

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345337</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/12/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEAK RESOURCES - ALAMANCE, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>779 WOODY DRIVE GRAHAM, NC 27253</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 367 SS=D	<p>483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN</p> <p>Therapeutic diets must be prescribed by the attending physician.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interviews with staff the facility failed to follow a physician-ordered diet stating " no green beans " for 1 of 1 resident (Resident #88).</p> <p>Findings included:</p> <p>Resident #88 was most recently admitted on 8/17/12 and had diagnoses that included muscle spasm, dysphagia, reflux, dementia, and seizures.</p> <p>The resident's care plan dated 2/20/14 indicated he was at risk for alteration in nutrition status related to variable oral intake and requiring a mechanically altered diet. Interventions included:</p> <ul style="list-style-type: none"> <li>· Feed resident all meals</li> <li>· Provide diet as ordered: Mechanically soft with puree meats, double portion entrees, no straws, no bread, no mixed consistencies, no green beans, no broccoli stems, no hard fruit or vegetables.</li> </ul> <p>Record review of the current physician order dated 3/22/14 stated, "Diet: Mechanical soft with puree meats/no straws, no hard veggies or fruits, no bread, no mixed consistencies, no salad, no corn, no rice, no cabbage, no green beans or broccoli stems, use long spout cup with each meal."</p>	F 367	<p>Disclaimer: Peak Alamance acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with the applicable rules and regulations. Peak Alamance's response to the statement of deficiencies and plan of correction does not constitute agreement with the deficiency nor does it constitute an admission that the deficiency is accurate. Further, Peak Alamance reserves the right to refute any deficiency through Informal Dispute Resolution appeal and/or other administrative or legal procedures.</p> <p>F-tag 367 Therapeutic diets must be prescribed by the attending physician.</p> <p>1. Resident #88 had no adverse effects from the diet served on 6/10/14.</p> <p>2. For all residents with the potential to be affected by the noted practice: a)100% of all resident physician prescribed diet orders were cross referenced with the dietary tray tickets for consistency. There were no other discrepancies noted when the cross</p>	6/29/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/28/2014

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 367	<p>Continued From page 1</p> <p>The Minimum Data Set dated 4/10/14 revealed Resident #88 was severely cognitively impaired, was on a mechanically-altered diet, and required extensive assistance with eating.</p> <p>The Nutritional Assessment dated 4/10/14 revealed Resident #88's current diet order included no hard veggies or fruits, no bread, no mixed consistencies, no corn, no cabbage, no green beans, no rice, and no broccoli.</p> <p>During an observation of the dinner meal on 6/10/14 at 6:22 pm, Resident #88 was observed sitting in his bed. NA #2 set up his meal tray and fed the resident his meal which included pureed lasagna and whole green beans. Review of the resident's meal card indicated "alternate vegetable."</p> <p>During an interview with the Speech Therapist (ST) on 6/12/14 at 10:30 am she indicated she had been the ST for a year, had never assessed Resident #88, and his food restrictions on the physician order would have come from the assessment done by the previous ST. She stated, the assessment "must have noted [Resident #88] had trouble with the foods listed [on the physician order]."</p> <p>During an interview with the Dietary Manager (DM) on 6/12/14 at 4:00 pm she indicated that information about particular food restrictions are received from nursing and put in the dietary computer. She further indicated if a restricted vegetable is being served then the resident's ticket for that meal will state "alternate vegetable" and that is what the kitchen staff should put on his meal tray.</p>	F 367	<p>reference of physician orders to tray tickets related to consistencies. (6-27-14)</p> <p>b) Staff education was completed with all dietary and nursing staff regarding diet orders and tray tickets to tray delivery. Any staff member on LOA or otherwise away from the facility during this education, will be educated as noted prior to returning to an assignment. (6-27-14)</p> <p>3. Systematic changes to assure best practices a) Audit tools were developed by the Dietary team to check however not limited to the following areas: accuracy of diet order, food consistency, and resident preferences. (6-27-14)</p> <p>4. Monitoring Tools: a) Audit tools were developed to include: - Random audit by CDM or designee during all three meals for tray ticket accuracy. Audit will be completed on 10 trays 1x week for 4 weeks. CDM will be responsible for presenting findings with the QAPI team. (6-27-14) - After 4 weeks, CDM and/or designee will complete tray ticket accuracy audits on 10 trays every 2 weeks for 3 months. CDM will be responsible for bringing all findings to the QAPI monthly</p>		

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F 367	Continued From page 2  During an interview with the District Dietary Manager on 6/12/14 at 4:05 pm the dinner ticket for 6/10/14 was reviewed. He indicated the ticket stated, "Alternate vegetable," that the vegetable for 6/10/14 was green beans, and Resident #88 should have received the alternate vegetable on his dinner tray. He stated, "The alternate [vegetable] for 6/10/14 dinner was carrots."  During an interview with the Director of Nursing on 6/12/14 5:10 pm she indicated staff should follow the physician-ordered diet and the care plan.	F 367	meeting. (ongoing) -After 3 months, CDM and/or designee will complete a monthly tray ticket accuracy audit as needed based on the prior findings (6-27-14) -District Manager will complete tray ticket accuracy audit with weekly scheduled visits x 8 weeks and then bi-monthly for 3 months and as needed thereafter. (6-27-14)  5. QA: -Results of audits will be reviewed at the monthly QA meetings. (6-27-14)	