7/5/13

#### PRINTED: 06/17/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING $\mathbf{C}$ 345429 8 WING 06/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 PINEHURST AVENUE** PEAK RESOURCES . PINELAKE CARTHAGE, NC 28327 SUMMARY STATEMENT OF DEFICIENCIES (X4) (O PROVIDER'S PLAN OF CORRECTION (X5) COUPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE IAG DATE DEFICIENCY F 323 483.25(h) FREE OF ACCIDENT Corrective action for Resident F 323 HAZARDS/SUPERVISION/DEVICES effected The facility must ensure that the resident environment remains as free of accident hazards Resident #1 returned to the facility as is possible, and each resident receives and was assessed by his attending adequate supervision and assistance devices to prevent accidents. 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 This REQUIREMENT is not met as evidenced treated. Upon the surveyor Based on observation, record review, resident Identifying immediate Jeopardy on and staff interviews, the facility failed to properly 6/6/2013 the van was taken out of secure 1 of 3 residents (Resident #1) with a lap belt, in the transportation van, resulting in a service. There forward the facility fractured libia and fibula. transported Resident #1 via contract The immediate jeopardy began for Resident #1 medical transportation service. On on 5/28/13 and was identified on 6/6/2013 at 3:00 6/7/2013 the van's securement pm. Immediate Jeopardy was removed on 6/8/13 at 2:08 pm, after the Credible Allegation was system was updated to include validated through staff interviews, record review "sure-lok" lap belts. All current van and observations. The facility will remain out of compliance at a level D (no actual harm with the drivers were inserviced regarding the potential for more than minimal harm that is not new securement system to include a immediala jeopardy), to complete implementation hands-on demonstration by each van of system changes and monitoring the corrective actions stated in the credible allegation. driver. The Facility van resumed service 6/10/2013. Resident #1 was The findings included: transported in the facility van The facility's 11/6/12 Transportation Policy read, " beginning again on 6/10/2013 and All passengers must be facing forward and secured by using 4 point tie down for wheelchairs being secured using the newly and seat belts must in use for all passengers and modified "sure-lok" lap/shoulder drivers. "

Any deliciency statement ending with (n.) stensk (1) denotes a deliciency which the institution may be excused from correcting providing it is determined that other saleguards 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.

LABORATORY DIRECTOR SOR PROVIDER/SUPPLIER REPILESENTATIVE'S SIGNATURE

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES QMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING \_ 345429 **B WING** 06/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY, STATE, ZIP CODE 801 PINEHURST AVENUE PEAK RESOURCES - PINELAKE CARTHAGE, NC 28327 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (XS) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATIONS CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 Continued From page 1 belt system. The resident's F 323 securement was observed by the The facility's van used a "Sure-Lok" ESD and was found to be in securement system for transport of wheelchairs. In the undated "Sure-Lok, Training Guide, it compliance with the facility's policy relayed the following information: and procedures. That the driver "Conducts a visual inspection of the vehicle interior as well as the wheelchair securement components. Make sure Corrective action for resident with each securement station has four securement potential to be affected straps, a lap belt and shoulder strap. " In the section titled, "Securing the occupant ", it read to " Start by attaching the lap belt. On 6/7/2013 the van was modified Place the ends of the lap belt around the to include a new "sure-lok" lap belt passenger. Thread them down through the system which will be used in opening between the side panel or the seat back and the seat cushion. Remember to position the conjunction with the retractable lap belt around the occupant's pelvic zone near the hip, with the buckle of the lap belt placed shoulder belt. This will be used for all opposite to the side where the shoulder belt is residents being transported by way attached to the wall. The last belt to attach before of the facility's van. 100% of all you're on your way is the shoulder belt. Bring the triangular litting of the shoulder belt over the current drivers were educated on passenger's shoulder, past the collar bone, and diagonally across the upper chest. Attach it to the the use of the new system by stud of the fap belt latch plate. Pull on the loose 6/8/2013. Observation of end through the adjuster to achieve firm yet securement technique will be comfortable tension. Sure-Lok recommends that every conducted weekly by the ESD using securement station be equipped with a complete an audit tool to ensure continued Sure-Lok Occupant Restraint System consisting of lap and shoulder belts for use by the occupant. compliance with the facility's policy and procedures, and these weekly Resident #1 was originally admitted to the facility observations will continue for 90 on 10/18/11 and then re-admitted on 5/30/13 with days. The ESD will report any the following cumulative diagnoses: diabetes mellitus type II, end stage renal disease, venous inaccuracies in driver's technique stasis ulcers on lower extremities, L4-L5 immediately to the Administrator

PRINTED: 06/17/2013

FORM APPROVED

| ### OF PROVIDER OR SUPPLIER    PEAK RESOURCES - PINELAKE  | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X) |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | 1     |        | CONSTRUCTION  | (X3) DATE SURVEY<br>COMPLETED                                       |            |
|---|--|--|--|-------|--------|---|---|------------|
| STREET ADDRESS CITY. STATE, ZIP CODE BAT PRESULATOR SUPPLIER  PEAK RESOURCES - PINELAKE  FACTOR CENTRAGE, NO. 20337  Continued From page 2 ostsomyelitis diskills (a spinal infection), debility, tible (shih bone) and fibule (call) fractures and was on Coumadin (blood thinner) therapy. On his admission Minimum Dats Sol (MDS), dated 5/2013, he was assessed as being cognilively intact.  The nurse's notes revealed that on the morning of 5/2013, Resident if I was out of the building for a medical procedure.  On 67/13, the Maintenance Director provided a copy of the van's driver log, which indicated that on 5/28/13, he valve stronger of the provided a securement station was properly equipped with four securement straps, a lap beit, and a shouldor beit.  A "Rosidoni Incidenti/Accident" form, dated 5/28/13 al 2:10 pm, stated that Resident #1 had complished of pain to bits left leg. Ho was transported to the hospital.  On 6/4/13 al 4:20 pm, Resident #1 and complianed of pain to bits left leg. Ho was transported to the hospital.  On 6/4/13 al 4:20 pm, Resident #1 and complianed of pain to bits left leg. Ho was transported to the hospital.  On 6/4/13 al 1-20 pm, stated that he arrived that the arrived at 2.00 pm and assisted him in his wheelchair with getting on the facility's van. He was reised into the van using an electric lift, with his wheelchair brakes locked. He was the noily occupant on the van, and was positioned at the rear of the van, but placed |  | j  | 345429   |       | B. WNG |   |   | Į.         |
| F 323  Costlinued From page 2  Ostlinued From page 2  osteomyelitis diskitis (a spinal infection), debility, tibia (shis hone) and fibula (call) 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 at eventical was operated by Driver #1. Driver #1 and completed or Pre-Trip Checklist'', that day, verifying hat 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 had completed to plan to his left leg. He was transported to the hospital.  On 64/13 at 4:28 pm, Resident #1 was interviewed. He shared that on 5/28/13, he was at the local hospital oulpation 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 is van. He was raised into the van, and was positioned at the rear of the van, but placed was positioned at the rear of the van, but placed was positioned at the rear of the van, but placed  | PEAK RESOURCES - PINELAKE                            |  |  |       | 80     | 11 PINEHURST AVENUE<br>ARTHAGE, NC 28327  | 1 007   | 00/2013    |
| steornyellis diskils (a spinal infection),debility, libla (shih bone) and fibula (calf) fractures and was on Coumadin (blood thinner) therapy. On his admission Minimum Data Sot (MDS), dated 5/2/13, he was assessed as being cognitively intacl.  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 67/13, the Maintenance Director provided a copy of the varia 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 sid out of his wheelchair in the van. The fall was noted to be unwilnessed and Resident #1 had compleined 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 oulpatient 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 relised into the van using an electric Ift, with his wheelchair brakes locked. He was the only occupant on the van, and was positioned at the rear of the van, but placed  | PREFIX   | FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL  |  | PREFI | ζ      | (EACH CORRECTIVE ACTION SHOULD B<br>CROSS-REFERENCED TO THE APPROPRIS   |   | COMPLETION |
|   | F 323  | osteomyelitis diskitis tibia (shin bone) and was on Coumadin (bl admission Minimum It 5/2/13, he was asses intact.  The nurse's notes rev 5/28/13, Resident #1 medical procedure.  On 6/7/13, the Mainte copy of the van's drivion 5/28/13, the vehicl #1. Driver #1 had con Checklist", that day, securement station w four securement strap belt.  A "Resident Incident 5/28/13 at 2:10 pm, s' reported that he slid ovan. The fall was not Resident #1 had com leg. He was transported. He share the local hospital outporiver #1 to return to procedure. He stated and assisted him in hi on the facility's van. using an electric lift, w locked. He was the or was positioned at the | (a spinal infection), debility, fibula (calf) fractures and cood thinner) therapy. On his data Set (MDS), dated sed as being cognitively realed that on the morning of was out of the building for a ser log, which indicated that e was operated by Driver hipleted a "Pre-Trip verifying that each as properly equipped with es, a lap belt, and a shoulder Accident "form, dated that Resident #1 but of his wheelchair in the ed to be unwilnessed and plained of pain to his teft ted to the hospital.  Resident #1 was ad that on 5/28/13, he was at retient clinic waiting for pick him up from a medical that she arrived at 2.00 pm is wheelchair, with getting the was raised into the van with his wheelchair brakes his occupant on the van, and | F     | 323    | and, in addition, will suspend transportation until issue is resolved transportation until issue is resolved transportation until issue is resolved to the van's securement system of modified on 6/7/2013 to include new lap belt system that is use conjunction with the shoulder 100% of all current van drivers been educated on this new securement system. This educates was completed by 6/8/2013 and included both verbal instruction a required hands-on return demonstration completed by each of the transportation provided and revised on 5/29/2013 to include carry- on luggage having to be secured up front with the van driver and our reach of the resident. All van de (through inservice) and resident resident council meeting and resident information board post | was de a d in belt. have ation d n and ach policy or vivers ts (via |            |

| STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION RUMBER |  | 1  |                   | CONSTRUCTION | (X3) DATE SURVEY<br>COMPLETED  |              |                            |
|--|--|--|-------------------|--------------|--|--------------|----------------------------|
|  |  |  | A BOILD           |              | 4  |              | `                          |
|  |  | 345429   | 8 WNG             | **********   | and the state of t | ì            | 08/2013                    |
| NAME OF PR   | OVIDER OR SUPPLIER   |  |                   | STR          | EET ADDRESS, CITY, STATE, ZIP CODE   |              |                            |
| PEAK RES   | SOURCES - PINELAKE   |  |                   | 1            | 01 PINEHURST AVENUE  |              |                            |
|  |  |  |                   | C            | ARTHAGE, NC 28327  |              |                            |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)       | ID<br>PREF<br>YAC |              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD B<br>CROSS-REFERENCED TO THE APPROPRI<br>DEFICIENCY)   |              | (X3)<br>COMPLETION<br>DATE |
| F 323  | Conlinued From page 3  |  |                   | 323          | revision. This was completed b   | у            |                            |
|  | Lie almind that Driver   | Ha ward the manner from the  |                   |              | 5/29/2013.   |              |                            |
|  | floor of the van to sec  | #1 used the straps from the<br>cure the wheels. Then he<br>ong belt, attached to the |                   |              | Monitoring for continued   | ı            |                            |
|  | van's sidewall, pulled   |  |                   |              | compliance   |              |                            |
|  | had one belt placed o  | n him and that he was not  |                   |              | A monitoring tool was develop  | ed           |                            |
|  | provided a lap bell, to fit across his pelvis. Once<br>the belt was in place, Resident #1 denled |  |                   |              | and implemented 5/29/2013 to   | ) .          |                            |
|  | unfastening it during  | the trip. He mentioned that  |                   |              | audit transportation staff for   |              |                            |
|  | there had been instances in the past when he was on the van, that the drivers couldn't get the   |  |                   |              | continued compliance. The va   | n's          |                            |
|  | straps to pull out or re   |  |                   |              | securement system was update   | ed to        |                            |
|  | Next he recalled that  | the driver had exited the  |                   |              | include a new "sure-lok"   |              |                            |
|  | oulpatient parking lot   | t, onto a main road, when  | İ                 |              | lap/shoulder belt system 6/7/2   | 013.         |                            |
|  |  | brakes. He stated that the<br>air, lifted off the floor, " as if                     |                   |              | The ESD continues to observe   |              |                            |
|  | popping a wheelie "  | and the cushion that he was  |                   |              | securement technique weekly  | using        |                            |
|  | sitting on, allowed hin wheelchair, although   | n to slide out of his<br>the shoulder belt remained                                  |                   |              | an audit tool to ensure continu  |              |                            |
|  | fastened. He commented that the belt, had a  |  |                   |              | compliance with facility's police  | / and        |                            |
|  |  | did not tighten or lock, when<br>all on the floor. As he fell, his                   |                   |              | procedures. The weekly   |              |                            |
|  | left leg went up under   | his body, bending  |                   |              | observation will continue for 9  |              |                            |
|  | stated, "When I fell,  | inded on top of his leg. He<br>it sounded like a loud clap, t                        |                   |              | and the results will be reviewed   |              |                            |
|  | heard the snap. Five   | years ago, I broke my right  |                   |              | the facility's next QA meeting.  |              |                            |
|  |  | the snap was familiar." He that his  |                   |              | identifying any inaccuracies rel<br>to securement techniques, the  |              |                            |
|  | leg was broken and a   | sked her to take him back to   |                   |              | will notify the Administrator  | ESU          |                            |
|  | the hospital. He commented that he could feel pain from the point of breakage, all the way up to |  |                   |              | Immediately and, in addition, v  | ,111)        |                            |
|  | his hip.   | and the training of the  |                   |              | suspend transportation until is  |              |                            |
| -  | Resident #1 stated th  | at he was mitially taken to  |                   |              | resolved.  | <del>.</del> |                            |
|  | the hospital, per his re   | equest, but returned to the  |                   |              |  |              |                            |
|  | racility on 5/28/13 at 3   | 3 00 pm and had a mobile   | i                 |              |  |              |                            |

| _  | STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  |  |
|--|--|--|
| 345429 B WANG 06/08/2013   |  |  |
|  |  |  |
| PEAK RESOURCES - PINELAKE  PEAK RESOURCES - PINELAKE  CARTHAGE, NC 28327   |  |  |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CONSERT TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (EACH DEFICE   |  |
| 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 5/229/13 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 6/8/13 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 seatbells 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 safely 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. He was holding a sandwich and had placed a cup of ice next to him, when she refurmed to her seat to pull off. The Driver stated that while operating the vehicle, she maintained a quiet envoronment, free of distractions. She traveted 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 | y performed the irmed a fracture's Notes from the sported back it along, where he hospital Disc Resident #1 vito many other fore his fractured with presc 1/5/13 at 1:19 elephone. She acility for two the Maintena belts on the vienger was placed with from the floor, using safety beltchair. She are sure that it is er #1 stated the facility's vanight him on the red his wheel a shoulder beltchair. He was a sure that it is er #1 stated the facility's vanight him on the red his wheel a shoulder beltchair. He was a sure that it is er #1 stated the facility's vanight him on the red his wheel a shoulder beltchair. He was a sure that it is end to her see while operation environment led going about with light to the lot, onto a sing Resident if |  |

| TRAME OF PROVIDER OR SUPPLER  PEAK RESOURCES - PINELAKE  PEAK RESOURCES - PINELAKE  PAUD RESOURCES - PINELAKE  PEACH DEPACEMENT OF SETEMENT OF SETEMENTS OF SETEMENTS OF SETEMENTS TAKENUM OF SETEMENTS TAKENUM OF SETEMENTS OF SETEMENTS TAKENUM OF SETEMENTS TAKENUM OF SETEMENTS OF | STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER   | 1 ' '  | (X2) MULTIPLE CONSTRUCTION A. BUILDING |  |            | (X3) DATE SURVEY<br>COMPLETED |  |
|--|---|--|--|--------|--|--|------------|-------------------------------|--|
| INME OF PROVIDER OR SUPPLIET  PEAR RESOURCES - PINELAKE  CO-10 SUMMARY STATEMENT OF DESCRIPCIONS  FRETTY TAG  CROSS REFERENCED TO THE APPROPRIATE  FROM THE APPROPRIATE  FROM THE APPROPRIATE  FROM THE APPROPRIATE  CROSS REFERENCED TO THE APPROPRIATE  CROSS REFERENCED TO THE APPROPRIATE  CROSS REFERENCED TO THE APPROPRIATE  FROM THE APPROPRIATE  FR |   |  |  |        |  |  | С          |                               |  |
| PEAK RESOURCES - PINELAKE  CX410 PRETIX TAC  SUMMARY STATEMENT OF DEFICIENCIES (EXCHIDERICENCY NUST BE PRECEDED BY FILL TAC  TAC  TAC  CROSS REFERENCED TO THE APPROPRIATE  CROSS REFERENCED TO THE APPROPRIATE  OFFICIAL CROSS REFERENCED TO THE APPROPRIATE  CROSS REFERENCED TO THE APPROPRIATE  F 323  Continued From page 5  come to any quick stops. She recalled that she looked in her reserview 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 felt, she didn't see at on him. She reported that she found him with his buttocks realing on his fool pedals and his legs extended. She stated that his legs was brides. She stated that he thought that his leg was brides. She asked him if he watered to go to the emergency room, and he responded yes; so she transported him there.  On 67/713 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 belt see used to secure residents in their wheelchairs. The "Sure-Lok" system, allows the driver to secure that shoulder belt to a fastener on the right front passenger side, or on the left roar passenger side. On 5/28/13, she secured 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 roar of the wheelchair.  The Maintenance Director was interviewed on 6/5/13 at 10:35 mm. He stated that the facility only used one van, which they had opparated since  2006. He commented that the van way problems with it's Sure-Lok securement system A copy of the maintenance inviews or any and did  |   |  | 345429   | B WING |  | The state of the s | 06/08/2013 |                               |  |
| FREEK TAG  REQUATORY OR 150 IDENTIFYING INFORMATION)  F 323  Continued From page 5  come to any quick stops. She recalled that she looked in her roar-grive mirror and noticed that Resident #1 had fallon 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 partiking tot, but after he felt, she didn't see it on him. She reported that she found him with his buttocks reaking 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 looked. 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 roar passenger side. On 5/20/13, she secured Resident #1's shoulder belt to the floor to the front of his wheelchair. Howover, after Resident #1's shoulder belt on the floor to the front of his wheelchair. Howover, after Resident #1's thoulder belt to the roar of the wheelchair.  The Maintenance Director was interviewed on 6/5/13 at 10:35 cm. 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 liveloces were reviewed and did   |   | SOURCES - PINELAKE   |  |        | 801 PINEHURS                           | ST AVENUE  |            |                               |  |
| 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 looked. 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 67/13 at 52 17 pm, during a follow up interview with Driver #1 at the facility, she stated the van wes 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 roar passenger side. On 6/28/13, she secured Resident #1 telf the emergency room, (ollowing the accident, she stated that she wheeled him back to the van, and secured his shoulder belt to the front of his wheelchair. However, after Resident #1 telf the emergency room, (ollowing the accident, she 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 securednest system. Acopy of the maintenance Director was interviewed and did  | PREFIX  | (EACH DEFICIENC  | Y MUST BE PRECEDED BY FULL   | PREF   |  | EACH CORRECTIVE ACTION SHOULD IN<br>DSS REFERENCED TO THE APPROPRI   | BE         | COMPLETION                    |  |
|  |   | come to any quick stot looked in her rearview Resident #1 had faller off the road, climbed it investigate what happ seat belt was on whet but after he fell, she did reported that she four resting on his foot per She stated that she diturned over, that it's pittle told her, that he though She asked him if he we emergency room, and transported him there On 6/7/13 at 5 21 pm, with Driver #1 at the fives not equipped with shoulder belts were untheir wheelchairs. Thallows the driver to se fastener on the right fit he left rear passenge secured Resident #1's to the front of his wheelchairs wheelchairs at the accident, she state back to the van, and significant wheelchairs at 10:35 am. Housed one van, which the 2006. He commented serviced recently, but with it's Sure-Lok secution in the maintenance involute. | ops. She recalled that she wanirror and noticed that in out of his chair. She pulled in the back of the van, to be be she stated that his in they left the parking lot, didn't see it on him. She and him with his buttocks dats and his legs extended lid not find the wheelchair position was still locked. He got that his leg was broke, wanted to go to the didner responded yes; so she didner responded yes; so she didner responded yes; so she didner that his leg was broke, wanted to go to the didner responded yes; so she didner responded y | F      | 323                                    |  |            |                               |  |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER   | 1                                     |     | CONSTRUCTION   |      | TE SURVEY                  |  |
|---|---|--|---------------------------------------|-----|--|------|----------------------------|--|
|   | 345429  |  | 8 WING                                | ·   |  |      | C<br>06/08/2013            |  |
|   | ROVIDER OR SUPPLIER<br>SOURCES - PINELAKE   |  | · · · · · · · · · · · · · · · · · · · | 8   | REET ADDRESS CITY, STATE, 2-P CODE<br>101 PINEHURST AVENUE<br>CARTHAGE, NC 28327                               |      | 0/00/2013                  |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREF<br>TAG                     |     | PROVIDER'S PLAN OF CORRECTIV<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROI<br>DEFICIENCY) | D BE | (XS)<br>COMPLETION<br>DATE |  |
|   | train the drivers how to residents. The van, ho equipped with seat be commenting that this restraint. The van only were looped through to wheelchair, then secur produced paperwork to had training from him more recently on 5/29 the training, the driver return demonstration of securement procedure. On 6/5/13 at 4:20 pm, and an employee, den resident in a wheelcha van did not contain a fishoulder belt was used employee to lean forw body, over her knees the Maintenance Direct should lock. The chair tracks and the brakes securement. When the asked if he could lift the ground, the back wheel manufacturers video, day by the surveyor ar stated that a secured of than 2 inches side to side. | the corporate office ey gave him training handouts) which he used to o operate the lift and secure e stated had never been elts that fit across the lap, was viewed as a physical y had shoulder belts which he armrest of the red to the floor. He o document that Driver #1 on 7/30/10, 3/9/12 and /13. He shared that during was observed during a of the lift operation and es.  The Maintenance Director nonstrated how to secure a air, during transport. The ap seat belt; only a d and it did allow the ard, to extend her upper In the event of an accident, ctor explained that the belt fit securely on the floor were locked during maintenance Director was e secured chair off the els rose up to an inch. The that was viewed earlier that and maintenance director. chair, shouldn't move more | F                                     | 323 |  |      |                            |  |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER  |                       |     | CONSTRUCTION   | (X3) DATE<br>COMP | SURVEY<br>LETED                  |
|---|---|---|-----------------------|-----|--|-------------------|----------------------------------|
|   |   |   |                       | _   | Markette skylen skylen fra St.   | c                 |                                  |
| -   |   | 345429  | 8 WING                |     |  | 06/               | 08/2013                          |
|   | ROVIDER OR SUPPLIER SOURCES - PINELAKE  |   | Mak Sand Managarya, a | 81  | REET ADDRESS, CIFY, STATE, ZIP CODE<br>01 PINEHURST AVENUE<br>CARTHAGE, NC 28327                                       |                   |                                  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | IĐ<br>PREF<br>TAG     |     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BI<br>CROSS REFERENCED TO THE APPROPRIA<br>DEFICIENCY) |                   | COMPLETION<br>COMPLETION<br>DATE |
| F 323   | using two shoulder be locking one belt in the back, crealing a criss across the employee'd asked to lean forward could only move about extending past her kn Director stated that the has recommended on residents who may chair or he stated if the non-compliant, with so On 6/6/13, the transpowas reviewed. Reside the facility on 6/4/13, and who had transpowas reviewed. Reside the facility on 6/4/13, and who had transpowas reviewed. He was represented to the floor in On 6/6/13 at 10:20 an interviewed. He was reprised to the floor in On 6/6/13 at 10:30 an interviewed. She stated to the strap was used to second to the floor in Confermination of the facility at the stated that she will divers for the facility at there for about five methad never had a tap be residents in wheelcha only shoulder belts we | elts to secure a resident, of front and the other in the orcoss pattern of belts is chest. The employee was in the wheelchair and she at four inches, never nees. The Maintenance wo belts are rarely used, but it to the drivers to use them were belt use.  Ortation appointment book ands, who were identified by the alert and oriented, attalion services within the ected for interview.  In, Resident #2 was ecently transported by that he was secured with across his shoulder, then infront of the wheelchair.  In, Resident #3 was ad that in March, 2013 she adentist and only a shoulder cure her in her wheelchair.  Wed on 6/7/13 at 5.17pm orked as one of the primary and she been employed onths. She stated that she |                       | 323 |  |                   |                                  |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER  345429 |  | (X1) PROVIDER/SUPPLIER/CLIA<br>DENTIFICATION NUMBER  | 1                   | E CONSTRUCTION   |  | DATE SURVEY<br>COMPLETED |
|--|--|--|---------------------|--|--|--------------------------|
|  |  | 345429   | B. WNG              | and the second second second second second second second second second                     |  | C<br>06/08/2013          |
| ļ  | ROMDER OR SUPPLIER SOURCES - PINELAKE  |  |                     | REET ADDRESS. CITY, STATE, 2IP CODE<br>801 PINEHURST AVENUE<br>CARTHAGE, NG 28327          | *** ** ******************************* | 2000                     |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | IÐ<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CO<br>(FACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY) | I SHOULD BE                            | COMPLETION<br>COMPLETION |
|  | as wall She stated the shoulder belt, she alw the wheelchair. If a re had used two shoulder wheelchair She was unfastening seatbelts while she operated the During an interview we 6/6/13 at 3:20 pm, he had never encountereresidents getting injurting place. He shared the on the van, a shoulder belts, especially on an would be a restraint. Maintenance Director two belts, if the reside larger chair.  The Administrator was Jeopardy on 6/6/13 at provided a Credible Alfolia at 2:08 pm. The indicated:  Credible Allegation of Alf in house transfrom 5/28/13 to 5/29/1 of 6/6/13  The maintenance directions which included was, hydraulic lift, bextinguisher, shoulder tracks on the floor that 5/28/13 | at when she secured the vays fastened it to the rear of asident was agitated, she ar belts to secure them in the unaware of any resident or falling during transport e van.  ith the Administrator on commented that the facility and any problems with ed, using the current system at only one belt was used a belt, and that using two a alert and oriented resident. He was unaware that the recommended the use of int was combative or used a contified of the Immediate 3:00 pm. The facility legation of Compliance on a allegation of compliance.  Compliance: Compliance: Correction was suspended 3, then again the evening contation was suspended a check of all tie rakes, tires, fire strap seatbelts and the the tie downs fasten to on as drug tested on 5/28/13. | F 323               |  |  |                          |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CL'A<br>IDENTIF/CATION NUMBER  |                   |                      | ONSTRUCTION  |  | DATE SURVEY<br>COMPLETED   |
|---|--|--|---|-------------------|----------------------|--|--|----------------------------|
| _   |  | A COLUMN TO THE PARTY OF THE PA | 345429  | # WING            | e alberta reals, was | garante de mangante de la companya d |  | C                          |
| ì   |  | ROVIDER OR SUPPLIER  |   |                   | STREE<br>801         | T ADDRESS, CITY, STATE, ZIP CODE<br>PINEHURST AVENUE<br>RTHAGE, NC 28327   | MANUFACTURE MANUFACTURE AND ADMINISTRATION OF THE PARTY O | 06/08/2013                 |
|   | (X4) ID<br>PREFIX<br>TAG   | I RACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC (DENTIFYING INFORMATION)   | ID<br>PREF<br>TAG | x                    | PROVIDER'S PLAN OF CORRE<br>(EACH CORRECTIVE ACTION SHE<br>CROSS-REFERENCED TO THE APP<br>DEFICIENCY)  | ONLORE   | (XS)<br>COUPLETICH<br>DATE |
| M CA  | in the contract of the contrac | performed return dem maintenance director a resident. A demons 1 ½ miles was completed incident and in complication of the transportation revised to include all consequenced at the front of residents upon being in 5/29/13. The residents changes on 5/29/13 by van drivers were educed in the lift and in  | nonstration correctly for the using a fellow employee as tration trip of approximately eled on 5/28/13 without ance with proper es.  In policy was reviewed and carry-on items are to be the van out of reach of the placed on the van on a were educated on these by the Administrator and the ated on 5/29/13 by the required to perform a return enced by raising the property securing the tie p and shoulder belts. This onths to ensure continued as video, which residents in wheelchairs, acility's van, was viewed by field to include pelvic/lap lity assured that 100% of been in-serviced portation policy which relicated in the facility would ecclining wheelchairs, with alace. | F                 | 323                  |  |  |                            |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CL'A<br>IDENTIF/CATION NUMBER  | (X2) MULTIPLE CO    |  | (X3) D      | ATE SURVEY<br>OMPLETED |
|---|--|---|---------------------|--|-------------|------------------------|
|   |  | 345429  | B. WING             |  | C           |                        |
|   | ROVIDER OR SUPPLIER  |   | STREE<br>801        | TADDRESS CITY STATE ZIP CODE<br>PINEHURSTAVENUE<br>RTHAGE, NC 28327                        |             | 06/08/2013             |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CO<br>IEACH CORRECTIVE ACTION<br>CROSS REFERENCED TO THE<br>DEFICIENCY) | I SHOULD BE | CATE (XS)              |
|   | residents (22 residents transported with the fidays, on 6/6/13 and 6 revealed that none of any issues with the value of the facility invests and ended on 5/31/13 statements from the region of the incident.  A drug test was p 5/28/13. The driver was the van on 5/28/13 un results and appropriated demonstration.  A transportation a include the following: Were proper technologically was proper techno | to be effected: r interviewed 100% of all is) who had been actility van over the last 30 i/7/13. The interviews The residents experienced an transportation. nic Changes ligation began on 5/28/13 is, included obtaining esident and driver involved serformed on driver #1 on as suspended from driving lif 5/31/13 pending drug test ely performing a return audit tool was developed to iniques used to place the niques used to secure ch seat belts, the downs, niques used to unload the atlian that the employee garding proper use of the off audited daily x 5 days is, then monthly for two will be completed by the | F 323               |  |             |                        |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (XI) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER   |                    |               |  |                 | TE SURVEY<br>MPLETED       |
|---|--|--|--------------------|---------------|--|-----------------|----------------------------|
|   |  | 345429   | 8 WING             | <del>,,</del> | PROPERTY AND MATERIAL BOOK STORY STORY AND                       | C<br>06/08/2013 |                            |
| 1   | ROVIDER OR SUPPLIER SOURGES - PINELAKE   |  |                    | 801           | ET ADDRESS, CITY, STATE, ZIP CODE<br>PINEHURST AVENUE<br>RTHAGE, NC 28327                            |                 |                            |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC  | Atement of Deficiencies<br>Y Must be preceded by Full<br>SC Identifying Information)   | ID<br>PREFI<br>TAG |               | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY) | 8E              | (X5)<br>COMPLETION<br>DATE |
|   | policy was revised to items with the van dri These items will be so van by the driver and during transport.  On 5/28/13, then house transportation is until re-education and proper securing techn employees that drive Monitoring  The Administrato tool to audit transports with proper securing to initiated on 5/28/13 arthe next 4 days, then then monthly for 2 mo include all van drivers determined by results.  Results of the Quaudits will be reviewed by the Quality Assurarinput and recommend problems are identified place. The Quality Assurarinput and recommend problems are identified place. The Quality Assurarinput and recommend problems are identified place. The Quality Assurarinput and recommend problems are identified place. The Quality Assurarinput and recommend problems are identified place. The Quality Assurarinput and recommend problems are identified place. The Quality Assurarinput and recommend problems are identified place. The Quality Assurarinput and recommend problems are identified place. The Quality Assurarinput and recommend problems are identified place. The Quality Assurarinput and recommend problems are identified place. The Quality Assurarinput and recommend problems are identified place. The Quality Assurarinput and recommend problems are identified by the Quality Assurarinput and recommend problems are identified by the Quality Assurarinput and recommend problems are identified by the Quality Assurarinput and recommend problems are identified by the Quality Assurarinput and recommend problems are identified by the Quality Assurarinput and recommend problems are identified by the Quality Assurarinput and recommend problems are identified by the Quality Assurarinput and recommend problems are identified by the Quality Assurarinput and recommend problems are identified by the Quality Assurarinput and recommend problems are identified by the Quality Assurarinput and recommend problems are identified by the Quality Assurarinput and recommend problems are identified by the Quality Assurarinput and re | include checking all carry-on over when entering the van. Secured at the front of the out of reach of the residents again from 6/6/13, all in services were suspended return demonstration of siques were performed by the van.  If developed a monitoring ation staff for compliance echniques. This was not will continue daily over weekly for the next 4 weeks, nths. The observations will be of the prior audits. ality of Care compliance d, analyzed and discussed not committee monthly for ations. If any concerns or d system changes will take to less than 3 months, determined by the results are weeklying in-service the new policy and and staff, observations of the Maintenance Director. Its in wheelchairs on the installation of new shoulder. | F                  | 323           |  |                 |                            |

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 06/17/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A BUILDING \_\_\_ COMPLETED С 345429 B. WING 06/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PEAK RESOURCES - PINELAKE 801 PINEHURST AVENUE CARTHAGE, NC 28327 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PROMDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (X5) COUPLETION DATE PREFIX TAG F 323 Continued From page 12 F 323 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.