PRINTED: 12/16/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - SHELBY STRICET ADDRESS, CITY, STATE, ZIP CODE 11/21/2024		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		SURVEY PLETED
MANE OF PROVIDER OR SUPPLIER PEAK RESOURCES - SHELBY (M10) (M1			345229		_			
SHELBY, NC 28150 SHELBY SHELBY SHELBY, NC 28150 SHELBY, NC 2	NAME OF PI	ROVIDER OR SUPPLIER	1,0220		S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> 11/</u>	21/2024
EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	PEAK RES	SOURCES - SHELBY						
An unannounced recertification and complaint investigation survey was conducted on 11/18/24 through 11/21/24. The facility was found in compliance with the requirement CFR 489.73, Emergency Preparedness. Event ID# 1J1G11. F 000 A recertification and complaint investigation survey was conducted from 11/18/24 through 11/21/24. Event ID# 1J1G11. The following intakes were investigated: NC002/1964, NC002/1968, NC002/19684, NC002/23498, NC002/23498, NC002/23498, NC002/23498, NC002/23498, NC002/23498, NC002/23581. 25 of the 25 complaint allegations did not result in a deficiency. F 757 SS=E CFR(s): 483.45(d)(1)-(6) \$483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used. \$483.45(d)(1) In excessive dose (including duplicate drug therapy); or \$483.45(d)(2) For excessive duration; or \$483.45(d)(3) Without adequate monitoring; or \$483.45(d)(4) Without adequate indications for its use; or \$483.45(d)(6) In the presence of adverse consequences which indicate the dose should be	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	x	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
investigation survey was conducted on 11/18/24 through 11/21/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 1J1G11. F 000 A recertification and complaint investigation survey was conducted from 11/18/24 through 11/21/24. Event ID# 1J1G11. The following intakes were investigated: NC00210964, NC00218943, NC00228367, NC0022341, NC00223364, NC00223681. 25 of the 25 complaint allegations did not result in a deficiency. F 757 Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) in excessive dose (including duplicate drug therapy); or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be	E 000	Initial Comments		E)00			
survey was conducted from 11/18/24 through 11/21/24. Event ID# 1J1G11. The following intakes were investigated: NC00210964, NC00218958, NC00216840, NC00218943, NC00223367, NC002233241, NC00223364, NC00223498, and NC00223581. 25 of the 25 complaint allegations did not result in a deficiency. Proff SS=E CFR(s): 483.45(d)(1)-(6) \$483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- \$483.45(d)(1) In excessive dose (including duplicate drug therapy); or \$483.45(d)(2) For excessive duration; or \$483.45(d)(3) Without adequate monitoring; or \$483.45(d)(4) Without adequate indications for its use; or \$483.45(d)(5) In the presence of adverse consequences which indicate the dose should be	F 000	investigation survey v through 11/21/24. Th compliance with the r Emergency Prepared	vas conducted on 11/18/24 le facility was found in equirement CFR 483.73, ness. Event ID# 1J1G11.	F (000			
a deficiency. Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be		survey was conducted 11/21/24. Event ID# intakes were investigated NC00218958, NC002 NC00223637, NC002	d from 11/18/24 through 1J1G11. The following ated: NC00210964, 216840, NC00218943, 223241, NC00223364,					
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duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be		Each resident's drug unnecessary drugs.	regimen must be free from					
§483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be			, -					
§483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be		§483.45(d)(2) For exc	cessive duration; or					
se; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be		§483.45(d)(3) Withou	t adequate monitoring; or					
consequences which indicate the dose should be		- ' ' ' '	t adequate indications for its					
		consequences which	indicate the dose should be					

Electronically Signed 12/11/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

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.

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	DING	
	345229	B. WING		C 11/21/2024
ROVIDER OR SUPPLIER		1	101 NORTH MORGAN STREET	11/21/2027
(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION
Continued From pareduced or discontinued From pareduced or discontinued From pareduced or discontinued Fasta Set (M) (6) Any of stated in paragraph section. This REQUIREMENT by: Based on record re	ge 1 nued; or combinations of the reasons as (d)(1) through (5) of this NT is not met as evidenced eviews, and Nurse Practitioner narmacist and staff interviews, check finger-stick blood sugar int that received insulin by for 1 of 3 residents reviewed edications (Resident #40). ed: admitted to the facility on ple diagnoses which included, the knee amputation, type 2 and end stage renal disease. recent quarterly Minimum ted 11/8/2024 revealed cognitively intact and required		POC F757 This plan of correction constitutes or written allegation of compliance for the deficiency cited. However, submission this plan of correction is not an admit that a deficiency exists or that one worked correctly. This plan of correction submitted to meet requirements established by the state and federal Affected Resident Orders were written by Bobbie Blant Nurse Practitioner (NP) on November 2024, to implement Fingerstick blood sugar checks (FSBS) on resident #4	ur he on of ssion as n is law.
Daily Living (ADLs) Resident #40 was of injections. Documentation on 11/8/2024 revealed diabetes mellitus who assess for hyper acetone breath, polyrounds and prn. Tre Assess for hypogly sweating, chills, rap	The MDS also revealed coded that she received insulin the care plan last reviewed on Resident #40 had type 2 ith interventions that included: glycemic episodes such as lyuria and flushed skin, during eat as per physician orders. Cemic episodes such as bid weak pulse, tachycardia		experience any adverse effects relate alleged deficient practice. Blood sugresults were 149 when checked. Residents with potential to be affected. The Director of Nursing (DON) compan audit on all residents in the facility receiving Insulin on November 22, 20. There was one other resident receiving insulin daily without orders for FSBS Orders were obtained from the NP to	ed. pleted / 024. ing
	SUMMARY (EACH DEFICIENT REGULATORY OF The findings included injections twice dail for unnecessary medicates mellitus and Review of the most Data Set (MDS) da Resident #40 was a 9/4/2019 with multing a right side below the diabetes mellitus and Daily Living (ADLs) Resident #40 was a substantial to max a Da	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on record reviews, and Nurse Practitioner (NP), Consulting Pharmacist and staff interviews, the facility failed to check finger-stick blood sugar (FSBS) for a resident that received insulin injections twice daily for 1 of 3 residents reviewed for unnecessary medications (Resident #40). The findings included: Resident #40 was admitted to the facility on 9/4/2019 with multiple diagnoses which included, a right side below the knee amputation, type 2 diabetes mellitus and end stage renal disease. Review of the most recent quarterly Minimum Data Set (MDS) dated 11/8/2024 revealed Resident #40 was cognitively intact and required substantial to max assist for most Activities of Daily Living (ADLs). The MDS also revealed Resident #40 was coded that she received insulin	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 reduced or discontinued; or \$483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. 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Documentation on the care plan last reviewed on 11/8/2024 revealed Resident #40 had type 2 diabetes mellitus with interventions that included: to assess for hyperglycemic episodes such as acetone breath, polyuria and flushed skin, during rounds and prn. Treat as per physician orders. Assess for hypoglycemic episodes such as sweating, chills, rapid weak pulse, tachycardia	ROWIDER OR SUPPLIER SOURCES - SHELBY SUMMARY STATEMENT OF DEPLOISAGES (EACH CORRECTION NUMBER: SHELBY, NC 22150) SUMMARY STATEMENT OF DEPLOISAGES (EACH CORRECTIVE AND SHELBY, NC 22150) SUMMARY STATEMENT OF DEPLOISAGES (EACH CORRECTIVE AND SHELBY, NC 22150) Continued From page 1 Continued From page 1 Continued From page 1 F 757 Continued From page 1 F 757 Continued From page 1 F 757 FREETX SABS 483,45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on record reviews, and Nurse Practitioner (NP). 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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	GCOMPLE		ATE SURVEY OMPLETED
		345229	B. WING			C 11/21/2024
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	11/21/2024
				1101 NORTH MORGAN STREET		
PEAK RESOURCES - SHELBY			SHELBY, NC 28150			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 757	Continued From page	e 2	F 75	7		
	of hyper/hypoglycem			residents were affected by the all deficient practice.	leged	
		vith Resident #40 on m, Resident #40 voiced she as concerned that her blood		Systemic Changes		
	#40 stated that she rethe morning and 16 ustaff was no longer of Resident #40 stated were stopped. Reside episodes of increase sugars had stopped to A review of Resident revealed Resident #40 Levemir Insulin 100 udaily at 8pm with a st Levemir Insulin 100 udaily at 8am with a st Review of the Nurse 9/25/2024 revealed Facting insulin) sliding discontinued. Note all educated Resident #40 states with the states of the sta	#40's Physicians' orders 0 had active orders for nit/ml Administer 16 units art date of 6/3/2022, and nit/ml Administer 14 units		All licensed nurses were educate adequate monitoring for adverse of residents receiving insulin, whincludes obtaining FSBS per Phyorders. When verifying orders to discontinue sliding scale insulin, licensed nurse will ensure that rereceiving routine insulin continue orders for FSBS. The education completed on Dec. 11, 2024. Any licensed nurses out on leave status will be educated prior to reto duty by the DON or Designee hired licensed nurses are educated this process during orientation by Development Coordinator, DON Designee. An audit tool was developed to ecompliance with the plan of correct the audit contains the following.	effects ich ysician the esidents e with was e or PRN eturning Newly ted on y the Staff or ensure ection. FSBS	
	Further review of Resorders revealed an oracting insulin) with a discontinued on 9/25. Review of the Point-of Summary report for F	/2024.		insulin. The DON/Designee will complet on 25% of residents receiving in weekly x 4 weeks, then biweekly weeks, then monthly x 1 month. results of the audits will determined for further monitoring. The DON will bring the audits to monthly Quality Assurance and Performance Improvement (QAF	e audits sulin x x 4 The ne the	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		E CONSTRUCTION (X3) DATE SU COMPLE		
		345229	B. WING				C 21/2024
NAME OF PI	ROVIDER OR SUPPLIER	V 1022V		ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	21/2024
PEAK RES	SOURCES - SHELBY				101 NORTH MORGAN STREET HELBY, NC 28150		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 757	Continued From page	e 3	F:	757			
F 757	Record review reveal order for HbA1c every completed on 4/16/20 7/15/2024 with results with results of 6.5. (H During an interview on Nurse #2 stated the Nurse #2 stated the Nurse were verified by review and making sure the electronic Medication (eMAR) was entered Nurse #2 stated that verified by the charge also be verified by the stated that FSBS are ordered by the provide most of the time when injections, the resider Nurse #2 was not aw Resident #40 having reported, but stated Finto the evening on here.	ed Resident #40 had an y 3 months. HbA1c 224 with results of 6.7, on s of 6.6, and on 10/15/2024 bA1c Range 5.0-6.1) In 11/19/2024 at 12:52pm Aurse Practitioner (NP) wrote t #40's lispro insulin sliding ued and that she (Nurse #2) rese #2 stated that orders wing the order from the NP, order in the computer Administration Record into the system correctly. Forders were normally enurse, but orders could en hall nurse. Nurse #2 dependent on what is er. Nurse #2 stated that in a resident received insuling are of any instances of increased sleepiness Resident #40 did stay up late	F	757	Committee meeting x 3 months for reviand further recommendations. Completion date: December 11, 2024		
	the order to discontin scale for Resident #4 stated she did not into discontinued, only the that she would fix it. T can be tied into the or entered into the syste	ue the lispro insulin sliding 0 into the computer. The NP end for the FSBS to be e sliding scale insulin and The NP stated that FSBS order for a medication when em and that is probably why ed when the sliding scale					

	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMP		TE SURVEY MPLETED		
	345229	B. WING			C 1/21/2024
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - SHELBY			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 NORTH MORGAN STREET SHELBY, NC 28150	'	72 72 92 4
PREFIX (EACH DEFICIENCY MUS	NT OF DEFICIENCIES T BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 757 Continued From page 4 During an interview on 11/ Nurse #3, stated the Med FSBS and Nurse #3 saw to computer and then admini injections. Nurse #3 stated every resident that receive FSBS completed. Nurse # day at 2:18 pm and stated earlier and stated FSBS foon the order from the provide provider in sulin also have F During an interview on 11/ Nurse #1 stated she check her hall because she did in assigned. Nurse #1 stated receive insulin also have F During an interview on 11/ Nursing Assistant (NA) #1 computer and completed to ordered, then documented NA #1 was not aware of all received insulin. During an interview on 11/ Consulting Pharmacist state that Resident #40 did not the FSBS. The Consulting Phareceiving insulin should has completed. The Consulting Phareceiving insulin should has completed. The Consulting the completed his review in September FSBS were revolved on the Consulting PSBS were revolved in November 2024. The Consulting PSBS were revolved the Consulting PS	Aide (MA) checked the he results on the stered insulin I as far as she knew I as came back later that she was incorrect I ar residents are based ider. 20/2024 at 2:16pm I as the fact of the state of the sta	F 7	57		

PRINTED: 12/16/2024 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		' '	(X3) DATE SURVEY COMPLETED	
		345229	B. WING _			C 11/21/2024	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 NORTH MORGAN STREET SHELBY, NC 28150		11/21/2027	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 761 SS=E	on 11/20/2024 at 3:23 Administrator were ur had not had FSBS fro Administrator asked if HbA1c. The DON ver HbA1c of 6.5 on 10/15 that after orders are ewould verify the order the eMAR. The DON FSBS orders can be of The DON stated that resident received FSE Administrator stated F case-by-case basis of The Administrator stated from the empty of HbA1c to monibe considered. The Da policy regarding FS During a telephone in 8:10am the Medical Ewere looked at on a corders for FSBS. The there is talk starting, rHGBA1C for monitoric study or papers support Label/Store Drugs an CFR(s): 483.45(g) Labeling of Drugs and biologicals	conducted with the Director of Nursing (DON) spm. The DON and naware that Resident # 40 sm 9/25/2024, but the fresident #40 had a sified Resident #40 had a sified Resident #40 had a society of the NP a nurse society of the NP a nurse society of the NP and the second of the second o		761		12/11/24	

		ATE SURVEY OMPLETED			
	345229	B. WING _		11	C 1/21/2024
ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	172 172024
			1101 NORTH MORGAN STREET		
PEAK RESOURCES - SHELBY			SHELBY, NC 28150		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	SHOULD BE	(X5) COMPLETION DATE
Continued From page	e 6	F 7	61		
§483.45(h) Storage of	of Drugs and Biologicals				
Federal laws, the fac biologicals in locked temperature controls personnel to have ac §483.45(h)(2) The fallocked, permanently storage of controlled the Comprehensive I Control Act of 1976 a abuse, except when package drug distribution quantity stored is min be readily detected.	ility must store all drugs and compartments under proper and permit only authorized cess to the keys. cility must provide separately affixed compartments for drugs listed in Schedule II of Drug Abuse Prevention and and other drugs subject to the facility uses single unit ution systems in which the nimal and a missing dose can				
record review the fact date on multi-dose in expired insulin pens, unopened insulin per medication carts review (Hall A medication carts for the findings included Review of the manufacture (Insulin dete unopened Insulin deterfrigerator and in-uspens at room temper)	ility failed to record an open sulin pens, failed to discard and failed to store an in the refrigerator for 1 of 2 ewed for medication storage rt). I: acturer's package insert for mir) flexpen stated to store emir insulin pens in a e (opened) Insulin detemir ature for 42 days and then		written allegation of compliance deficiency cited. However, sub this plan of correction is not an that a deficiency exists or that cited correctly. This plan of corresubmitted to meet requirement established by the state and fe Affected resident All opened and undated, expire improperly stored insulin pens	e for the mission of admission one was rection is ts deral law. ed and were	
	ROVIDER OR SUPPLIER SOURCES - SHELBY SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page appropriate accessor instructions, and the applicable. §483.45(h) Storage of §483.45(h)(1) In accord Federal laws, the fact biologicals in locked attemperature controls personnel to have accord §483.45(h)(2) The fact locked, permanently storage of controlled the Comprehensive If Control Act of 1976 attemperature distribut quantity stored is min be readily detected. This REQUIREMENT by: Based on observation record review the fact date on multi-dose in expired insulin pens, unopened insulin per medication carts revie (Hall A medication cart The findings included Review of the manufat Levemir (Insulin dete unopened Insulin dete unopened Insulin dete unopened Insulin dete refrigerator and in-us pens at room temper	SOURCES - SHELBY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced	ROVIDER OR SUPPLIER SOURCES - SHELBY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h) Storage of Drugs and Biologicals §483.45(h)(2) The facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review the facility failed to record an open date on multi-dose insulin pens, failed to discard expired insulin pens, and failed to store an unopened insulin pen in the refrigerator for 1 of 2 medication carts reviewed for medication storage (Hall A medication cart). The findings included: Review of the manufacturer's package insert for Levemir (Insulin detemir) flexpen stated to store unopened Insulin detemir insulin pens in a refrigerator and in-use (opened) Insulin detemir pens at room temperature for 42 days and then	ROUNDER OR SUPPLIER SOURCES - SHELBY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LISC IDENTIFYING INFORMATION) Continued From page 6 appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review the facility failed to tecord an open date on multi-dose insulin pens, failed to discard expired insulin pens, and failed to store an unopened insulin pen in the refrigerator for 1 of 2 medication carts reviewed for medication storage (Hall A medication cart). The findings included: Review of the manufacturer's package insert for Levernir (Insulin deternir) flexpen stated to store unopened Insulin deternir insulin pens in a refrigerator and in-use (opened) insulin deternir insulin pens at room temperature for 42 days and then	A BUILDING 345229 B. WIND STREET ADDRESS, CITY, STATE, ZP CODE 110 NORTH MORGAN STREET SHELBY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 appropriate accessory and cautionary instructions, and the expiration date when applicable. \$483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. \$483.45(h)(2) The facility must store all drugs and biologicals in locked compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review the facility failed to record an open date on multi-todes insulin pens, failed to discard expired insulin pens, and failed to store an unopened insulin pens, and failed to store an unopened insulin pens, and failed to store an unopened insulin active in the refrigerator for 1 of 2 medication carts reviewed for medication storage (Hall A medication cart). Review of the manufacturer's package insert for Levemir (Insulin determir insulin pens in a refrigerator and in-use (opened) Insulin determir insulin pens at room temperature for 42 days and then

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		DNSTRUCTION		E SURVEY PLETED
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				1101	NORTH MORGAN STREET		
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F 761	Continued From pag	ge 7	F 7	61			
	Lispro insulin pen, s	pen, Novolog insulin pen, and tated the insulin pens may be er opening, then discard.			nallway A immediately on November 2 2024, by the Director of Nursing (DON		
	An observation of th	e medication cart on Hall A		F	Resident with Potential to be Affected		
	was conducted on 1 Nurse #1. The obse Glargine insulin pen insulin pen insulin pen that were cart observation also detemir flexpen with and an opened Lisp date of 09/24/2024 revealed an unopen the right top drawer was labeled as "refr. An interview was co 11/20/2024 at 11:11 be stored in the refri all insulin pens shou 28-day expiration dathat she did not real	1/20/2024 at 11:05 AM with ervation revealed an opened and an opened Novolog enot dated. The medication or revealed an opened insulin an open date of 08/23/2024 ro insulin pen with an open. The observation further ed insulin pen was stored in of the medication cart and igerate until opened." Inducted with Nurse #1 on AM who stated insulin should gerator until ready to use and all dhave an open date with a late. Nurse #1 further stated ize the insulin pens were not			The DON and Unit Manager (UM) checked all medication carts in the factor ensure that there were no opened a undated, expired or improperly stored insulin pens on November 22, 2024. Noted that there were no opened and undated, expired my properly stored insulin pens were observed in any cart in the facility. Notesident was adversely affected by the alleged deficient practice. Systemic Changes All licensed nurses and medication aid were educated on the policy regarding proper labeling and storage of insulin pens by the DON, UM and/or their designee. This education included that	lo do or ed or les	
	An interview was co Nursing (DON) on 1 DON revealed all in: labeled when opene expiration date stick all nurses were resp medications in the n medications. She a insulin pens should until ready for use a	nducted with the Director of 1/20/2024 at 11:50 AM. The sulin pens should have been at for use with a 28-day er. The DON indicated that consible for checking nedication carts for expired also stated that all unopened be stored in the refrigerator and that no expired be available for use in the			expened insulin pens must be dated; all expired insulin pens must be removed from the medication cart prior to the expiration date; and unopened insulin pens must be kept refrigerated. This reducation was completed by December 2024. Any licensed nursing staff or medication aide out on leave or PRN (as needed) estatus will be educated prior to returning of duty by the DON, UM and/or their designee. Newly hired licensed nursing staff and medication aides are educated on this process during orientation by the Staff Development Coordinator/DON.	er 4, on ng g ed	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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F 761	Continued From page	8	F 7	61	Monitoring An audit tool was developed to ensure compliance with the plan of correction. The audit tool contains the following: 1. Are there any opened and undated, expired or improperly stored insulin per on the medication carts? The DON/designee will audit 50% of al medication carts weekly x 4 weeks, the biweekly x 4 weeks, then monthly x 1 month. The results of the audits will determine the need for further monitori. The DON will bring the results of these audits to the monthly Quality Assurance and Performance Improvement (QAPI). Committee meeting x 3 months for further view and recommendations. Completion date: December 11, 2024	l en ng.	