resident on a eve	on 8/8/13 at 2:30 PM, Nursing tated she frequently was int #3 on the 7-3 shift. NA #5 is resident when getting her up it meals. NA #5 said Resident if if she needed to use the int was not incontinent during was admitted to facility tive diagnoses included: Disease and Congestive Heart um Data Set (MDS) dated esident # 118 was cognitively assistance was needed with d assistance with personal the assessment period, it was int # 118 was frequently	F	312				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
ATEMENT OF	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1			000	
							C 8/09/2013
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NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CO				
					CARTHAGE, NC 28327		
PEAK RES	OURCES - PINELAKE				DECLARGES BLANCE CORRECT	ion	(X5)
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F 312	On 8/7/13 at 4:01 P conducted with Res stated she wore pull toileted/ changed he she went to bed are incontinent briefs at incontinent care fro indicated she did not changed until after there were times slean ursing staff would and say they would return. Resident faround 9:00 AM. assistance in chan morning and, at tin that the food trays she would not bee picked up the tray morning care. On 8/6/13 at 6:000 one nursing assis meal while the off one on the hall paresidents on the fall paresidents of the fal	M., an interview was ident # 118. Resident # 118. Fup briefs during the day and er brief independently. After and 8:00PM., she wore and would need to receive an the nursing staff. She of thave her incontinent brief 11:00 PM. Resident stated are turned on the light, the come and turn the light off if be back but they did not if 118 indicated she got up She would ring for toileting ging her incontinent brief in the mes, nursing staff would tell her were being put on the hall and in changed until after they had so or received her bath for PM., NA #1 stated there was tant on the hall for the evening her was in the dining room. The hall. When asked what she	F	312			
would do if someone want changed during the mealti answering, then said she		one wanted to be toileted or ne mealtime, NA #1 hesitated in said she would change them he hall was gone off the hall.					
	On 8/6/13 at 6:00 staff did not chan tray cart was on	PM., Nurse #4 stated nursing ge or toilet residents while the the hall.					
	always been told	3 AM., NA #2 stated she had not to toilet or change anyone ere out on the hall. If food was in resident who had requested to					ion shoot Prope 3

FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES (X3) DATE SURVEY CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES A, BUILDING IDENTIFICATION NUMBER: AND PLAN OF CORRECTION 08/09/2013 STREET ADDRESS, CITY, STATE, ZIP CODE 345429 801 PINEHURST AVENUE NAME OF PROVIDER OR SUPPLIER CARTHAGE, NC 28327 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION PEAK RESOURCES - PINELAKE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES iD PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX F 312 Continued From page 21 F 312 have their incontinent brief changed or to be toileted or the roommate in the room, she would tell them she would toilet and/or change them after the trays were picked up. She said she tried to avoid that problem by asking and or changing residents prior to the meal so that would not happen. On 8/7/13 at 8:40 PM., Administrative staff #1 stated the person in charge on the 3-11 shift and 11-7 shift was the 200/300 hall nurse. Administrative staff #1 indicated that nursing staff can toilet residents or provide incontinent care during meals. She said there was one nursing assistant on the hall at meal time but the nurse assisted in answering call lights and any staff, even housekeeping, could find out what the resident needed. During meals, the nursing assistant would ask the roommate if the food tray could be removed during care and brought back afterwards. Administrative staff had no idea why some nursing staff would say they could not provide toileting/ incontinent care and she would The medication for resident #4 was need to in-service the staff. 8/7/13 discontinued from the MAR and the 483.25(I) DRUG REGIMEN IS FREE FROM F 329 computer on 08-07-13 prior to the UNNECESSARY DRUGS surveyors exiting the facility. The MD was ss=D Each resident's drug regimen must be free from made aware of the medication being unnecessary drugs. An unnecessary drug is any administered by the nurses after the order drug when used in excessive dose (including to discontinue the medication was in duplicate therapy); or for excessive duration; or effect.. No additional orders were given. A without adequate monitoring; or without adequate medication Error report was completed. indications for its use; or in the presence of Action taken regarding all others with the adverse consequences which indicate the dose should be reduced or discontinued; or any potential to be affected combinations of the reasons above. Based on a comprehensive assessment of a

PRINTED: 08/20/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/20/2013 FORM APPROVED

DEDARTM	ENT OF HEALTH AN	D HUMAN SERVICES			OMB NO.	0938-0391
CENTERS	FOR MEDICARE &	MEDICAID SERVICES		CONSTRUCTION	(X3) DATE S	JRVEY
STATEMENT OF	DEFICIENCIES	FAAT BBUADERADERHEIM CHA		CONSTRUCTION	COMPLE	HED
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		С	
			B. WING		08/0	9/2013
		345429	S	TREET ADDRESS, CITY, STATE, ZIP CODE		Ì
NAME OF PR	OVIDER OR SUPPLIER			01 PINEHURST AVENUE		ŀ
	OURCES - PINELAKE			CARTHAGE, NC 28327		
PEAK RES				DROVIDER'S PLAN OF COL	RRECTION	(X5) COMPLETION
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TAG	REGULATORY OF			A complete MAR and TAR a	udit was	
F 329	Continued From page	must ensure that residents	F 329	l Ilront ro	rders to include	8/11/13
1	Luba have not used	antipsychotic drugs are not		consisted of a thorough rec	conciliation of	
	those drugs I	inless antipsychotic orug	1	AAABa and TARS to inclu	Ide tentem or an	
	thoropy is necessal	ry to treat a specific continuor		and a comparison o	t those orders to	1
1	Loc diagnosed and (documented in the chilical		Use AAADs and TARS to ensi	ure accuracy ***	
	record; and resider	nts who use antipsychotic ual dose reductions, and		transcription and processi	ng, the audits	
	habouloral interver	ations, unless clinically		oro completed by the aq	Millipuanac	1
İ	contraindicated, in	an effort to discontinue these		nurses on or before 8/11/	2013. No other	
1	drugs.			regident was found to hav	e had	
1				medications administered	by the nurses	
		•		after the order to disconti	inue the	
1				medication was in effect.		
				Mossures but	in place	0/20/13
	This RECHIREME	ENT is not met as evidenced		Lau murgos will be educate	ed by the SDC and	8/30/13
İ	hie		l l	ADOM on the proper	Way to discondin	ue
	Bosod on record	review and staff interview, the	1	and taper orders to inclu	de medications	}
1	facility failed to en	isure that residents were nee	1	that indicate a specific St	op Date. The	1
	from uppecessary	/ medication as evidenced by			ontinuing	
	administration the	Zoloft (antidepressant)which		l section in the electro	onic system, the	
	was already disco	ontinued for 1 (Resident #4) of 5	1	education will also instru	act nurses on hov	v
	sampled resident	s. The findings included:		to identify and ensure a	ccuracy of the ne	w l
1	Docident #4 was	admitted to the facility on 5/9/11		monthly MARs. This edu	ication will be	
1	with multiple diac	noses including depressive	ļ	completed by facility SD	C and ADON by	
	disorder.	•		08/30/2013 to allow for	any staff on	
	dated 5/27/13 at	es were reviewed. The notes 2:40 PM revealed that Resident and of dry mouth. The attending		vacation.		
	physician was in the Zoloft.	formed with a new order to taper				
	5/27/13, the not history of dry me medications we	rogress notes were reviewed. On es revealed that Resident #4 had outh and difficulty swallowing. Her re reviewed and have discussed f discontinuing some of her				
1	the possibility o	r Glacoritinanty Community		Facility ID 923405	If continuation	sheet Page 23 of 2

PRINTED: 08/20/2013 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A BUILDING AND PLAN OF CORRECTION 08/09/2013 B. WING 345429 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 801 PINEHURST AVENUE PEAK RESOURCES - PINELAKE CARTHAGE, NC 28327 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG Monitoring F 329 The facility has developed an audit tool to 8/11/13 Continued From page 23 F 329 monitor for proper tapering and medications that might be causing the dry mouth. discontinuing orders from the MARs as well

On 5/27/13, there was an order to "decrease the Zoloft to 100 milligrams (mgs) by mouth in the morning for 1 week and then decrease to 50 mgs by mouth in the morning for 1 week and then discontinue."

The Medication Administration Records (MARs) were reviewed. The June, 2013 MAR revealed that Zoloft 100 mgs was given from 5/28- 6/3/13. Zoloft 50 mgs was administered from 6/4 - 6/10/13 and then it was discontinued. The July, 2013 did not include Zoloft on the list of medications. The MAR for August, 2013 revealed that Zoloft 100 mgs and Zoloft 50 mgs were transcribed to be given at 9:00 AM and were initialed as given from 8/1- 8/7/13.

On 8/8/13 at 9:15 AM, Nurse #2 was interviewed. She stated that she was assigned to Resident #4 on 8/1, 8/3 and 8/4/13 on day shift. She indicated that her initial on the MAR would indicate that she had administered the medication (Zoloft 100 mgs and 50 mgs) on 8/1, 8/3 and 8/4/13 at 9:00 AM to Resident #4.

On 8/9/13 at 7:58 AM, Nurse #3 was interviewed. She stated that she was assigned to Resident #4 on 8/2, 8/5 and 8/7/13 on day shift. She added that her initial on the MAR would indicate that she had administered the Zoloft 100 mgs and 50 mgs at 9:00 AM.

On 8/9/13 at 8:05 AM, administrative staff #1 was interviewed. She stated that she was aware of the medication error on Resident #4. She added that the Zoloft was discontinued in June but was printed by the pharmacy on the August, 2013

The facility has developed an audit tool to monitor for proper tapering and discontinuing orders from the MARs as well as the computer software. The audit tool consists of the following components: 1. did resident have any order changes in the last week; 2. Determine is the order was transcribed to the MAR correctly; and 3. Determine if the order was placed in the computer correctly. Each new monthly MAR will be reviewed by two nurses to ensure accuracy before the MAR is given to the floor nurse.

25% of charts will be audited weekly for two weeks, then 10% weekly for six weeks, then 10% of all new monthly MARs for six months to ensure continued compliance. These audits will be discussed weekly during the administrative nursing meeting. QA follow up will be reviewed during the next scheduled QA committee meeting. It was verified during the Administrative nurses meeting on 8-15 that SDC completed audits on 8-11, 8-12, 8-13, 8-14 and 8-15. The DON completed audits on 8-14. It was verified during the 8-20 Administrative nurses meeting that SDC completed audits on 8-18, the QA nurse completed audits on 8-18 and 8-19. During the 8-29 Administrative nurses meeting it was verified that QA nurse completed audits on 8-26 and it was verified during the Administrative nurses meeting held 9-8 that QA nurse completed audit on 9-3. Going forward the DON will assign audits to an administrative nurse during the weekly

Administrative nurses meeting and this will 1 Page 24 of 29 be reflected in the meeting minutes.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURV		URVEY ETED					
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG		С	
		345429	B. WING			1	9/2013
NAME OF PR	ROVIDER OR SUPPLIER	1		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
					1 PINEHURST AVENUE		
PEAK RES	SOURCES - PINELAKE			C/	ARTHAGE, NC 28327		
(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)	DBE	(X5) COMPLETION DATE
F 329	who had checked the 483.25(m)(1) FREE	edged that 3 staff members ne MAR had missed it. OF MEDICATION ERROR		329 332	The physician for resident #41 wa of the medication errors. A medi error report was then completed	cation	8/9/13
SS=D	The facility must en	MORE sure that it is free of tes of five percent or greater.			attending physician did not give a regarding medication errors. The involved was educated regarding medication administration policy 08/09/2013.	any orders e nurse the on	
	by: Based on record reinterview, the facility medication error ra evidenced by 3 error	NT is not met as evidenced eview, observation and staff by failed to ensure that the te was 5% or below as ors (Resident #41) of 30 ror resulting to a 10% error included:			Action taken regarding all others potential to be affected immediately following policy ins provided to Nurse #2 by the SDC thorough medication administra observation was conducted by the ensure Nurse #2's understanding compliance to policy. This observa-	truction , a tion he SDC to g and vation	8/12/13
	1/22/13 with multip Obstructive Pulmo The current physic revealed that Resi	vas admitted to the facility on ile diagnoses including Chronic nary Disease (COPD). ilan's orders (August, 2013) dent #41 had an order dated t 2 puff twice a day for COPD.			consisted of viewing all forms of to include inhalers, eye drops, administering medications via G Wait times between eye drops a were also observed. No medicat were identified during the obser Measures put in place All nurses received education by	tubes. nd inhalers ion errors vation.	
	observed during the was observed to pure medications included On 8/7/13 at 9:55. She stated that she	AM, Resident #41 was ne medication pass. Nurse #2 prepare and to administer the ding Flovent 3 puffs. AM, Nurse #2 was interviewed. The was a floater and was not ler for the Flovent was changed puffs.			and SDC regarding medication administration policy by 9/6/20 nurses will in addition receive administration observation on 8/30/2013 which will be conducted by an administrative nurs was observed to have a 5% err greater. Any nurse on vacation receive education before returns	a medication or before acted by the e. No nurse or rate or n or leave w	

STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
MNU PLAN OF	CORRECTION	IDENTIFICATION NORDER.	A. BUILDI	NG_		С		
		345429	B. WING			j i	09/2013	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		ST	REET ADDRESS, CITY, STATE, ZIP CODE			
DEAK DE	SOURCES - PINELAKE				1 PINEHURST AVENUE			
PEAK RE	SUURCES - PINCLANC			C,	ARTHAGE, NC 28327			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	98	(X5) COMPLETION DATE	
F 332	1b. Resident #41 wa 1/22/13 with multiple Obstructive Pulmona The current physicia revealed that Reside 1/30/13 for Flovent 2 On 8/7/13 at 9:04 At observed during the was observed to pre medications includin was not observed to between puffs. On 8/7/13 at 9:55 At She stated that she minute between puff but she did not have a minute.	s admitted to the facility on diagnoses including Chronic ary Disease (COPD). In's orders (August, 2013) and #41 had an order dated a puff twice a day for COPD. In, Resident #41 was medication pass. Nurse #2 pare and to administer the g Flovent 3 puffs. The nurse wait at least a minute In, Nurse #2 was interviewed, was supposed to wait a fis and she thought she did a watch to make sure it was as admitted to the facility on	F	332	Monitoring Monthly Medication Administration Observations will continue for the three months and will include all observation of all nurses responsified medication administration. The observations will be conducted by The observation will include adminall types of medication to include inhalers, administering medication tube, measuring medications of all include liquid and powder form an practice of required wait times be medications such as inhalers and Each medication administration of will consist of 2 residents and at leach medication. The number of roudetermined by what the resident's indicates, however each administration residents that require the most we routes so as to ensure the observation includes eye drops, crushed medication, inhalers and liquid medications, inhalers and	the SDC. nistering eye drops, ns via a g- il types to nd the etween eye drops, bservation east 10 utes will be s MAR rative a will select aried vation ication,	1	
	1/22/13 with multiple diagnoses including Constipation The current physician's orders (August, 2013) revealed that Resident #41 had an order dated 1/30/13 for Metamucil 1 tablespoon daily for constipation. On 8/7/13 at 9:04 AM, Resident #41 was observed during the medication pass. Nurse #2 was observed to prepare and to administer the medications including Metamucil 5 teaspoons dissolved in 8 ounces (oz) of water. On 8/7/13 at 9:55 AM, Nurse #2 was interviewed.				medications .The results from th medication administration obser be discussed in the weekly admin nursing meeting to determine th additional education and observ	e vations wi nistrative se need foi	r	
					all results will be assessed in the meeting to ensure continued continued to the initial med pass observation completed by the SDC and DON, med pass audits needed will be by the SDC.	next QA mpliance. s were . All future		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/20/2013 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		. 345429	B. WING				O9/2013	
	ROVIDER OR SUPPLIER			80	REET ADDRESS, CITY, STATE, ZIP CODE 1 PINEHURST AVENUE ARTHAGE, NC 28327			
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	(X5) COMPLETION DATE	
F 332 F 371 SS=E	She acknowledged to teaspoons of Metam was equal to 5 teaspons. The facility must - (1) Procure food from considered satisfaction authorities; and (2) Store, prepare, dounder sanitary conditions. This REQUIREMENT by: Based on observation facility failed to keep stains. The findings Observation of the kat 5:21 PM revealed plating resident ever observation multiple ready for use, were stained plates was observation multiple ready for use, were stained plates was surface. The cook, we plates for resident mup the unclean plate was asked, by a surfacermine if it should that the plate was justice.	hat she had administered 5 ucil because 1 tablespoon oons. DCURE, BERVE - SANITARY In sources approved or ory by Federal, State or local istribute and serve food tions T is not met as evidenced on and staff interview, the dishware free of debris and		332	All dishware was examined for any stains cracks and other damage by the Dietary Manager. All items found to be compromised were immediately discarded and replaced 8/11/2013. All divided and undivided plates were replaced with new dishware. Systemic Changes The "Soaking Schedule" for glassw and dishware has been reimplemented which means that evidinnerware item will be soaked for least an hour weekly to prevent staining. All dietary staff members were educated by the Dietary Manager on or before 8/12/2013 regarding proper handling of all dinnerware to include glassware, proper cleaning of all dinnerware include glassware and the requirement to re-wash any item is not free of debris. All dietary staff have been instructed to not use and dinnerware item that is not absolutive free of all debris. Any stained dinnerware or dinnerware contain debris will be taken out of service the Dietary Manager will discard a reorder new dinnerware. Dishware surveillance and soaking schedule	e very rat to that aff ny utely ning and e	8/9/13	
FORM CHE 250	Manager (DM) #1 w	ho acknowledged the plate		7 *	education was also provided. Any staff member on vacation or leave caty receive education prior to returnir	will	At Dame 07 :100	
ORM GM3-250	37(02-99) Previous Versions O	osolete Event ID: J3FE	E ()	ra	Cally source constant below to lettershi	18 tU	at Page 27 of 29	

work.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		I' ''	(X3) DATE SURVEY COMPLETED	
345429			B. WNG			С	
NAME OF PROVIDER OR SUPPLIER			1	SI	REET ADDRESS, CITY, STATE, ZIP CODE	08/0	09/2013
PEAK RESOURCES - PINELAKE				80	M PINEHURST AVENUE ARTHAGE, NC 28327		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 371	Continued From page 27 was stained and dirty and should not be used. Observations on 08/08/13 at 10:30 AM revealed 13 of 13 divided plates, stored in the kitchen and ready for use, were heavily stained. Two were also observed to have small areas of a foreign substance on their eating surface. During an interview on 8/8/13 at 10:30 AM, DM #2 acknowledged the two plates were dirty and added that all 13 plates were heavily stained and needed to be replaced. 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature		F	CROSS-REFERENCED TO THE APPROPRIATE			8/31/13
	controls, and permit or have access to the key	, and permit only authorized personnel to			Action taken regarding all others with the potential to be affected		8/9/13
	The facility must provid	de separately locked,					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345429	B. WING		· · · · · · · · · · · · · · · · · · ·		
NAME OF P	ROVIDER OR SUPPLIER		1	5	STREET ADDRESS, CITY, STATE, ZIP CODE	08/0	09/2013
DEAM DEA	POUDOTE DINTLANC				801 PINEHURST AVENUE		
T LAN P.L.	SOURCES - PINELAKE			CARTHAGE, NC 28327			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID.	L	DECLIPED OF ALL OF COLUMN		
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E ATE	(X5) COMPLETION DATE
F 431	Captinued From page 20				All medication carts were inspected		
1 701	Continued From page		F.	431	1 ' '		
'	permanently arrixed of	ompartments for storage of		٠,	determine compliance regarding pr	roper	
Comprehensive Drug		Abuse Prevention and	1	•	disposal of medications protocol. Measures put in place		
	Control Act of 1976 ar	nd other drugs subject to			All nurses were educated by the S		8/30/13
	abuse, except when the	ne facility uses single unit			proper and timely disposal of single	oc on	
	package drug distribut	tion systems in which the			vials and the facility's expectation	e use	
	quantity stored is mini	mal and a missing dose can			disposal being immediately and at	or timely	′
	be readily detected.				use. This education was completed	ume or	
					before 08/30/2013 to allow for an	i on of	
					vacation.	y stair or	1
	This REQUIREMENT	is not met as evidenced			Monitoring	1	
1	by:				The facility has developed an audit	tool to	8/9/13
Based on observation		, staff interview and review			monitor for continued compliance.	All carts	
	of facility policy, the fa			will be audited daily for one week	and then		
	single use vial of Haldol (an antipsychotic medication) after partial use on one of three				weekly for six weeks and then mon	thly for	4
medication carts (100) findings included:		hall medication cart) The			months by the administrative nurse	es to	·
					ensure continued compliance. The	e audits	
					will be reviewed weekly during the		
	Facility policy titled "P	reparation for Medication			administrative nursing meeting and	l will be	
"3c. Ampules and sing		d 11/1/2011 read, in part,			reviewed at the next scheduled QA		
		gle-use vials (containing no carded immediately after			committee meeting to ensure conti	nued	
	use."	zarded infinediately after			compliance. Assigned rounds will be given		
					to each administrative nurse and at	least	
]	On 8/8/13 at 11:30 AM	., the 100 medication cart			weekly inspections of carts will con	tinue for	I
	was observed. One si	ngle-dose vial of Haldol			the next three months. These inspe	ections	
[was noted opened and	undated.			Will also be discussed at the next O/	4	
	Оп 8/8/13 at 11:30 AM	Norma dd atai - t U			meeting. It was verified during the 8	3-15	
i.	medication must have	been used last night when		J	Adminstrative nurses meeting that	DON	
	they received a new or	der for a resident to			completed audits on 8-9, 8-10, 8-12	, 8-13,8-	
	receive that medication	1.			14 8-15 and 8-16. The SDC complete	ed the	
		7			audits on 8-11. It was verified during	the 8-	
1	On 8/9/13 at 11:45 AM., Administrative staff #1				20 Adminstrative nurses meeting th	at DON	
1	stated the single-dose been discarded after us	vial of Haldol should have			completed audits on 8-20. It was yer	ified	
["	neen discarded Stiet fit	50			during the 8-29 Adminstrative nurse	s	[
DIA CHO SEE	00.00.0				meeting that MDS nurse #1 complet	ed	
mw CM5-256/(02-99) Previous Versions Obsole	ele Event ID: J3FE11		Fac	audits on 8-25. It was verified during	the 9-8	age 29 of 29

nurse #1 completed audits for 9-3. Going forward the DON will assign audits to the Administrative nurses during the weekly Administrative nurses meetings and this will be reflected in the meeting minutes.

Peak Resources-Pinelake shall continue to maintain resident safety by providing electromagnetic locks installed on egress doors to release on activation of the fire alarm panel.

The electromagnetic locks that were identified not to release on activation of fire alarm was repaired by ordering a circuit board on 8/30/2013 and upon arrival of the circuit board it was installed.

The doors going into the special care unit have been tested and are releasing on activation of fire alarm.

The Environmental Services Director will conduct monthly inspections regarding all electromagnetic locks installed on doors throughout the facility. In addition, Peak Resources-Pinelake will continue to ensure that annual fire inspections are conducted by an outside contractor to further ensure continued compliance.

Results of monthly inspections will be discussed in our monthly safety meeting. Any discrepancies will be discussed with the administrator immediately, and any necessary repairs will be completed immediately.

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION 01 - BUILDING 0101		PLETED
		345429	B. WING	·	A STATE OF THE STA	08/2	29/2013
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - PINELAKE			STREET ADDRESS, CITY, STATE, ZIP CODE 801 PINEHURST AVENUE CARTHAGE, NC 28327				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D 8E	(X5) COMPLETION DATE
K 038 98=E	Surveyor: 27871 This Life Safety Coconducted as per at 42 CFR 483.70(Health Care section publications. This is one story, with a cosystem. The deficiencies deare as follows: NFPA 101 LIFE SAFEXITY ACCESSIBLE AT ALL THIS STANDARD Surveyor: 27871 Based on observation approximately 11:3 items were noncorrinclude: the electrodoors going into spegress door in unit	ide (LSC) survey was The Code of Federal Register a); using the 2000 Existing in of the LSC and its referenced building is Type V construction, complete automatic sprinkler etermined during the survey AFETY CODE STANDARD inged so that exits are readily nes in accordance with section is not met as evidenced by: lions and staff interview at 30 am onward, the following inpliant, specific findings ingenetic locks installed on inecial care unit and the exit is, did not release on activation ine on/off switch at nurse station		038	Peak Resources-Pinelake shall continue to maintain resident safet by providing electromagnetic locks installed on egress doors to release activation of the fire alarm panel. The electromagnetic locks that wer identified not to release on activati of fire alarm was repaired by order a circuit board on 8/30/2013 and u arrival of the circuit board it was installed.	e on ing pon re n. or ss- nat ted r	9/9/2013
4					repairs will be completed immediately.		
	ソカロミアナハロ・タ ハロ カラハバ	DEDICHIODHED DEDDECENTATIVE'S SIC	MATHE		TITI C		IXALDATE

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.

FORM CMS-2567(02-99) Pravious Versions Obsolete

PRINTED: 08/30/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				7. 0938 - 039	
STATEMEN AND PLAN (F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING 02 - NEW REHAB ADDITION	(X3) DA	(X3) DATE SURVEY COMPLETED	
		345429	B. WING		ns	3/29/2013	
	PROVIDER OR SUPPLIER	KE		STREET ADDRESS, CITY, STATE, Z 801 PINEHURST AVENUE CARTHAGE, NC 28327		12012010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of deficiencies Must be preceded by full SC identifying information)	ID PREFI TAG		TON SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE	
	conducted as per T at 42 CFR 483.70(a Care section of the publications. This become story, with a consystem. Based on observatile approximately 11:00 were noted at time of	de(LSC) survey was he Code of Federal Register); using the 2000 New Health LSC and its referenced uilding is Type III construction, applete automatic sprinkler ons and staff interview at am, no LSC deficiencies	KO				
3OBATORY (DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNA	ATHER	TITLE		(VE) DATE	
1/2	11 =		TORE	and - in A. of	. 6	(X6) DATE	
owing the da	ite of survey whether or n he date these documents	asterisk (*) denotes a deficiency which ction to the patients. (See instructions, of a plan of correction is provided. For are made available to the facility. If d) Except f	for nursing homes, the findings stated	d above are disclosat	ole 90 days	

FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

Event ID: J3FE21

Facility ID: 923405