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	345229	A. BUILDING _____ B. WING _____	C 04/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - SHELBY	**1101 NORTH MORGAN STREET SHELBY, NC 28150**

(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 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interviews, and record review, the facility failed to honor the choices for 2 of 5 sampled residents reviewed for choices. Residents #3's choice for the number of showers she wanted weekly was not honored and Resident #10's choice for the number of showers he wanted weekly and for the number of times he wanted assistance walking was not honored. The findings included: 1. Resident #10 was admitted to the facility on 12/31/18. His diagnoses included heart failure, unspecified atrial fibrillation, dermatitis, muscle weakness, and essential hypertension. His admission Minimum Data Set dated 01/07/19 assessed him with intact cognition, having no mood issues or behaviors, and requiring extensive assistance with bathing. Walking was coded as not having occurred during the look back period. Resident #10 was coded for receiving physical therapy. a) A care plan was developed on 02/15/19 for restorative ambulation for him to be assisted as needed during walking related to a right above knee amputation. The goal was to ambulate 200 feet with one person assistance using a rolling	F 558	F558 Reasonable Accommodations Needs/Preferences Resident #10 had no adverse effects with regard to not being ambulated daily. Resident #10 has been receiving restorative as recommended. Resident #3 had no adverse effects with regard to not being showered per schedule. Resident #3 has had showers as noted on the Point of Care records, the resident was discharged on 4/9/19. All Other and Measures in place: The restorative schedule has been reviewed and revised on April 12, 2019 by the Restorative Nurse. This review clarified how often residents are to receive restorative services. Restorative aides re-educated regarding reporting residents who refuse and/or didn□t receive their restorative services. Training will be conducted by Restorative Nurse. Education will be completed by April 12, 2019. The shower/bath schedule reviewed and	4/20/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/23/2019

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F 558	Continued From page 1 walker and stand by assistance/care giver assistance. The care plan was not specific as to the number of times per week he should walk with assistance. During initial tour, on 04/02/19 at 9:20 AM, Resident #10 was interviewed. Resident #10 was observed to have an amputation of his left leg and a prosthesis located at bedside. During the interview, Resident #10 stated he did not receive the restorative services he wanted daily which included assisting him with his prosthetic leg and walking. On 04/02/19 at 2:55 PM the nurse aide (NA #1) caring for Resident #10 was interviewed. NA #1 stated that she normally worked as a restorative aide but was sometimes pulled to the floor to work. She stated that she was scheduled to be a restorative aide over the past weekend but was pulled to the floor to cover as a nurse aide. She further stated that Resident #10 was not walked over the weekend. She also stated that Resident #10 was able to apply the prosthesis himself. Review of the restorative documentation revealed no specific number of times Resident #10 was scheduled to walk. Documentation of services provided revealed that from the start of restorative ambulation services on 02/15/19 through 04/02/19, Resident #10 received walking restorative services as follows: *In February 2019, he was not walked on 02/15/19, 02/17/19, 02/19/19, 02/20/19, 02/21/19, 02/22/19 and 02/24/19. He was walked 7 out of 14 days. *In March 2019, he was not waked on 03/02/19, 03/03/19, 03/04/19, 03/05/19, 03/08/19, 03/16/19, 03/17/19, 03/19/19, 03/23/19, 03/24/19/03/28/19	F 558	revise by Director of Nursing and/or designee. Schedule completed and update on April 8, 2019. Shower schedule will be reviewed with residents upon admission. Nurses and aides re-educated regarding reporting residents who refuse and/or didn□t receive their shower. Training will be conducted by Staff Development Coordinator and/or designee. Education will be completed by April 10, 2019. Monitoring: " An audit utilizing the Point of Care Compliance Report which determines staff compliance with completing restorative services. This was initiated on April 5, 2019. The audit will be completed weekly by Restorative Nurse 25% of a random sample residents for 2 weeks. Then 10% of residents for 6 weeks, then 5% of residents for 4 weeks. Ongoing audits will be determined by prior 12 weeks of results. " The Point of Care Compliance Report indicates the date, the shift, the residents, the category (restorative nursing), the schedule plan, and comment section. This is review daily by the restorative nurse. Issues identified will be address timely. " An audit tool was completed to determine staff compliance with completing showers. This was initiated on April 5, 2019. The audit will be	

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F 558	Continued From page 2 and on 03/31/19. He was walked 15 out of 31 days. *In April 2019, he was not walked on 04/01/19 but was walked on 04/02/19. He was walked once out of 2 days. On 04/03/19 at 11:49 AM, Resident #10 again stated during interview that he was not getting to walk daily which was what he wanted to do. He stated he could walk per himself but for safety reasons the staff wanted him to have assistance. Interview with the restorative manager on 04/03/19 at 11:51 AM revealed that she aimed for restorative services to be provided 7 days a week but they needed to be provided 6 times a week. She stated that there was always 2 restorative aides scheduled to work so that if one was pulled to work the floor, one restorative staff member was on duty to perform restorative duties. She was unable to say why Resident #10 was not walked but half the time. Interview with NA #3 and NA #4 on 04/03/19 at 11:58 AM revealed both were restorative aides. Both NAs stated they often were pulled to work on the floor and that left one restorative aide to provide services. They stated that when they worked alone, they tried to get all restorative services completed but that most of the time they could not service everyone. NA #2 stated that Resident #10 had stated to her that he wanted to walk daily but they can't do it due to staffing. Interview with the Physical Therapist (PT) on 04/03/19 at 3:50 PM revealed Resident #10 was very high functioning and motivated. Resident #10 was very vocal about not getting to walk. PT stated that he approached restorative staff when	F 558	completed weekly by Director of Nursing and/or Staff Development Coordinator weekly on 25% of a random sample residents for 2 weeks. Then 10% of residents for 6 weeks, then 5% of residents for 4 weeks. Ongoing audits will be determined by prior 12 weeks of results. QAPI: " Administrator will report all audit information and it will be reviewed and analyzed at the monthly QAPI meeting for 3 months.	

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Resident #10 complained he was not walking and restorative reported to PT they had been pulled to the floor and did not have time to walk him.

b) During initial tour, on 04/03/19 at 9:20 AM, Resident #10 was interviewed. Resident #10 stated that he wanted and was scheduled to receive 3 showers per week on Monday, Wednesday and Saturday. He stated that generally they showered him three times a week with occasional missed showers.

On 04/03/19 at 2:58 PM Nurse Aide (NA) #4 stated that when a resident was admitted to the facility, she interviewed them regarding how many times a week they had previously showered and/or wanted to receive a shower. She then placed their preference on the shower schedule. If a resident changed their mind, she would update the shower schedule to accommodate their preferences.

Per the shower schedule, Resident #10 was to receive a shower 3 times a week on Monday, Wednesday and Saturday.

Review of the documentation, he missed one shower in February 2019 and three in March 2019.

On 04/02/19 at 2:52 PM, NA #2 stated that showers were not always getting done due to short staffing. She stated that when she could not do a complete shower, she always provided a good bed bath. She stated the documentation would reflect when showers were completed and when they were not completed.

On 04/02/19 at 3:02 PM, NA #5 stated that she

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has occasionally missed giving showers as scheduled but that she will make it up the next day. She further stated the documentation should be reflective of exactly when showers were provided.

On follow up interview with Resident #10 on 04/03/19 at 11:49 AM, he stated that he did get "washed up" by staff sometimes but preferred getting a shower which he wanted as scheduled Monday, Wednesday and Friday.

Interview with the Director of Nursing (DON) and Administrator on 04/03/19 at 4:08 PM revealed they were not aware restorative care was not being completed or that residents were missing showers. The DON stated that although the scheduling was the same during first and second shifts, there was more work to be completed by nurse aide on first shift.

2. Resident #3 was admitted to the facility on 02/02/19 with diagnoses including pneumonia, heart failure, chronic respiratory failure and anxiety disorder.

The admission Minimum Data Set coded her with intact cognition and having no behaviors. She required extensive assistance with most activities of daily living skills including bathing.

During initial tour on 04/02/19 at 9:10 AM, Resident #3 stated that the staff were busy and couldn't work it into the schedule to give her showers. She stated they shower her when they have time and she had just accepted the shower schedule as it is was because they were short staffed.

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On 04/03/19 at 2:58 PM Nurse Aide (NA) #4 stated that when a resident was admitted to the facility, she interviewed them regarding how many times a week they had previously showered and/or wanted to receive a shower. She then placed their preference on the shower schedule. If a resident changed their mind, she would update the shower schedule to accommodate their preferences.

Per the shower schedule, Resident #3 was to be showered on Tuesdays and Thursdays.

Review of the documentation of Resident #3's showers revealed that since admission, she had received 4 showers as documented on 02/13/19, 02/21/19, 03/27/19 and 3/28/19. The documentation revealed 13 bed baths in between.

On 04/02/19 at 2:52 PM, NA #2 stated that showers were not always getting done due to short staffing. She stated that when she could not do a complete shower, she always provided a good bed bath. She stated the documentation would reflect when showers were completed and when they were not completed.

On 04/02/19 at 3:02 PM, NA #5 stated that she has occasionally missed giving showers as scheduled but that she will make it up the next day. She further stated the documentation should be reflective of exactly when showers were provided.

Upon follow up interview with Resident #3 on 04/03/19 at 2:51 PM, Resident #3 stated that the nurse aides were very busy and sometimes there was only 1 nurse aide on the hall. She stated she

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F 558	Continued From page 6 "understands what it is like." She further stated she felt bad when staff would give her care when other residents needed care also. She said that on admission she was asked about her shower preference and she told them at home she took 2 showers per week. When asked about only receiving a few showers since admission, she stated that sounded about right. She then stated that if there was enough staff she would take 2 showers per week but felt clean enough with the in between partial and bed baths. Interview with the Director of Nursing (DON) and Administrator on 04/03/19 at 4:08 PM revealed they were not aware restorative care was not being completed or that residents were missing showers.	F 558		
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:	F 725		4/20/19

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F 725	Continued From page 7 (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on resident interviews, staff interviews and documentation, the facility failed to ensure there was enough staff scheduled to provide walking assistance and showers as often 2 of 5 sampled residents desired. (Residents #3 and #10). The findings included: 1. Resident #10 was admitted to the facility on 12/31/18. His diagnoses included heart failure, unspecified atrial fibrillation, dermatitis, muscle weakness, and essential hypertension. Resident #10's admission Minimum Data Set dated 01/07/19 assessed him with intact cognition, having no mood issues or behaviors, and requiring extensive assistance with bathing. Walking was coded as not having occurred during the look back period. Resident #10 was coded for receiving physical therapy. a) A care plan was developed on 02/15/19 for restorative ambulation for him to be assisted as needed during walking related to a right above knee amputation. The goal was to ambulate 200 feet with one person assistance using a rolling walker and stand by assistance/care giver	F 725	F725 Sufficient Nursing Staffing Resident #10 had no adverse effects with regard to not being ambulated daily. Resident #10 has been receiving restorative as recommended. Resident #3 had no adverse effects with regard to not being showered per schedule. Resident #3 has had showers as noted on the Point of Care records, the resident was discharged on 4/9/19. Measures in place: Nurse staffing patterns reviewed along with the residents needs during labor meeting held daily Monday through Friday. Attendees are including, the Administrator, Director of Nursing, Staff Development Coordinator, and Scheduler. The facility has continued recruiting my posting ads on our website, Indeed, local newspaper, zip recruiter, job videos, facebook, and twitter. Sign on bonuses and pick-up bonuses offered. Orientation for new employees are scheduled as needed and may be multiple times a week	

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F 725	Continued From page 8 assistance. The care plan was not specific as to the number of times per week he should walk with assistance. During initial tour, on 04/02/19 at 9:20 AM, Resident #10 was interviewed. Resident #10 was observed to have an amputation of his left leg and a prosthesis located at bedside. During the interview, Resident #10 stated he did not receive the restorative services he wanted daily which included assisting him with his prosthetic leg and walking. On 04/02/19 at 2:55 PM the nurse aide (NA #1) caring for Resident #10 was interviewed. NA #1 stated that she normally worked as a restorative aide but was sometimes pulled to the floor to work. She stated that she was scheduled to be a restorative aide over the past weekend but was pulled to the floor to cover as a nurse aide. She further stated that Resident #10 was not walked over the weekend. She also stated that Resident #10 was able to apply the prosthesis himself. Review of the restorative documentation revealed no specific number of times Resident #10 was scheduled to walk. Documentation of services provided revealed that from the start of restorative ambulation services on 02/15/19 through 04/02/19, Resident #10 received walking restorative services as follows: *In February 2019, he was not walked on 02/15/19, 02/17/19, 02/19/19, 02/20/19, 02/21/19, 02/22/19 and 02/24/19. He was walked 7 out of 14 days. *In March 2019, he was not waked on 03/02/19, 03/03/19, 03/04/19, 03/05/19, 03/08/19, 03/16/19, 03/17/19, 03/19/19, 03/23/19, 03/24/19/03/28/19 and on 03/31/19. He was walked 15 out of 31	F 725	based on open positions. Monitoring Staffing patterns and open positions ae reviewed daily at Labor meeting held by Administrator, DON, SDC, and Scheduler. Specific open nursing positions area added as needed and recruitment is initiated. The daily assignment sheet is audited and reviewed at the Labor meeting to address any call outs. Staffing issues are resolved at that time. The daily assignment is initialed by the Director of Nursing or other administrative nurse to validate the daily assignment sheet has been reviewed. This was initiated on April 10, 2019. On the weekends the supervisor reviews the daily schedule and replaces staff as necessary. The supervisor and scheduler will report any scheduling issues to the Director of Nursing. This process has been ongoing and will continue to assure that there is sufficient nursing staff to care for the resident needs. QAPI Administrator will report all audit information and it will be reviewed and analyzed at the monthly QAPI meeting for 3 months.	

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days.
*In April 2019, he was not walked on 04/01/19 but was walked on 04/02/19. He was walked once out of 2 days.

On 04/03/19 at 11:49 AM, Resident #10 again stated during interview that he was not getting to walk daily which was what he wanted to do. He stated he could walk per himself but for safety reasons the staff wanted him to have assistance.

Interview with the restorative manager on 04/03/19 at 11:51 AM revealed that she aimed for restorative services to be provided 7 days a week but they needed to be provided 6 times a week. She stated that there was always 2 restorative aides scheduled to work so that if one was pulled to work the floor, one restorative staff member was on duty to perform restorative duties. She was unable to say why Resident #10 was not walked but half the time.

Interview with NA #3 and NA #4 on 04/03/19 at 11:58 AM revealed both were restorative aides also. Both stated they often get pulled to work on the floor and that left one restorative aide to provide services. They stated that when they worked alone, they tried to get all restorative services completed but that most of the time they could not service everyone. NA #2 stated that Resident #10 has stated to her that he wants to walk daily but they can't do it.

Interview with the physical therapist (PT) on 04/03/19 at 3:50 PM revealed Resident #10 was very high functioning and motivated. Resident #10 was very vocal about not getting to walk. PT stated that he approached restorative staff when Resident #10 complained he was not walking and

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restorative reported to PT they had been pulled to the floor and did not have time to walk him.

b) During initial tour, on 04/03/19 at 9:20 AM, Resident #10 was interviewed. Resident #10 stated that he wanted and was scheduled to receive 3 showers per week on Monday, Wednesday and Saturday. He stated that generally they showered him three times a week with occasional missed showers.

On 04/03/19 at 2:58 PM Nurse Aide (NA) #4 stated that when a resident was admitted to the facility, she interviewed them regarding how many times a week they had previously showered and/or wanted to receive a shower. She then placed their preference on the shower schedule. If a resident changed their mind, she would update the shower schedule to accommodate their preferences.

Per the shower schedule, Resident #10 was to receive a shower 3 times a week on Monday, Wednesday and Saturday.

Review of the documentation, he missed one shower in February 2019 and three in March 2019.

On 04/02/19 at 2:52 PM, NA #2 stated that showers were not always getting done due to short staffing. She stated that when she could not do a complete shower, she always provided a good bed bath. She stated the documentation would reflect when showers were completed and when they were not completed.

On 04/02/19 at 3:02 PM, NA #5 stated that she has occasionally missed giving showers as

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scheduled but that she will make it up the next day. She further stated the documentation should be reflective of exactly when showers were provided.

On follow up interview with Resident #10 on 04/03/19 at 11:49 AM, he stated that he did get "washed up" by staff sometimes but preferred getting a shower which he wanted as scheduled Monday, Wednesday and Friday.

On 04/03/19 at 3:29 PM, the staffing coordinator was interviewed. She stated that she generally scheduled one nurse and 2 nurse aides for each of the 4 halls during first and second shifts. If staff call out she tried to cover the vacancy with her "as needed" staff. She stated lately restorative staff were being pulled to the floor to perform regular nurse aide duties which left 1 restorative staff member to complete restorative services. She stated this occurred about 3 times per week. She further stated that although staff do complain about being short staffed, no one has told her care was not being done.

Interview with the Director of Nursing (DON) and Administrator on 04/03/19 at 4:08 PM revealed they were not aware restorative care was not being completed or that residents were missing showers. The DON stated that although the scheduling was the same during first and second shifts, there was more work to be completed by nurse aide on first shift.

2. Resident #3 was admitted to the facility on 02/02/19 with diagnoses including pneumonia, heart failure, chronic respiratory failure and anxiety disorder.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345229	A. BUILDING _____ B. WING _____	C 04/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - SHELBY	1101 NORTH MORGAN STREET SHELBY, NC 28150

(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
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Resident #3's admission Minimum Data Set coded her with intact cognition and having no behaviors. She required extensive assistance with most activities of daily living skills including bathing.

During initial tour on 04/02/19 at 9:10 AM, Resident #3 stated that the staff are busy and can't work into the schedule to give her showers. She stated they shower her when they have time and she has just accepted the shower schedule as it is as they are short staffed.

On 04/03/19 at 2:58 PM Nurse Aide (NA) #4 stated that when a resident was admitted to the facility, she interviewed them regarding how many times a week they had previously showered and/or wanted to receive a shower. She then placed their preference on the shower schedule. If a resident changed their mind, she would update the shower schedule to accommodate their preferences.

Per the shower schedule, Resident #3 was to be showered on Tuesdays and Thursdays.

Review of the documentation of Resident #3's showers revealed that since admission, she has received 4 showers as documented on 02/13/19, 02/21/19, 03/27/19 and 3/29/19. The documentation revealed 13 bed baths in between.

On 04/02/19 at 2:52 PM, NA #2 stated that showers were not always getting done due to short staffing. She stated that when she could not do a complete shower, she always provided a good bed bath. She stated the documentation would reflect when showers were completed and

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F 725	Continued From page 13	F 725		

when they were not completed.

On 04/02/19 at 3:02 PM, NA #5 stated that she has occasionally missed giving showers as scheduled but that she will make it up the next day. She further stated the documentation should be reflective of exactly when showers were provided.

Upon follow up interview with Resident #3 on 04/03/19 at 2:51 PM, Resident #3 stated that the nurse aides were very busy and sometimes there was only 1 nurse aide on the hall. She stated she "understands what it is like." She further stated she felt bad when staff would give her care when other residents needed care also. She said that on admission she was asked about her shower preference and she told them at home she took 2 showers per week. When asked about only receiving a few showers since admission, she stated that sounded about right. She then stated that if there was enough staff she would take 2 showers per week but felt clean enough with the in between partial and bed baths.

On 04/03/19 at 3:29 PM, the staffing coordinator was interviewed. She stated that she generally scheduled one nurse and 2 nurse aides for each of the 4 halls during first and second shifts. If staff call out she tried to cover the vacancy with her "as needed" staff. She stated lately restorative staff were being pulled to the floor to perform regular nurse aide duties which left 1 restorative staff member to complete restorative services. She stated this occurred about 3 times per week. She further stated that although staff do complain about being short staffed, no one has told her care was not being done.

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