

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/18/2018
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NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - SHELBY	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 NORTH MORGAN STREET SHELBY, NC 28150
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F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p>	F 580		1/9/19
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/27/2018
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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 580	<p>Continued From page 1</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to notify the physician for blood sugars below 60 mg/dl for 1 of 3 sampled residents sampled with diabetes. (Resident #3).</p> <p>The findings included:</p> <p>Review of the facility's protocol for Diabetes Mellitus dated June 2017 actions included: *Low blood sugar: less than 60 milligrams/deciliters (mg/dL) Administer orange juice, any other high glucose product or glucagon, per MD (physician) order and notify MD.</p> <p>Resident #3 was admitted to the facility on 12/07/18 with diagnoses including diabetes, acute kidney failure, chronic kidney disease, and cerebral vascular accident.</p> <p>Admission physician orders included the following: *Humulin R U-500 insulin give 110 units subcutaneous every evening at 5 PM; *Humulin R -U 500 insulin give 120 units subcutaneous twice a day at 7 AM and 12 PM; *Levemir FlexTouch U-100 insulin give 20 units subcutaneous at bedtime at 8 PM;</p>	F 580	<p>Filing the plan of correction does not constitute admission that the deficiencies alleged did in fact exist. The plan of correction is filed as evidence of the facility's desire to comply wit the requirements and to continue to provide high quality of care.</p> <p>F 580</p> <p>There was no adverse effect to resident #3 with regard to the physician not being notified of blood sugar. Blood sugar did increase to within normal limits.</p> <p>The physician extender was informed on December 11, 2018 regarding low blood sugar.</p> <p>Resident with potential:</p> <p>The Regional nurse reviewed the policy for "Change in a Resident's Condition or Status "and "Diabetes Mellitus Guidelines" on Tuesday, December 18, 2018. This</p>		

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F 580	<p>Continued From page 2</p> <p>*Notify MD if blood sugar is less than 60 or greater than 450 (mg/dL).</p> <p>Review of the nursing notes revealed that on 12/10/18 at 6:58 PM Nurse #1 documented that Resident #3's blood sugar was noted to be 38 mg/dL at 4 PM. The resident was given orange juice and peanut butter crackers. He ate dinner afterwards. A recheck noted his blood sugar to be 49 mg/dL. Resident was noted asymptomatic and more orange juice and snacks were given. Staff continued to monitor.</p> <p>Review of the vital sign documentation revealed the blood sugar of 37 mg/DI was documented at 4:27 PM and the blood sugar of 49 mg/dL was documented at 6:58 PM, both by Nurse #1.</p> <p>The medical record did not include any notes related to physician notification until a nursing note dated 12/11/18 at 2:24 PM when a new order was received from the Physician Assistant (PA) to hold the Humulin R if less than 120 mg/dL due to hypoglycemia.</p> <p>An interview with Nurse #1 on 12/18/18 at 10:42 AM revealed that she did the blood sugar checks on 12/10/18, noted they were below 60 mg/dL and made the nurse supervisor aware of the low blood sugars. She stated that the responsibility of the notification of the physician was completed via a chain of command. She stated that she was to report to the charge nurse who would call the physician unless there was no charge nurse in the facility. If no charge nurse then the nurses were responsible for calling the physician. She believed she reported to Nurse #2 that day.</p> <p>The working schedule confirmed that Nurse #2</p>	F 580	<p>policy includes but is not limited to promptly notifying the resident, his or her attending physician, and resident's representative of changes in the resident's medical/mental condition and/or status of blood sugar <60 or/and >450. No changes were made to the current policy.</p> <p>All residents identified receiving insulin for past 14 days were review for the appropriate notification of the physician and/or physician extender. This audit was completed by the Staff Development Coordinator on Tuesday, December 18, 2018. All residents had appropriate documentation of notification of physician and/or physician extender.</p> <p>One on one in service was completed with nurse #1 and DON regarding notifying physician and/or physician extender of low blood sugar <60. This in-service was given by the Regional Nurse on 12/18/18.</p> <p>All licensed nurses will be educated on the policy "Change in a Resident's Condition or Status" and "Diabetes Mellitus Guidelines". This education will be completed by Staff Development Coordinator, DON and/or Regional Nurse Consultant by December 28, 2018.</p> <p>Licensed nurses on LOA, vacation and prn will be in serviced on the policy "Change in a Resident's Condition or Status" and "Diabetes Mellitus Guidelines" prior to returning to an assignment.</p>		

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F 580	<p>Continued From page 3</p> <p>was the nursing supervisor on 12/10/18 during second shift (3 PM - 11 PM).</p> <p>Nurse #2 was interviewed on 12/18/18 at 3:06 PM. Nurse #2 did not recall hearing about the low blood sugars for Resident #3 on 12/10/18 and did not recall Nurse #1 informing her of his low blood sugars. Nurse #2 stated that either the nurse can call the physician about the low blood sugars or the supervisor could call the physician. She did not recall calling the physician.</p> <p>Interview with the PA on 12/18/18 at 11:50 AM revealed that she worked on call for the facility from 7 AM to 7 PM. She stated that she did not receive notification of the low blood sugars for Resident #3 on 12/10/18 and she would have expected a call. She stated she found out about the low blood sugars on 12/11/18 during her visit to the facility and wrote a new order with parameters to hold the Humulin R if the blood sugars were below 120 mg/dL. PA further stated that the Nurse Practitioner (NP) took on call for the facility from 7 PM to 7 AM.</p> <p>A phone interview with the NP on 12/18/18 at 12:06 PM revealed she received so many calls from this facility she could not be sure she was notified of the low blood sugars for Resident #3 on 12/10/18.</p> <p>Interview with the Director of Nursing on 12/18/18 at 12:10 PM revealed that she expected nurses to call the physician about blood sugars below 60 mg/dL. She stated that either the nurse can call or the supervisor can call the notification to the physician and notification should be documented in the medical record.</p>	F 580	<p>Monitoring Performance:</p> <ul style="list-style-type: none"> An audit tool was developed to ensure that physician and/or physician extender have been notified due to low blood sugar. The audit tool will consist of the following: <ol style="list-style-type: none"> The resident has a Dx of Diabetes The resident has orders for medication R/T diabetes ie: Insulin and/or oral The MAR reflect that insulin has been administered per MD order BS Obtained per MD order & documented. If BS is outside the parameters there is documented interventions by the nurse. If BS is under or over MD parameters, the MD has been notified. DON/SDC/designee completed the audit 100% of all residents whom receive insulin in the past 14 days; the appropriate notification was provided to physician and/or physician extender date completed December 18, 2018. Audits will be completed 50% of the residents who receive insulin weekly x 4 weeks, Bi-weekly x 2 months, then monthly x 3 months. Ongoing audits will be determined based on prior 5 months of auditing. 		

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

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F 580	Continued From page 4	F 580	QAPI: The results of the audits will be reviewed at QAPI meetings for 5 months.		