

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/03/2022
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 3223 CENTRAL AVENUE CHARLOTTE, NC 28205		
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F 000	INITIAL COMMENTS	F 000			
F 554 SS=D	<p>A complaint investigation was conducted on 11/2/22 to 11/3/22. Event ID: PN9C11. The following intakes were investigated: NC0019435, NC00194040, NC00194400, NC00194389. 14 of the 14 allegations were not substantiated.</p> <p>Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)</p> <p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, observations, resident, and staff interviews, the facility failed to assess a resident for self-administrating medications for 1 of 1 residents reviewed for medication self-administration (Resident #3).</p> <p>Findings included:</p> <p>Resident #3 was admitted to the facility 1/26/2017 and readmitted 7/24/2022. Diagnoses for Resident #3 included aphasia (difficulty speaking), weakness, depression, and low blood pressure.</p> <p>The significant change Minimum Data Set (MDS) assessment dated 8/11/2022 assessed Resident #3 to be cognitively intact without behaviors. The MDS assessed Resident #3 to have adequate hearing, speech, and vision.</p> <p>Resident #3's medical record was reviewed. No physician order was in the medical record that indicated Resident #3 could self-administer her</p>	F 554	<p>F554</p> <p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been. How corrective action will be accomplished for those residents found to have been affected by the deficient practice: On November, 2022, the Director of Nursing determined that Resident #3 would not be assessed for Self-Administration of Medications unless</p>	11/30/22	

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

TITLE

(X6) DATE

Electronically Signed

11/21/2022

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 554	<p>Continued From page 1 medications.</p> <p>The medical record did not have an assessment for Resident #3 for self-administration of medications.</p> <p>Physician orders for Resident #3 were reviewed. Medications ordered for administration included: " Cholecalciferol (Vitamin D3) 25 micrograms at bedtime " Sennosides-docusate sodium (stool softener) 8.6-50 milligrams (mg) 2 tablets at bedtime " Trazodone (antidepressant) 100 mg at bedtime</p> <p>Resident #3 was observed on 11/2/2022 at 5:17 PM. A medicine cup with 4 pills was noted on her over the bed table. Resident #3 was interviewed at the time of the observation. Resident #3 was asked what was in the cup and she replied the medicine cup had her bedtime medications in it and the nurse had left it at the bedside for her to take later.</p> <p>Nurse #1 was interviewed on 11/2/2022 at 5:21 PM. Nurse #1 reported she was the nurse assigned to Resident #3 and she had administered her nighttime medications, Vitamin D, sennosides-docusate sodium, and Trazodone, and left the medications in a cup at the bedside. Nurse #1 explained that Resident #3 liked to take her medications at 5:30 PM and Nurse #1 knew she would be busy at that time, so she thought it was okay to leave the medications at the bedside. Nurse #1 said that she was not certain if Resident #3 had an assessment completed to self-administer medications.</p> <p>Nurse #1 was interviewed again on 11/2/2022 at</p>	F 554	<p>she communicated the desire to self-administer her medications. Resident #3 suffered no physical adverse effects related to the staffs alleged deficient practice. Resident #3 remains at the facility with no residual adverse effects. How the facility will identify other residents having the potential to be affected by the same deficient practice: All other residents in the facility have the potential to be affected. On November 2, 2022, the Staff Development Coordinator conducted an audit to determine if any other medications were left at the bedside. No other residents were found to have medications left at the bedside. On November 21, 2022, the Director of Nursing and Nursing Management team screened all residents to determine which residents required a Self-administration of medications assessment. Self-Administration of Medications Assessments were completed on those residents. It was determined that no other residents were adversely affected by the alleged deficient practice.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Nurse #1 was educated by the Director of Nursing on November 2, 2022, that only residents that have been successfully assessed for self-administration of medications may have medications left at the bedside. All licensed nurses and medication aides will be educated regarding resident</p>		

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F 554	<p>Continued From page 2</p> <p>6:39 PM. Nurse #1 reported that Resident #3 liked to receive her bedtime medications at 5:30 PM and then she would go to sleep for the night. Nurse #1 reported she knew she would be busy with another resident at 5:30 PM and so she left the medications at Resident #3's bedside so that Resident #3 would not be upset. Nurse #1 reported she was aware she should not have left the medications at Resident #3's bedside.</p> <p>The Nurse Practitioner (NP) was interviewed on 11/3/2022 at 12:34 PM. The NP reported Resident #3 had not been assessed to self-administer her medications. The NP reported that if Resident #3 forgot to take the medications at 5:30 PM she would not have been harmed.</p> <p>The Director of Nursing (DON) was interviewed on 11/3/2022 at 1:04 PM. The DON reported Nurse #1 was attempting to prevent Resident #3 from getting upset because her medications were not available to be administered right at 5:30 PM. The DON reported the nursing staff had been in-serviced on the 6 Rights of Medication administration as well as resident self-administration of medications on 11/2/2022. The DON reported Resident #3 had not been assessed to self-administer her medications. The DON reported she expected nursing staff to administer resident medications and stay in the room until all medications were taken by the resident.</p> <p>The Administrator was interviewed on 11/3/2022 at 2:08 PM. The Administrator reported Resident #3 was always ready to go to bed at 5:30 PM and wanted to take her medications immediately before she went to sleep. The Administrator</p>	F 554	<p>self-administration of medications assessment and medications left at the bedside. This will be completed by the Staff Development Coordinator and/or designee by November 30, 2022</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: An audit tool was developed to monitor whether medications have been left at the bedside and if so, is there an appropriate self-administration of medication assessment completed for that resident. The Director of Nursing, Staff Development Coordinator and /or designee will audit 5 residents weekly x 4 weeks, then biweekly x 4 weeks, then monthly x1 month. These audits will occur on random days, shifts, and weekends. The need for further monitoring will be determined by the prior month of auditing. Results of these audits will be brought to the Quality Assurance and Performance Improvement (QAPI) Committee Meeting by the Director of Nursing monthly x 3 months for review and further recommendations.</p> <p>Completion date: November 30, 2022</p>		

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

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F 554	Continued From page 3 reported that it was his expectation alert and oriented residents who expressed an interest in self-administering medications were assessed for their ability to self-administer medications. The Administer reported it was his expectation if a resident was not assessed for self-administer medications, the nurse stayed in the room until the resident took all medications.	F 554		