STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345013	A. BUILDING _____ B. WING _____	01/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - CHARLOTTE	3223 CENTRAL AVENUE CHARLOTTE, NC 28205

(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 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility staff failed to provide facial grooming for one (1) of four (4) sampled residents who were dependent for care. (Resident #98) The findings are: Resident #98 was admitted to the facility on 10/23/09 with diagnoses of aphasia, Alzheimer's disease, and dementia. A review of the quarterly Minimum Data Set (MDS) assessment dated 10/31/11 revealed that the resident had short and long term memory impairment with severely impaired decision making skills. The MDS also revealed that the resident was totally dependent on staff for all activities of daily living (ADL). A review of the plan of care for activities of daily living dated 11/2/11 documented an intervention to provide total care for weekly shower, bath, clean and check fingernails and toenails, shave, oral and hair care per schedule and as needed. A review of the nurse aide ADL flow record for the month of January for Resident #98 noted that personal hygiene, which consisted of oral/mouth	F 312	Filing a plan of correction does not constitute admission that the deficiencies alleged did in fact exist. The plan of correction is filed in evidence of the facilities desire to comply with the requirements And to continue to provide high quality care. • Resident #98 had the facial hair removed. — 1/26/12 • For residents with the potential to be affected, rounds were completed to ascertain if any other residents had unwanted facial hair. No other residents were observed with unwanted facial hair. — 1/26/12 • Measures/systematic changes made were: a) A follow up In-service was completed by the SDC/RN regarding grooming/ hygiene which included facial hair removal (based on resident preference) during ADL care. — 2/8/12, 2/9/12 2/10/12, 2/15/12 & 2/16/12 b) An audit tool was developed to include resident hygiene/grooming needs. • Monitoring: This audit tool will be completed on 20% of the residents (randomly selected) each week for4 weeks. — 1/27/12 Then 10% of the resident's for 4 weeks. Ongoing audits will be based on the first 2 months audit results. • The findings/outcome of the audits will be addressed at the QA Committee meeting monthly.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tina L. Mine — TITLE: Administrato — (X6) DATE: 2/16/2012

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345013	A. BUILDING _____ B. WING _____	01/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - CHARLOTTE	3223 CENTRAL AVENUE CHARLOTTE, NC 28205

(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 312	Continued From page 1 care, brushing teeth, cleaning fingernails/toenails, shaving, combing hair; applying makeup was to be completed routinely with ADL care. An observation on 01/24/12 at 5:00 PM revealed Resident #98 was lying in bed with her eyes closed and multiple gray hairs were located on her chin, each approximately 1/8 inches in length. On 1/26/12 at 8:54 AM Resident #98's morning care was observed. Resident #98 was noted with multiple facial hairs to her chin and to her bilateral cheeks. Resident #98's morning care was completed at 9:21 AM by Nursing Assistant (NA) #3 and her facial hairs were not shaved. During an interview on 1/26/12 at 12:40 PM, NA #3 stated that she noted that Resident #98 had facial hairs on her chin and cheeks and that she knew that the facial hairs should have been removed with morning care as that is to be done daily with morning care, but she forgot and would complete it now. On 1/26/12 at 2:38 PM Resident #98 was observed in her room; sitting in her wheelchair with facial hairs noted on chin and on bilateral cheeks. An interview with Licensed Nurse (LN) #3 on 1/26/12 at 9:45 AM revealed that personal care which was to include nail care, combing of hair, toenail check and shaving were to be done with bed baths and showers as part of the daily care. An interview with the Director of Nurses (DON) on 1/26/12 at 2:25 PM revealed that her expectation was that NAs provide shaving as part of daily	F 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345013	A. BUILDING _____ B. WING _____	01/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - CHARLOTTE	3223 CENTRAL AVENUE CHARLOTTE, NC 28205

(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 312	Continued From page 2 routine grooming care for females as well as males. The DON also stated that every NA was aware that if facial hair was visible it was to be shaved as per the instructions that have been given in annual in services. An interview with the SDC on 1/26/12 at 3:15PM revealed that all NAs were in-serviced earlier in the month on grooming. A review of the in-service lesson plan confirmed that grooming was considered an everyday ADL which includes shaving and that females were not to have facial hair.	F 312		
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observations, staff and physician interviews and record review, the facility failed to obtain a physician's order for oxygen for one (1) of four (4) sampled residents who received oxygen therapy (Resident #3). The findings are:	F 328	• Resident #3 had oxygen SATs were WNL as was the resident vital signs. 1/27/12 • For residents with potential the following was accomplished: a) 100% chart audit was done for all residents currently on oxygen to ascertain if there was an MD order in place. No other residents were noted without the appropriate MD order. 1/27/12 b) All of the residents on oxygen had their care plan reviewed for accuracy. 1/27/12 c) The residents on oxygen had their medication Administration Record reviewed for accuracy of the details i.e.: Liters, time frame, etc. 1/27/12	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345013	A. BUILDING _____ B. WING _____	01/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - CHARLOTTE	3223 CENTRAL AVENUE CHARLOTTE, NC 28205

(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 328	Continued From page 3 Resident #3 was readmitted to the facility on 11/3/11 with diagnoses which included Dementia and recent Sepsis due to Urinary Tract Infection. Review of the hospital discharge summary dated 11/3/11 and physician's readmission orders dated 11/3/11 revealed there was no direction for oxygen therapy. The discharge instructions and home medication list dated 11/3/11 did not list oxygen therapy. Review of the admission nursing assessment dated 11/3/11 revealed documentation of oxygen therapy at 2 Liters per minute (2L/min). Review of the admission Minimum Data Set (MDS) dated 11/15/11 revealed an assessment of cognitive impairment and no requirement of oxygen therapy. Review of nursing notes from 11/5/11 to 12/8/11 revealed Resident #3 received oxygen at 4 Liters per minute (4L/min) continuously with an oxygen saturation rate range of 94% to 97%. Observations on 1/25/12 at 9:01 AM and 2:00 PM revealed Resident #3 received oxygen at 2 L/min via nasal cannula. Observations on 1/25/12 at 3:28 PM and at 4:01 PM revealed Resident #3 asleep with a nasal cannula connected to an empty portable oxygen tank. Resident #3's breathing was unlabored. Interview with Licensed Nurse (LN) #1 on 1/25/12 at 4:05 PM revealed Resident #3 received oxygen continuously at 4L/min since the November readmission from the hospital. During this	F 328	• Measures taken were as follows: a) Staff education was completed regarding oxygen physician orders, the MDS and care planning regarding oxygen administration. How to read tanks and concentrators was also included in the education	2/15/12 & 2/16/12
			b) A random sample of residents were observed for compliance with oxygen administration and documentation validation of same.	2/1/12
			c) An audit tool was developed 1/27/12 to address Oxygen compliance with i.e.: MD orders MDS/Care plan F/U and resident observation. All resident information sheets were also updated to include oxygen administration.	1/28/12
			Monitoring will be accomplished by: a) 100% audit of all residents with oxygen currently in use utilizing the newly developed audit tool that was initiated 1/27/12. b) Continued compliance will be accomplished by utilizing the Oxygen audit tool on 50% of residents utilizing the oxygen tanks and concentrators for 4 weeks, then 10% for 4 weeks. Ongoing audits will continue based on prior 8 weeks of audits.	
			The findings/outcome of the audits will be addressed at the QA Committee meeting monthly as scheduled.	1/27/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345013	A. BUILDING _____ B. WING _____	01/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - CHARLOTTE	3223 CENTRAL AVENUE CHARLOTTE, NC 28205

(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 328	Continued From page 4 interview, LN #1 measured Resident #3's oxygen saturation rate at 93% and switched the Resident from an empty portable oxygen tank to an oxygen concentrator. LN #1 adjusted the oxygen flow rate to 4L/min. LN #1 reported she received direction for the Resident's oxygen therapy from oral nursing reports. LN #1 added oxygen saturation rates were not routinely taken for Resident #3. Observation on 1/26/12 at 8:14 AM revealed Resident #3 received 4L/min of oxygen while in bed from an oxygen concentrator. An observation on 1/26/12 at 10:00 AM revealed Resident #3 received 2L/min of oxygen from a portable oxygen tank. Interview with Nursing Assistant (NA) #2 on 1/26/12 at 9:05 AM revealed Resident #3 received continuous oxygen therapy. Interview with NA #1 on 1/26/12 at 10:05 AM revealed Resident #3 always received oxygen therapy. NA #1 explained she adjusted the oxygen flow rate when she transferred Resident #3 to the wheelchair. NA#1 reported she received past directions from the licensed nurses to adjust the flow rate to 2L/min when Resident #3 returned from the hospital. Interview with Resident #3's physician on 1/26/12 at 10:28 AM revealed Resident #3 did not require oxygen if her oxygen saturation rate was at or above 92%. The physician explained the continuous administration would not harm the resident but would not be needed with an oxygen saturation rate at 92% or higher on room air.	F 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345013	A. BUILDING _____ B. WING _____	01/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - CHARLOTTE	3223 CENTRAL AVENUE CHARLOTTE, NC 28205

(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 328	Continued From page 5 Interview with LN #2 on 1/26/12 at 10:38 AM revealed Resident #3 received continuous oxygen at 4L/min since her readmission from the hospital. LN #2 explained she received report of the oxygen requirement from oral report. LN #2 reported she could not provide a physician's order for the oxygen. Interview with the Director of Nursing (DON) on 1/26/12 at 11:44 AM revealed she expected the facility staff to check the hospital records for readmission oxygen orders and obtain a physician's order if necessary.	F 328		