

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345458</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEAK RESOURCES - TREYBURN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2059 TORREDGE ROAD DURHAM, NC 27712</b>		
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F 246 SS=D	<p><b>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</b></p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observations and resident and staff interviews the facility failed to keep call bells within a resident's reach for two of thirteen sampled residents (resident #232 and resident # 33).</p> <p>The findings included:</p> <p>1. Resident #232 was admitted to the facility on 3/20/14 with diagnoses including Diabetes Mellitus, Coronary Artery Disease, Muscle Weakness, Congestive Heart Failure (CHF), Cardiac Dysrhythmia, Pacemaker status and Rehab status.</p> <p>Review of the Admission Minimum Data Set (MDS) Assessment dated 4/1/14 identified resident #232 as cognitive. Resident #232 had no moods or behaviors and did not resist care. She was continent of her bowel and bladder. She was assessed to need limited one person assistance with bed mobility, transferring, walking in room and toilet use. She was also assessed as not steady, only able to stabilize with staff assistance during transitions, turning around, moving on and off the toilet and with surface to</p>	F 246	<p>Disclaimer: Peak Resources-Treyburn acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of Quality of Care of residents, the Plan of Correction is submitted as a written allegation of compliance. Preparation and submission of this plan of correction is in response to the CMS 2567 form from the April 1, 2014 to April 4, 2014 recertification survey. Peak Resources-Treyburn response to the statement of deficiencies and plan does not denote agreement with the deficiency nor does it constitute an admission that any deficiency is accurate. Further Peak Resources-Treyburn reserves the right to refute any deficiency though Informal Dispute Resolution formal appeal and/or other administrative or legal procedures.</p> <p>Residents affected by the deficient</p>	4/25/14	

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

TITLE

(X6) DATE

Electronically Signed

04/08/2014

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 246	<p>Continued From page 1</p> <p>surface transfers. She was receiving continuous intravenous medications.</p> <p>Review of the Care Area Assessments (CAAs) Summary dated 4/1/14 triggered related to requiring minimum assistance with bed mobility, transferring, walking in room, balance not being steady and only able to stabilize with staff assistance. The CAA summary also read that Resident #232 was recently hospitalized due to worsening CHF with flash pulmonary edema.</p> <p>Review of the Care Plan dated 3/28/14 for Activities of Daily Living (ADLs) listed the Problem as the resident required limited to extensive assist with activities of daily living related to impaired mobility and muscle weakness. The listed approaches, in part, in meeting her goal of participating as able with ADLs daily, included keeping the call bell in reach and encouraging its use.</p> <p>Review of the Nursing Note of 4/3/14 at 1:30 PM revealed that Resident #232 had complained of not feeling well, was assessed, vital signs were stable, but she was coughing. The Nurse Practitioner ordered a chest x-ray. The results were pulmonary venous congestions. The resident ' s Lasix was increased as a result of the x-ray findings.</p> <p>An observation was made on 4/3/14 at 1:10 PM of Resident #232. The resident was sitting in her rocking chair and the call bell was wrapped around the bed rail approximately 5 feet away. The resident stated if she needed something she would just call out of the door for someone because the call bell was not in reach.</p>	F 246	<p>practice:</p> <p>No resident suffered as a result of not having the call bell within reach.</p> <p>Completion date: 4-4-14</p> <p>Residents having the potential to be affected by the same deficient practice:</p> <p>Any resident having the potential to be affected will be minimized by staff education and monitoring.</p> <p>Completion date: 4-11-14 and ongoing</p> <p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not occur:</p> <ul style="list-style-type: none"> <li>- All nursing staff was re-educated by the DON and SDC.</li> <li>- All new employees will be educated during orientation.</li> </ul> <p>Completion date: 4-11-14 and ongoing</p> <p>Monitoring:</p> <p>The DON will complete a call bell audit/check of 10% of residents on a weekly basis for 4 weeks then every two weeks for 6 weeks then monthly.</p> <p>The evening supervisor, night shift supervisor and weekend supervisor will randomly check call bells throughout the</p>		

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F 246	<p>Continued From page 2</p> <p>An observation was made on 4/3/14 at 1:35 PM of resident #232. The nurse was outside of the resident's room and the Nurse Practitioner was inside the room. The resident was lying on her bed. The nurse stated that Resident #232 complained of not feeling well. The nurse stated she was going to take the resident ' s blood sugar level and the Nurse Practitioner was assessing the resident.</p> <p>During a re-interview with the resident on 4/3/14 at 1:45pm she stated that she used her walker to get to the bathroom because she did not feel well and used the call bell in the bathroom. She stated that she would have used the call bell in her chair but that was not next to her. She stated she could not holler out of the door for someone because she was out of breath.</p> <p>During an interview with Nursing Assistant (NA#1) on 4/3/14 at 2:10 PM, she stated that call bells should be placed next to the resident whether they are sitting in the chair or in the bed.</p> <p>During an interview with the Director of Nursing on 4/3/14 at 2:15 PM she stated that all call bells should be in reach. She stated that the Nursing Assistants should be looking into residents ' rooms to ensure call bells are in reach. She also stated that if the resident was working with therapy the therapist should be making sure the call bell is in reach.</p> <p>During an interview with the therapist on 4/3/14 at 2:20 PM she stated that she worked with the resident on 4/3/14 in the morning and then pushed the resident back to her room after therapy. She stated that she sat the resident in her rocking chair.</p>	F 246	<p>shift to ensure call bells are within reach.</p> <p>Completion date: 4-7-14 and ongoing</p> <p>How the facility monitors its performance/QAA:</p> <p>The Quality Assurance and Assessment Committee to include the Administrator and DON will review the results of the call bell audits during QAA meeting and make recommendations. The results will be submitted to the QA committee for a period of three months. The QAA committee will determine if any further action is needed based on the results of the call bell audits.</p> <p>Completion date: 4-25-14</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 246	<p>Continued From page 3</p> <p>During an interview with the Administrator on 4/3/14 at 2:25 PM she stated that call bells should be in reach.</p> <p>2. Resident #33 was admitted to the facility on 4/7/12 with diagnoses including Cerebrovascular Disease (Stroke), Osteomyelitis, Depression, Diabetes Mellitus, Glaucoma, Dementia, Hypertension and Anemia.</p> <p>Review of the most recent quarterly Minimum Data Set (MDS) dated 2/28/14 and the annual MDS dated 1/6/14 revealed Resident #33 was moderately impaired in cognitive skills for daily living with her decisions being poor and she needed supervision. A review of her Activities of Daily Living (ADLs) assessment revealed she needed extensive assistance in toileting and transferring and was frequently incontinent of bowel and bladder.</p> <p>Review of the Care Area Assessment summary (CAAS) 1/7/14 revealed she triggered for ADLs related to requiring extensive assistance with toileting and transferring and was frequently incontinent of bowel and bladder. She was at risk for functional decline due to complications of immobility and being incontinent of bowel and bladder. She used her wheelchair as a means of mobility</p> <p>Review of the resident ' s care plan dated 10/3/14 revealed in part that the resident ' s goal was for her to participate as able with all her ADLs, to keep her call bell in reach and encourage her to use her call bell.</p> <p>On 4/1/14 at 11:45 AM Resident # 33 was observed being wheeled into her room and</p>	F 246			

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F 246	<p>Continued From page 4</p> <p>placed in her wheelchair in front of her bathroom door. During an interview with the resident she stated she had to go to the bathroom and her call bell was out of reach.</p> <p>On 4/2/14 at 9:23 AM Resident #33 was observed in her room in her wheelchair with her back to her bed and her bed side table on her right side. Resident #33 ' s bed spread was folded and placed at the foot of her bed with the call bell under the bed spread out of sight and reach of the resident. Resident #33 stated she could move her wheel chair around but could not reach the call bell because the bed side table was in the way.</p> <p>During an interview on 4/2/14 at 9:45 AM the resident ' s Nursing Assistant, Nursing Assistant (NA#2), stated the resident could use her call bell and if the call bell was not in reach she could call down the hall to let her know she needed to go to the bathroom.</p> <p>On 4/3/14 at 8:34 AM Resident #33's call bell was observed hanging over the foot of her bed. There was a concentrator in front of the foot board blocking the resident from moving herself to her call bell. The bed spread was folded at the end of the bed covering the cord of the call bell. The resident was observed in her wheelchair with her back to the bed. The call bell was out of reach of the resident.</p> <p>During an interview on 4/3/14 at 8:34 AM the resident stated she was gotten up this morning by the 1st shift NA and NA had placed the call bell on her bed. She stated the call bell was out of reach because it was over the foot of the bed with the concentrator in her way.</p>	F 246			

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F 246	Continued From page 5  During an interview on 4/3/14 at 8:37 AM with the Staff Development Coordinator stated the resident was alert and oriented at times and used her call bell to let you know she needed to go to the bathroom.  During an interview on 4/3/14 at 1:31 PM, NA#2 stated she did put the call bell out of reach of the resident because she had just gotten back from giving her a shower and was getting sheets. She stated she was coming right back to the resident to make her bed.  During an interview on 4/3/14 at 4/3/14 at 3:50 PM the Administrator stated that call bells should be in reach of the residents.  During an interview on 4/3/14 at 4:05 PM the Staff Development Coordinator stated when staff are trained they are taught to always place the residents ' call bells within reach.	F 246			