7/5/13

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

PRINTED: 06/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323 SS=J	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible, and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interviews, the facility failed to properly secure 1 of 3 residents (Resident #1) with a lap belt, in the transportation van, resulting in a fractured tibia and fibula. The immediate jeopardy began for Resident #1 on 5/28/13 and was identified on 6/6/2013 at 3:00 pm. Immediate Jeopardy was removed on 6/8/13 at 2:08 pm, after the Credible Allegation was validated through staff interviews, record review and observations. The facility will remain out of compliance at a level D (no actual harm with the potential for more than minimal harm that is not immediate jeopardy), to complete implementation of system changes and monitoring the corrective actions stated in the credible allegation. The findings included: The facility's 11/6/12 Transportation Policy read, " All passengers must be facing forward and secured by using 4 point tie down for wheelchairs and seat belts must in use for all passengers and drivers. "	F 323	**Corrective action for Resident effected** Resident #1 returned to the facility and was assessed by his attending physician. Resident #1 had an x-ray ordered which showed a fracture of the Tibia and Fibula. The resident was sent to the hospital via 911 and treated. Upon the surveyor identifying immediate jeopardy on 6/6/2013 the van was taken out of service. There forward the facility transported Resident #1 via contract medical transportation service. On 6/7/2013 the van's securement system was updated to include "sure-lok" lap belts. All current van drivers were inserviced regarding the new securement system to include a hands-on demonstration by each van driver. The Facility van resumed service 6/10/2013. Resident #1 was transported in the facility van beginning again on 6/10/2013 and being secured using the newly modified "sure-lok" lap/shoulder	6/9/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 7/2/13

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
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323	Continued From page 1 The facility's van used a " Sure-Lok " securement system for transport of wheelchairs. In the undated " Sure-Lok, Training Guide, it relayed the following information: · That the driver " Conducts a visual inspection of the vehicle interior as well as the wheelchair securement components. Make sure each securement station has four securement straps, a lap belt and shoulder strap. " In the section titled, " Securing the occupant ", it read to " Start by attaching the lap belt. Place the ends of the lap belt around the passenger. Thread them down through the opening between the side panel or the seat back and the seat cushion. Remember to position the lap belt around the occupant's pelvic zone near the hip, with the buckle of the lap belt placed opposite to the side where the shoulder belt is attached to the wall. The last belt to attach before you're on your way is the shoulder belt. Bring the triangular fitting of the shoulder belt over the passenger's shoulder, past the collar bone, and diagonally across the upper chest. Attach it to the stud of the lap belt latch plate. Pull on the loose end through the adjuster to achieve firm yet comfortable tension. · Sure-Lok recommends that every securement station be equipped with a complete Sure-Lok Occupant Restraint System consisting of lap and shoulder belts for use by the occupant. " Resident #1 was originally admitted to the facility on 10/18/11 and then re-admitted on 5/30/13 with the following cumulative diagnoses: diabetes mellitus type II, end stage renal disease, venous stasis ulcers on lower extremities, L4-L5	F 323	belt system. The resident's securement was observed by the ESD and was found to be in compliance with the facility's policy and procedures. **Corrective action for resident with potential to be affected** On 6/7/2013 the van was modified to include a new "sure-lok" lap belt system which will be used in conjunction with the retractable shoulder belt. This will be used for all residents being transported by way of the facility's van. 100% of all current drivers were educated on the use of the new system by 6/8/2013. Observation of securement technique will be conducted weekly by the ESD using an audit tool to ensure continued compliance with the facility's policy and procedures, and these weekly observations will continue for 90 days. The ESD will report any inaccuracies in driver's technique immediately to the Administrator	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323	Continued From page 2 osteomyelitis diskitis (a spinal infection),debility, tibia (shin bone) and fibula (calf) fractures and was on Coumadin (blood thinner) therapy. On his admission Minimum Data Set (MDS), dated 5/2/13, he was assessed as being cognitively intact. The nurse's notes revealed that on the morning of 5/28/13, Resident #1 was out of the building for a medical procedure. On 6/7/13, the Maintenance Director provided a copy of the van's driver log, which indicated that on 5/28/13, the vehicle was operated by Driver #1. Driver #1 had completed a " Pre-Trip Checklist " , that day, verifying that each securement station was properly equipped with four securement straps, a lap belt, and a shoulder belt. A "Resident Incident/Accident" form, dated 5/28/13 at 2:10 pm, stated that Resident #1 reported that he slid out of his wheelchair in the van. The fall was noted to be unwitnessed and Resident #1 had complained of pain to his left leg. He was transported to the hospital. On 6/4/13 at 4:28 pm, Resident #1 was interviewed. He shared that on 5/28/13, he was at the local hospital outpatient clinic waiting for Driver #1 to return to pick him up from a medical procedure. He stated that she arrived at 2.00 pm and assisted him in his wheelchair, with getting on the facility ' s van. He was raised into the van using an electric lift, with his wheelchair brakes locked. He was the only occupant on the van, and was positioned at the rear of the van, but placed in the middle.	F 323	and, in addition, will suspend transportation until issue is resolved. **Systemic changes to ensure non-deficient practice** The van's securement system was modified on 6/7/2013 to include a new lap belt system that is used in conjunction with the shoulder belt. 100% of all current van drivers have been educated on this new securement system. This education was completed by 6/8/2013 and included both verbal instruction and a required hands-on return demonstration completed by each van driver. The transportation policy was reviewed and revised on 5/29/2013 to include carry- on luggage having to be secured up front with the van driver and out of reach of the resident. All van drivers (through inservice) and residents (via resident council meeting and resident information board postings) were informed regarding the new	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323	Continued From page 3 He stated that Driver #1 used the straps from the floor of the van to secure the wheels. Then he recalled her using a long belt, attached to the van's sidewall, pulled across his waist and fastened down to the floor. He shared that he only had one belt placed on him and that he was not provided a lap belt, to fit across his pelvis. Once the belt was in place, Resident #1 denied unfastening it during the trip. He mentioned that there had been instances in the past when he was on the van, that the drivers couldn't get the straps to pull out or retract. Next he recalled that the driver had exited the outpatient parking lot, onto a main road, when she slammed on her brakes. He stated that the back wheels of his chair, lifted off the floor, " as if popping a wheelie " and the cushion that he was sitting on, allowed him to slide out of his wheelchair, although the shoulder belt remained fastened. He commented that the belt, had a large give away and did not tighten or lock, when he slid forward and fell on the floor. As he fell, his left leg went up under his body, bending backwards, until he landed on top of his leg. He stated, " When I fell, it sounded like a loud clap, I heard the snap. Five years ago, I broke my right leg and the sound of the snap was familiar. " He reported to the driver that he suspected that his leg was broken and asked her to take him back to the hospital. He commented that he could feel pain from the point of breakage, all the way up to his hip. Resident #1 stated that he was initially taken to the hospital, per his request, but returned to the facility on 5/28/13 at 3 00 pm and had a mobile	F 323	revision. This was completed by 5/29/2013. **Monitoring for continued compliance** A monitoring tool was developed and implemented 5/29/2013 to audit transportation staff for continued compliance. The van's securement system was updated to include a new "sure-lok" lap/shoulder belt system 6/7/2013. The ESD continues to observe securement technique weekly using an audit tool to ensure continued compliance with facility's policy and procedures. The weekly observation will continue for 90 days and the results will be reviewed at the facility's next QA meeting. Upon identifying any inaccuracies related to securement techniques, the ESD will notify the Administrator immediately and, in addition, will suspend transportation until issue is resolved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323	Continued From page 4 x-ray performed there. Results from the x-ray confirmed a fractured tibia and fibula. The Nurse's Notes from 5/28/13 indicate that he was transported back to the hospital later that evening, where he was admitted for treatment. The Hospital Discharge Summary 5/30/13 stated that Resident #1 was not a candidate for surgery, due to many other complicating health conditions; therefore his fractured left leg was splinted and treated with prescription pain medications. On 6/5/13 at 1:19 pm, Driver #1 was interviewed by telephone. She shared that she had driven for the facility for two years and received training from the Maintenance Director on how to lock the seatbelts on the van. She shared that when a passenger was placed on the van, she always makes sure that they are locked down, using 4 locks on the floor, locking the wheelchair brakes and using safety belt to lock around the wheelchair. She also shakes the chair, gently, to make sure that it is stable and secure. Driver #1 stated that she picked up Resident #1 in the facility's van on 5/28/13 at 2.00 pm. She brought him on the van, using the electric lift and secured his wheelchair on the floor track and used a shoulder belt to secure him in his wheelchair. He was holding a sandwich and had placed a cup of ice next to him, when she returned to her seat to pull off. The Driver stated that while operating the vehicle, she maintained a quiet environment, free of distractions. She traveled going about 25 mph (miles per hour) on a road with light traffic, approximately 100 yards from the lot, onto a main road, when she recalled hearing Resident #1 yell. The driver shared that prior to him yelling, she did not hit her brakes or	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323	Continued From page 5 come to any quick stops. She recalled that she looked in her rearview mirror and noticed that Resident #1 had fallen out of his chair. She pulled off the road, climbed in the back of the van, to investigate what happened. She stated that his seat belt was on when they left the parking lot, but after he fell, she didn ' t see it on him. She reported that she found him with his buttocks resting on his foot pedals and his legs extended She stated that she did not find the wheelchair turned over, that it's position was still locked. He told her, that he thought that his leg was broke. She asked him if he wanted to go to the emergency room, and he responded yes; so she transported him there. On 6/7/13 at 5 21 pm, during a follow up interview with Driver #1 at the facility, she stated the van was not equipped with a lap belt, that only shoulder belts were used to secure residents in their wheelchairs. The " Sure-Lok " system, allows the driver to secure the shoulder belt to a fastener on the right front passenger side, or on the left rear passenger side. On 6/28/13, she secured Resident #1's shoulder belt on the floor to the front of his wheelchair. However, after Resident #1 left the emergency room, following the accident, she stated that she wheeled him back to the van, and secured his shoulder belt to the rear of the wheelchair The Maintenance Director was interviewed on 6/5/13 at 10:35 am. He stated that the facility only used one van, which they had operated since 2006. He commented that the van had been serviced recently, but did not have any problems with it's Sure-Lok securement system A copy of the maintenance invoices were reviewed and did not illustrate a problem with the van safely	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323	Continued From page 6 operating. He shared that when the corporate office purchased the van, they gave him training materials (videos and handouts) which he used to train the drivers how to operate the lift and secure residents. The van, he stated had never been equipped with seat belts that fit across the lap, commenting that this was viewed as a physical restraint. The van only had shoulder belts which were looped through the armrest of the wheelchair, then secured to the floor. He produced paperwork to document that Driver #1 had training from him on 7/30/10, 3/9/12 and more recently on 5/29/13. He shared that during the training, the driver was observed during a return demonstration of the lift operation and securement procedures. On 6/5/13 at 4:20 pm, the Maintenance Director and an employee, demonstrated how to secure a resident in a wheelchair, during transport The van did not contain a lap seat belt; only a shoulder belt was used and it did allow the employee to lean forward, to extend her upper body, over her knees In the event of an accident, the Maintenance Director explained that the belt should lock. The chair fit securely on the floor tracks and the brakes were locked during securement. When the Maintenance Director was asked if he could lift the secured chair off the ground, the back wheels rose up to an inch The manufacturers video, that was viewed earlier that day by the surveyor and maintenance director. stated that a secured chair, shouldn't move more than 2 inches side to side, front to back. The Maintenance Director then demonstrated	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323	Continued From page 7 using two shoulder belts to secure a resident, locking one belt in the front and the other in the back, creating a criss-cross pattern of belts across the employee's chest. The employee was asked to lean forward in the wheelchair and she could only move about four inches, never extending past her knees. The Maintenance Director stated that two belts are rarely used, but he has recommended to the drivers to use them on residents who may be combative, in a bariatric chair or he stated if the resident was non-compliant, with seat belt use. On 6/6/13, the transportation appointment book was reviewed. Residents, who were identified by the facility on 6/4/13, to be alert and oriented, and who had transportation services within the last quarter, were selected for interview. On 6/6/13 at 10:20 am, Resident #2 was interviewed. He was recently transported by Driver #2 and stated that he was secured with only one belt, placed across his shoulder,then secured to the floor in front of the wheelchair. On 6/6/13 at 10:30 am, Resident #3 was interviewed. She stated that in March, 2013 she was transported to the dentist and only a shoulder strap was used to secure her in her wheelchair. Driver #2 was interviewed on 6/7/13 at 5:17pm She stated that she worked as one of the primary drivers for the facility and she been employed there for about five months. She stated that she had never had a lap belt available to secure residents in wheelchairs She commented that only shoulder belts were used and that she had transported residents in reclining chairs in the van	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323	Continued From page 8 as well She stated that when she secured the shoulder belt, she always fastened it to the rear of the wheelchair If a resident was agitated, she had used two shoulder belts to secure them in the wheelchair She was unaware of any resident unfastening seatbelts or falling during transport while she operated the van. During an interview with the Administrator on 6/6/13 at 3:20 pm, he commented that the facility had never encountered any problems with residents getting injured, using the current system in place He shared that only one belt was used on the van, a shoulder belt, and that using two belts, especially on an alert and oriented resident, would be a restraint He was unaware that the Maintenance Director recommended the use of two belts, if the resident was combative or used a larger chair. The Administrator was notified of the Immediate Jeopardy on 6/6/13 at 3:00 pm. The facility provided a Credible Allegation of Compliance on 6/8/13 at 2.08 pm. The allegation of compliance indicated: Credible Allegation of Compliance: · All in house transportation was suspended from 5/28/13 to 5/29/13, then again the evening of 6/6/13 The maintenance director did a complete inspection which included a check of all tie downs, hydraulic lift, brakes, tires, fire extinguisher, shoulder strap seatbelts and the tracks on the floor that the tie downs fasten to on 5/28/13 · The driver (#1) was drug tested on 5/28/13, per our investigative procedure. The driver	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323	Continued From page 9 performed return demonstration correctly for the maintenance director using a fellow employee as a resident A demonstration trip of approximately 1 ½ miles was completed on 5/28/13 without incident and in compliance with proper securement procedures. · The transportation policy was reviewed and revised to include all carry-on items are to be secured at the front of the van out of reach of the residents upon being placed on the van on 5/29/13. The residents were educated on these changes on 5/29/13 by the Administrator and the van drivers were educated on 5/29/13 by the maintenance director. All drivers will be required to perform a return demonstration as evidenced by raising the resident in the lift and properly securing the tie down straps and the lap and shoulder belts. This will be done every 6 months to ensure continued compliance. · The manufacturers video, which demonstrated securing residents in wheelchairs, while traveling on the facility's van, was viewed by all drivers on 6/8/13. · The van was modified to include pelvic/lap seatbeats as of 6/7/13. · On 6/8/13, the facility assured that 100% of the current drivers had been in-serviced regarding revised transportation policy which included acceptable wheelchairs for transport, example standard, bariatric and high-back wheelchairs, since previously the facilty would transport a resident in reclining wheelchairs, with only a shoulder belt in place. · All new van drivers will be educated with written and audiovisual material and perform a return demonstration prior to driving the van	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323	Continued From page 10 Others with Potential to be effected: · The Administrator interviewed 100% of all residents (22 residents) who had been transported with the facility van over the last 30 days, on 6/6/13 and 6/7/13. The interviews revealed that none of the residents experienced any issues with the van transportation. Measures and Systemic Changes · The facility investigation began on 5/28/13 and ended on 5/31/13, included obtaining statements from the resident and driver involved in the incident · A drug test was performed on driver #1 on 5/28/13. The driver was suspended from driving the van on 5/28/13 until 5/31/13 pending drug test results and appropriately performing a return demonstration. · A transportation audit tool was developed to include the following: · Were proper techniques used to place the resident into the van? · Were proper techniques used to secure resident, example attach seat belts, tie downs, etc.? · Were proper techniques used to operate the hydraulic lift on the van? · Were proper techniques used to unload the resident from the van? · Is there documentation that the employee has been educated regarding proper use of the equipment/van? · Transportation staff audited daily x 5 days then weekly for 4 weeks, then monthly for two months. These audits will be completed by the Maintenance Director, Administrator and or Director of Nursing. This observation will include each van driver. Continuing audit will be based on the results of previous audits. The transportation	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323	Continued From page 11 policy was revised to include checking all carry-on items with the van driver when entering the van. These items will be secured at the front of the van by the driver and out of reach of the residents during transport. · On 5/28/13, then again from 6/6/13, all in house transportation services were suspended until re-education and return demonstration of proper securing techniques were performed by employees that drive the van. Monitoring · The Administrator developed a monitoring tool to audit transportation staff for compliance with proper securing techniques This was initiated on 5/28/13 and will continue daily over the next 4 days, then weekly for the next 4 weeks, then monthly for 2 months. The observations will include all van drivers. Continuing audits will be determined by results of the prior audits. · Results of the Quality of Care compliance audits will be reviewed, analyzed and discussed by the Quality Assurance Committee monthly for input and recommendations. If any concerns or problems are identified system changes will take place. The Quality Assurance committee will monitor monthly for no less than 3 months. Ongoing audits will be determined by the results of the prior audits. The credible allegation was verified 6/8/13 at 2 08 pm, as evidenced by review of the 6/8/13 revised transportation policy, verifying in-service attendance sheets on the new policy and interviewing residents and staff, observations of van drivers, as well as the Maintenance Director. safely securing residents in wheelchairs on the van and verifying the installation of new shoulder and pelvic/lap seatbelts on the van.	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345429	A. BUILDING _____ B. WING _____	C 06/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEAK RESOURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC 28327

(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 323	Continued From page 12 Review of in-service records for the new Transportation and Quality Care Policies, indicated participation by 80% of nursing, housekeeping, dietary, transportation and therapy staff. Remaining staff will be in-serviced before resuming duties.	F 323		