

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

PRINTED: 04/22/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345494</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/03/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEAK RESOURCES - GASTONIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>2780 X-RAY DRIVE</b> <b>GASTONIA, NC 28054</b>		
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E 000	Initial Comments	E 000			
F 000	An unannounced recertification and complaint investigation survey was conducted on 03/31/25 through 04/03/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #MBLJ11. INITIAL COMMENTS	F 000			
F 761 SS=D	An unannounced recertification and complaint investigation survey was conducted on 03/31/25 through 04/03/25. Event ID #MBLJ11. The following intakes were investigated: NC00215023, NC00220307, NC00223352, and NC00227384. 8 of 8 allegations did not result in deficiency. Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals 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.  §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	F 761		4/21/25	

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

TITLE

(X6) DATE

Electronically Signed

04/17/2025

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 761	<p>Continued From page 1</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and resident and staff interviews, the facility failed to secure medications stored in a resident room for 1 of 1 resident reviewed for medication storage (Resident #103).</p> <p>Findings included:</p> <p>Resident #103 was admitted to the facility 03/22/25 with a diagnosis including acute (sudden onset) metabolic encephalopathy (a condition which occurs when problems with metabolism causes brain dysfunction).</p> <p>Review of a Nurse Practitioner (NP) note dated 03/23/25 revealed Resident #103 was cognitively intact.</p> <p>The admission Minimum Data Set (MDS) assessment dated 04/03/25 was documented as "in process".</p> <p>An observation of an uncovered clear plastic storage bin sitting on the counter beside the sink in Resident #103's room on 04/01/25 at 8:44 AM revealed a bottle of eye multivitamin pills, a bottle of Fluticasone nasal spray, and a bottle of Azelastine (antihistamine) nasal spray in the bin. In an interview with Resident #103 at the same date and time he confirmed the medications in the plastic bin belonged to him. He stated he took the eye multivitamins, but he could not remember the last time he took them. Resident</p>	F 761	<p>Filing the plan of correction does not constitute that the alleged deficiency 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>Resident Affected Identified medications and lotion (bottle of eye multivitamin pills, Fluticasone nasal spray, Azelastine nasal spray, 2 bottles of ammonia Lactate 12% lotion) for Resident #103 were removed from the facility by Resident #103's family upon notification on 4/3/25. Resident #103 was educated by the Director of Nursing on 4/3/25 regarding self-administration of medications and retaining medications in his room. Resident #103 voiced that he had no desire to self-administer medications or retain medications in his room. Resident #103 was not adversely affected by the alleged deficient practice.</p> <p>Residents with potential to affected Audit of resident rooms/bedside for all residents currently residing in facility by Director of Nursing to identify any other residents who may have medications stored in resident room. Audit completed 4/4/25 by the Director of Nursing. No medications observed to be stored in residents' rooms.</p>		

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F 761	<p>Continued From page 2</p> <p>#103 stated his family brought the eye multivitamins to him from home and he thought the nasal sprays came from the hospital. He stated he had not been using the nasal sprays since admission to the facility.</p> <p>An observation of an uncovered plastic storage bin sitting beside the sink in Resident #103's room on 04/02/25 at 8:27 AM revealed a bottle of eye multivitamin pills, a bottle of Fluticasone nasal spray, a bottle of Azelastine nasal spray, and two bottles of Ammonia Lactate 12% lotion (topical medication used to treat dry or scaly skin) were in the bin. In an interview with Resident #103 at the same date and time he stated he had not used the ammonia lactate lotion in a while, and he wasn't sure where it came from.</p> <p>An observation of a plastic storage bin sitting beside the sink in Resident #103's room on 04/03/25 at 8:18 AM revealed two bottles of Ammonia Lactate 12% lotion, a bottle of Fluticasone nasal spray, and a bottle of Azelastine nasal spray were sitting in the bin.</p> <p>An interview with Nurse #1 on 04/03/25 at 8:29 AM revealed she had been caring for Resident #103 from 04/01/25 through 04/03/25 on the 7:00 AM to 3:00 PM shift. She stated she had not noticed medications in the bin in Resident #103's room and if she had she would have removed the medications, placed them in a plastic bag, labeled the medications with Resident #103's name, and stored them in the medication room until they could be sent home with family or until he was discharged. She stated unless a resident had a Physician order to self-administer their medications, they should not be stored in a resident's room.</p>	F 761	<p>There were no residents adversely affected by this alleged deficient practice.</p> <p>Systemic changes Inservice/Education provided to all Licensed Nursing Staff and Medication Aides by the Director of Nursing on 4/17/25. Any medications observed in Resident Room will be removed until and unless a physician order is obtained, and the resident has been assessed to be allowed to safely administer medications. Any nurse or medication aide out on leave or PRN status will be educated on this policy by the Staff Development Coordinator (SDC) /designee prior to returning to duty.</p> <p>All newly hired Licensed Nursing Staff and Medication Aides are educated on this policy in orientation by the Staff Development Coordinator/designee.</p> <p>Monitoring An audit tool was developed to monitor and ensure no medications are stored in Resident room unless approved per self-administration of medication policy and has a corresponding physicians order to administer and retain medication in his/room. The audit tool will be completed on 5 Residents on random shifts and days by the Director of Nursing/Designee weekly for 12 weeks to ensure compliance.</p> <p>Results of the audits will be reviewed and analyzed by the Quality Assurance and</p>		

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F 761	Continued From page 3  An interview with the Director of Nursing (DON) on 04/03/25 at 1:05 PM revealed families brought medications to residents without staff's knowledge and when staff found them, they removed them from the room and sent them home with family. She stated unless a resident had a Physician order to administer their own medication, medications should not be stored in a resident's room.	F 761	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.		
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. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to discard expired and spoiled food items from 1 of 1 walk-in cooler. These failures had the potential to affect food served to	F 812	F812  Filing the plan of correction does not constitute that the alleged deficiency did in	4/21/25	

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F 812	<p>Continued From page 4 residents.</p> <p>Findings included:</p> <p>An initial observation of the walk-in cooler on 03/31/25 at 10:07 AM revealed a plastic bag containing thawed chicken sitting inside a metal pan with a date of 03/25/25 sitting on a bottom shelf. A box ¾ full of green peppers with a delivery date of 02/20/25 was sitting on a top shelf. An observation of the green peppers at the same date and time revealed the peppers were shriveled and contained multiple brown spots.</p> <p>An interview with the Dietary Manager on 03/31/25 at 10:10 AM revealed it was her responsibility to check for spoiled and expired food items on a daily basis. She stated the green peppers should have been used or discarded before showing signs of spoilage and she just overlooked them. The Dietary Manager stated she thought raw chicken was good for 7 days after being thawed but she would check.</p> <p>A follow-up interview with the Dietary Manager on 03/31/25 at 2:35 PM revealed raw chicken was good for 3 days after being thawed. She stated the chicken should have been used or discarded by 03/28/25.</p> <p>An interview with the Administrator on 04/03/25 at 1:01 PM revealed she expected food to be used or discarded before showing signs of spoilage, and the guidelines for thawed chicken should be followed.</p>	F 812	<p>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>Residents Affected: On 3/31/25, the Dietary Manager immediately discarded the thawed chicken, and the box of green peppers observed in the walk-in cooler.</p> <p>Residents with potential to be affected A thorough audit was conducted on 3/31/25 by the Dietary Manager to identify any additional expired or spoiled food. No additional expired or spoiled food identified.</p> <p>There were no residents adversely affected by the alleged deficient practice.</p> <p>Systemic Changes: On 4/16/25, the Food Services District Manager provided education to the Dietary Manager regarding the procedures and time frame for discarding expired and spoiled food. In addition, on 4/16/25, 100% of the Kitchen staff were provided education regarding the procedures and time frame for discarding expired and spoiled food by the Dietary Manager. Kitchen staff out on leave or PRN status will be educated by the Dietary Manager prior to returning to duty. All new hires will be educated in orientation by the Dietary Manager regarding timeliness and discarding expired and/or spoiled food during orientation.</p>		

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F 812	Continued From page 5	F 812	<p>Monitoring: An audit tool was developed to monitor the walk-in cooler to ensure expired and spoiled foods are discarded timely. The audit tool will be completed by the Dietary Manager 3 times weekly for 12 weeks.</p> <p>The results of these audits will be brought to the Quality Assurance and Performance Improvement Committee monthly for three months by the Dietary Manager for review and further recommendations to ensure compliance and effectiveness.</p>		