

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345494	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2023
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			STREET ADDRESS, CITY, STATE, ZIP CODE 2780 X-RAY DRIVE GASTONIA, NC 28054		
(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	
E 000	Initial Comments	E 000			
F 000	An unannounced recertification and complaint investigation survey was conducted on 12/11/23 through 12/14/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #RDWI11. INITIAL COMMENTS	F 000			
F 692 SS=D	A recertification and complaint investigation survey was conducted from 12/11/23 through 12/14/23. Event ID# RDWI11. The following intakes were investigated NC00199347, NC00200003, NC00204123, NC00205622, NC00206685, NC00206781, NC00207140, and NC00208097. One (1) of the 22 complaint allegations resulted in deficiency. Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when	F 692		1/9/24	

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

TITLE

(X6) DATE

Electronically Signed

01/05/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345494	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2023
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			STREET ADDRESS, CITY, STATE, ZIP CODE 2780 X-RAY DRIVE GASTONIA, NC 28054		
(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 692	<p>Continued From page 1</p> <p>there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to ensure recommendations made by the Register Dietitian were implemented for 1 of 3 residents reviewed for nutrition (Resident #193).</p> <p>Findings included:</p> <p>Resident #193 was admitted to the facility on 02/02/23 with diagnoses including protein-calorie malnutrition and history of a cerebrovascular accident (stroke). Resident #193 expired in the facility on 08/02/23.</p> <p>Review of the documented weights revealed from 02/02/23 through 07/08/23 Resident #193 had 18.48 % weight loss.</p> <p>The care plan focus area started on 03/11/23 identified Resident #193 had suboptimal oral intake and needed increased protein related to wounds and being at risk for further skin breakdown. The care plan indicated Resident #193 had unavoidable weight loss due to the refusal for placement of a feeding tube and included the intervention to obtain dietary consults and follow the recommendations.</p> <p>The quarterly Minimum Data Set (MDS) dated 06/09/23 indicated Resident #193's cognition was moderately impaired and extensive assistance was needed with eating.</p> <p>Review of the Registered Dietitian (RD) weight review dated 07/15/23 revealed Resident #193</p>	F 692	<p>Filing the plan of correction does not constitute that the alleged deficiencies did in fact exist. The plan of correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality care.</p> <p>Review of Registered Dietician (RD) recommendation reveals that a physician order was not implemented for Resident #193 for fortified breakfast cereal and double meat proteins started on 7/15/23. Resident #193 no longer resides in the facility so unable to correct alleged deficiency for this resident.</p> <p>All residents have the potential to be affected related to Registered Dietician weight review, dietary recommendations, and dietary recommendation implementation.</p> <p>All residents who currently reside in the facility and receive recommendations by the Registered Dietician were reviewed for physician orders related to recommendations by the RD on 1/4/24 to ensure all dietary recommendations have been implemented accordingly. All residents have corresponding physician orders related to the Registered Dietician recommendations and dietary recommendations have been implemented. Audit completed by the Director of Nursing (DON) on 1/4/24.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345494	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2023
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			STREET ADDRESS, CITY, STATE, ZIP CODE 2780 X-RAY DRIVE GASTONIA, NC 28054		
(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 692	<p>Continued From page 2</p> <p>had significant weight loss of 18.5% over the past 156 days; had a non-pressure wound on the right elbow; and received protein shakes twice a day and liquid protein daily for wound healing and weight loss. The RD note revealed the Medication Administration Records showed Resident #193 frequently refused the protein shakes and liquid protein and recommended discontinuing those. Meal intakes were noted to range between 0 and 100% but mostly less than 50% and the placement of a feeding tube was declined by family. The RD made new recommendations to add fortified breakfast cereal and double meat proteins to the meal tray and a trial period for a protein dense ice cream as morning snack for 14 days.</p> <p>Review of the physician orders included the following: liquid protein 30 milliliters daily to meet protein needs started on 02/10/23 and discontinued on 07/15/23; protein shake twice daily for prevention of weight loss and malnutrition started on 02/02/23 and discontinued on 07/15/23; regular diet to include finger foods when available started on 06/29/23; and protein dense ice cream daily in the morning started on 07/15/23. There was no physician's diet order for fortified breakfast cereal and double meat proteins started on 07/15/23.</p> <p>During an interview on 12/14/23 at 1:13 PM the Director of Nursing (DON) explained the process in place for implementing the RD recommendations was for the RD to enter her recommendations into the facility's computer system as a physician's diet order and also send the recommendations to her email for review. During the morning meeting the Interdisciplinary Team reviewed the new RD recommendations</p>	F 692	<p>Education provided by the DON to the RD on 1/4/24 on the importance of completing progress note and initiating the physician order process with dietary recommendations. Dietary recommendations will be provided to the DON/designee by the RD upon completion of review. The DON was educated by the Administrator on 1/4/24 that dietary recommendations will be reviewed upon receipt from the RD and carried out immediately. The DON/designee will ensure that physician orders are entered into the resident's medical record.</p> <p>An audit tool was developed to monitor that the resident has a corresponding physician order for the dietary recommendation by the RD to ensure the dietary recommendation is implemented.</p> <p>Audits will be completed by the Director of Nursing/designee for 100% of all dietary recommendations and corresponding physician order by the Registered Dietician weekly for 2 weeks, then biweekly for 2 weeks, then monthly for 2 months.</p> <p>Results of the audits will be reviewed and analyzed by the Director of Nursing at the monthly Quality Assurance and Performance Improvement Committee for 3 months. The need for further audits will be determined based on the results of the audits by the Quality Assurance and Performance Improvement Committee.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345494	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2023
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			STREET ADDRESS, CITY, STATE, ZIP CODE 2780 X-RAY DRIVE GASTONIA, NC 28054		
(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 692	<p>Continued From page 3</p> <p>and the DON would activate the recommendation as a new physician's diet order. After reviewing the diet orders for Resident #193 the DON revealed she could not find a physician's order Resident #193 was to receive fortified breakfast cereal and double meat proteins per the RD recommendation made on 07/15/23. The DON revealed she could not find the email sent by the RD for recommendations made on 07/15/23 and indicated it was sometime ago and she could have deleted the email.</p> <p>A telephone interview was conducted with the RD on 12/14/23 at 4:08 PM. The RD revealed she was included in the morning meeting with the Interdisciplinary Team and had discussed Resident #193 was not eating much and the placement of a feeding tube was refused. The RD revealed the facility's process for her to add diet recommendations for residents into the facility's computer system as a physician's order was a new process and she did not recall the date it started but her recommendations were also sent to the DON and Dietary Manager via email that included Resident #193 receive fortified breakfast cereal and double meat portions. The RD revealed she would expect the recommendations made on 07/15/23 for Resident #193 to receive fortified breakfast cereal and double meat proteins to be included on the meal tray and provided to the resident.</p> <p>During an interview on 12/14/23 at 5:05 PM the Certified Dietary Manager (CDM) revealed the RD sent her and the DON an email that listed diet recommendations for residents. The CDM explained she did not add recommendations to the resident's meal ticket until there was a</p>	F 692	The completion date for this Plan of Correction is 1/9/24.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345494	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2023
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			STREET ADDRESS, CITY, STATE, ZIP CODE 2780 X-RAY DRIVE GASTONIA, NC 28054		
(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 692	Continued From page 4 physician's order in place. She explained after she received the physician's order, she updated the resident's meal ticket to ensure the new recommendations were included on the meal tray and provided to the resident. After review of her email the CDM confirmed she received the recommendation made by the RD on 07/15/23 for Resident #193 to receive fortified breakfast cereal and double meat proteins. She revealed an active physician's order would need to be in place before the meal ticket was updated to ensure Resident #193 received fortified breakfast cereal and double meat proteins on the meal tray. During an interview on 12/14/23 at 6:14 PM the Administrator confirmed the process was for the RD to add recommendations as a diet order and were reviewed by the Interdisciplinary Team prior to being added as an active order and recommendations were also sent via email to the DON and CDM. The Administrator stated she thought the process for implementing the RD recommendations for Resident #193 to receive fortified breakfast cereal and double meat proteins were not added to the resident's diet order due to human error.	F 692			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.	F 812		1/9/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345494	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2023
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			STREET ADDRESS, CITY, STATE, ZIP CODE 2780 X-RAY DRIVE GASTONIA, NC 28054		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 812	<p>Continued From page 5</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility failed to date an open food item in 1 of 1 walk-in cooler and remove expired food items from 1 of 1 reach-in cooler and 1 of 1 nourishment refrigerator (main dining room). This practice had the potential to affect food and beverages served to the residents.</p> <p>Findings included:</p> <p>1. An initial tour of the walk-in cooler on 12/11/23 at 9:52 AM revealed an opened and undated 5-pound container of pimento cheese.</p> <p>An interview with the Certified Food Manager (CFM) at the same date and time revealed all food should have an open date and the person who opened the item was responsible for dating it.</p> <p>An interview with the Administrator on 12/14/23 at 5:50 PM revealed all food should be dated when opened.</p> <p>2. An observation of the reach-in cooler on 12/11/23 at 9:58 AM revealed a half-gallon of orange juice with an expiration date of 12/03/23.</p>	F 812	<p>Filing the plan of correction does not constitute that the alleged deficiencies did in fact exist. The plan of correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality of care.</p> <p>Opened and Undated 5-pound container of pimento cheese observed in the walk-in cooler was discarded by the Dietary Manager upon observation on 12/11/23.</p> <p>Half-gallon container of orange juice with expiration date of 12/3/23 observed in the reach-in cooler was discarded by the Dietary Manager upon observation on 12/11/23.</p> <p>Six (6) cartons of milk with an expiration date of 12/6/23 observed in the nourishment refrigerator in the dining room were discarded by the Dietary Manager upon observation on 12/11/23.</p> <p>There were no residents affected by this alleged deficient practice.</p> <p>All Residents identified as having the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345494	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2023
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			STREET ADDRESS, CITY, STATE, ZIP CODE 2780 X-RAY DRIVE GASTONIA, NC 28054		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 812	Continued From page 6 An interview with the CFM at the same date and time revealed the orange juice should have been used or discarded on or before the expiration date. She stated it was all staff's responsibility to check for expiration dates. An interview with the Administrator on 12/14/23 at 5:50 PM revealed all food should be used or discarded before the expiration date and expiration dates should be checked daily. 3. An observation of the nourishment refrigerator in the main dining room on 12/11/23 at 10:02 AM revealed 6 cartons of milk with an expiration date of 12/06/23. An interview with the CFM at the same date and time revealed she was responsible for checking expiration dates of food and beverages in the nourishment refrigerator and she last checked the refrigerator on 12/08/23. She stated the milk should have been used or discarded before the expiration date. An interview with the Administrator on 12/14/23 at 5:50 PM revealed all food should be used or discarded before the expiration date and expiration dates should be checked daily.	F 812	potential to be affected by this alleged deficient practice. The Walk-in Cooler, Reach-in Cooler, and Nourishment Refrigerator in the Dining Room was checked by the Dietary Manager on 12/11/23 to identify any other opened food or beverage items without proper label/date and any other food or beverage items that may have expired. No other items were identified. An Inservice was conducted by the Dietary Manager for all dietary staff specifically related to (1) labeling and dating opened food and beverage items and (2) discarding expired food and beverage items prior to the expiration date. Inservice/Education provided on 12/11/23. All new hires will be educated in orientation by the Dietary Manager regarding proper labeling/dating of opened food and beverage items and discarding food and beverage items prior to the expiration date. An audit tool was developed to monitor the walk-in cooler, the reach-in cooler, and the nourishment refrigerator in the dining room to ensure food and beverage items are labeled and dated properly; and to ensure expired food and beverage items are discarded prior to the expiration date. The audit tool will be completed by the Dietary Manager twice weekly for 12 weeks. The results of these audits will be brought to the Quality Assurance and Performance Improvement Committee		

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

PRINTED: 01/08/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345494	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2023
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			STREET ADDRESS, CITY, STATE, ZIP CODE 2780 X-RAY DRIVE GASTONIA, NC 28054		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 812	Continued From page 7	F 812	<p>monthly for three months by the Dietary Manager for review and further recommendations to ensure compliance and effectiveness.</p> <p>The Completion Date for this Plan of Correction is 1/9/24.</p>		