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	345429	A. BUILDING _____ B. WING _____	C 09/18/2014

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 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to provide nail care for 1 of 4 sampled residents for activities of daily living (Resident #183). The findings included: Resident #183 was admitted to the facility on 8/29/14 with diagnoses that included muscle weakness. Review of Resident #183's Minimum Data Set (MDS) dated 9/12/14 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12. A BIMS score of 12 revealed that Resident #183 was moderately cognitively impaired. Resident #183 was a one person assist with personal hygiene and totally dependent with bathing. Resident's Care Area Assessment (CAA) triggered for Activities of Daily Living (ADL) functional status / rehabilitation potential. Review of the care plan dated 9/4/14 for Resident #183 revealed the facility identified the risk for poor hygiene related to impaired mobility as a problem with a goal that Resident #183 would have maintained proper hygiene for the next 90 days. Approaches included allowing extra time to	F 312	1. Resident # 183 had nail care provided Without incidence, there was no adverse effect to the resident R/T nail care. 2. Those with potential: All residents were observed for proper nail care. No other resident was found to have dirty nails. 9/22/2014 3. Systemic Changes: a) Developed a lesson plan regarding nail care. 9/22/2014 b) Reviewed facility policy I.e.: Care of Fingernails/Toenails 9/22/2014 c) In-service education was provided to all nursing staff, those staff who are on LOA or otherwise not available will receive the in-service	10/1/14

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

Electronically Signed | 10/06/2014

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F 312	Continued From page 1 complete ADLs and providing limited to extensive assistance for ADLs. Observation on 9/15/14 at 3:56 PM revealed that resident #183 had a brown substance under her left hand fingernails that appeared dried and crusty. Also, her fingernails on her left hand were long and jagged. Interview with NA #1 on 9/17/14 at 11:21 AM revealed that NA #1 gave Resident #183 her bed bath on 9/15/14. NA #1 that Resident #183 washed her own face, needed helped with her arms and everywhere else. Nurse #3 reported that she tried to clean her nails, but Resident #183's family might have brought her in a snack and that could've gotten under her fingernails. Observation on 9/16/14 at 10:00 AM revealed that resident #183 had a brown substance under her left hand fingernails that appeared dried and crusty. Her fingernails on her left hand were long and jagged and her fingernails looked the same as they did on 9/15/14. Interview with NA #2 on 9/17/14 at 11:10 AM revealed NA #2 prepared all items for Resident #183's bed bath on 9/16/14, let her wash her own face and then gave her a complete bed bath. NA #2 reported that if their nails are real dirty, she washes them the best that she can and then after everyone received their am care, she would come back and determine if she needed to clean them. Observation of Resident #183 with DON on 9/16/14 at 3:30 PM revealed the fingernails on Resident #183 ' s left hand had a brown substance under them. Resident 183 ' s fingernails appeared the same as both prior	F 312	education prior to returning to an assignment. 10/1/2014 4. Monitoring: a) Developed an audit tool which includes assessing if nail care was provided i.e.: nails trimmed and clean. 9/22/2014 b) 25% of residents will be observed weekly for 6 weeks, then 10% weekly for 6 weeks continued audits will evaluated based on the prior 12 weeks of auditing. 5. QA: a) All audit results will be reviewed at the monthly QAPI meeting.	

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F 312	Continued From page 2 observations. Also Resident #183's fingernails were long and jagged. Interview with DON on 9/16/14 at 3:35 PM revealed that her expectation of her Nursing Assistants (NAs) were to have cleaned Resident #183's nails during her bath/ADL care. She reported that all of the resident's nails should be cleaned during their baths and that monthly audits were performed. Reviewed Monthly Audits dated 9/1, 9/10 and 9/12. Audits were performed on 3 to 4 random residents in the facility; none were performed on Resident #183. Interview with Nurse #1 on 9/16/14 at 4:40 PM revealed that she didn't realize that Resident #183's fingernails on her left hand had a brown substance under the end of the fingernails and that they were long and jagged. She reported that if she had noticed Resident #183's nail were in such a state, she would have asked the NA assigned to that resident to make sure her fingernails were cleaned. Observation on 9/16/14 at 5:03 PM revealed that resident #183's fingernails on her left hand were clean and trimmed. Resident #183 was smiling and showing surveyor and Resident #183 ' s family member her nails.	F 312		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional	F 325		9/22/14

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F 325	Continued From page 3 status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews, the facility failed to implement nutritional supplements for 1 of 2 sampled residents (Resident #24) with a significant weight loss. Findings included: Resident #24 was admitted on 02/11/2014 with documented diagnoses to include severe intellectual disability, aphasia (inability to communicate), reflux, and achalasia (loss of ability to swallow). The resident's 02/17/14 Admission Minimum Data Set (MDS) documented her cognition as severely impaired, at a height at 53 inches she currently weighed 120 pounds. She received her nutrition entirely by tube feedings. The resident's care plan identified "feeding tube, risk for complications related to gastrostomy tube" as a problem. An observation of Resident #24 was conducted on 09/15/14 at 4:10 PM. The resident was lying in bed, sleeping. The resident's gastrostomy tube feeding was observed being infused by a pump beside the bed. On 08/12/14 the weight record documented that Resident #24 weighed 119 pounds. On 09/05/14 the weight record documented that Resident #24 weighed 111 pounds, which was a significant weight loss of 6.7 percent during the	F 325	1. Resident # 24 was assessed for weight variances. The resident is within her IBW and most recent lab work revealed improvement in Albumin. Prostat was changed to twice a day and multivitamin was added per MD order on 9/17/2014. There has been no adverse effect to the resident regarding weight loss. 2. Those with potential: The Weight log was reviewed and revealed residents with weight issues had been addressed and documentation was in place to validate interventions. 9/22/2014 3. Systemic changes: a)The weekly weight meeting includes a review of the RD□s recommendations and progress notes. b)The RD will forward any/all	

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F 325	Continued From page 4 past month. The 09/07/14 Registered Dietician's (RD) progress note documented the resident's significant 8 pound weight loss. Tube feeding was to remain the same but dietician documented that she would suggest multivitamin and to increase the resident's Prostat SF 30cc to two times per day. Review of the resident #24's September electronic medical record (MAR) included Prostat SF (a protein supplement sugar free) 30 cc one time per day, and was not receiving a multivitamin. An interview was conducted with Nurse #2 on 9/17/14 at 2:50 PM. She stated that the resident's Prostat supplement was ordered to be given only once per day. No orders had been entered that increased the prostate to twice per day. Nurse #2 also stated Resident #24 did not have orders to receive a multivitamin supplement. On 09/17/14 at 3:20 PM, a phone interview was conducted the RD. She stated that she would have given her recommendations of 09/07/14 for Resident #24 to the dietary manager, and the dietary manager would have made 2 copies, which would go to the Director of Nursing (DON) and the Clinical Resource Coordinator (CRC). She also stated that she would expect the orders from the recommendations to have been implemented within 48 to 72 hours. On 09/17/14 at 3:25 PM, an interview was conducted with the dietary manager. The dietary manager stated that when she received a recommendation from the RD, she made 2 copies of the document and gave one to the DON and the CRC. The dietary manager was unable to find a copy of the RD's 09/07/14 recommendations for Resident #24. An interview was conducted with the CRC and	F 325	recommendations to The DON as well as the Dietary Manager. c) The RD was educated regarding recommendations I.e.: how to communicate recommendations to all Appropriate disciplines.9/22/2014 d)Reviewed facility policy i.e.: Weight Assessment and Intervention. 9/22/2014 4. Monitoring: a)The weekly weight meeting will include review of RD recommendation and follow up orders as indicated. b)An audit tool was developed which addresses i.e.: are recommendations reflected in the progress notes; was recommendation addressed by the MD; was family notified, was there a progress note R/T interventions and has care plan addressed any changes.9/22/2014 c)The DON/SDC will document auditing 100% of resident who have had weight change greater or less than 5 lbs. in a 30-day period. This will continue weekly for 8 weeks. d)The DON/Weight committee will review weight changes greater or less than 5lbs. in a 30-day period on an ongoing basis at the weekly meeting. 5. QA:	

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F 325	Continued From page 5 the DON on 09/17/14 at 3:35 PM. The CRC stated that she and the DON received a copy of the recommendations from the RD or the dietary manager. The CRC also stated it was the CRC's duty to notify the Doctor of the recommendations, and the Doctors duty to write an order of the recommendations if he agreed with them. The CRC and the DON stated they could not find a 09/07/14 recommendation from the RD for Resident #24. On 09/17/14 at 3:55 PM, an interview was conducted with the DON and the dietary manager. The DON stated that there was a weight loss meeting once per week that is attended by the DON, dietary manager, CRC, the treatment nurse, the Minimum Data Set (MDS) nurse and the restorative aide that takes the residents weights. The minutes for the weight meeting of 09/12/14, documented that Resident #24 had been listed with her 8 pound weight loss. However, the DON stated that they were waiting for the RD to provide recommendations for the resident. On 9/17/14 at 6:25 PM, the MDS nurse stated that she called the family and the doctor after the weight loss meeting of 09/12/14 and the doctor said he would wait for the RD recommendations.	F 325	Results of the audits will be reviewed at the monthly QAPI meeting. Ongoing auditing will be evaluated based on the prior 8 week of audits.	
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	F 425		10/1/14

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F 425	Continued From page 6 A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based upon observations, record review, and staff and pharmacy interviews, the facility failed to communicate medication orders to the pharmacy for one of four sampled residents who were observed during a medication administration, Resident #185. Findings included: A review of the Physician Orders revealed that Resident #185 was admitted to the facility on 09/12/2014 with diagnoses which included, but were not limited to, constipation, acute bronchitis, esophageal reflux, enteritis, depressive disorder, and hypertension. An observation of medication administration for Resident #185 was made on 09/17/2014 at 9:00 AM. Upon observation, Nurse #4 discovered that three of the resident's ordered medications were not available on the medication cart. These medications included: Calcium Citrate with D 250 milligram (mg) chewable tablets, Folic acid 1 milligram (mg) tablets for Crohn's Disease, and Miralax 17 grams/dose for constipation. Nurse	F 425	1.Resident # 185 was provided with the MD ordered medication in a timely manner. There were no adverse effects to the resident? 9/17/2014 2.Those with potential: a)All medication carts were checked by the DON/SDC for availability of all MD ordered. 9/18/14 b)A lesson plan was developed with regard to a three day supply of medication which must be available for residents at all times. 9/22/14 c)Nursing staff were educated by the SDC with regard to ordering medications In a timely manner (Must have 3 days	

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F 425	Continued From page 7 #4 found that only non-chewable Calcium Citrate was available in the medication cart drawer. Nurse #4 informed Nurse #5 that the Calcium Citrate D chewable form was not available for Resident #185. Nurse #5 then requested an order from the physician who was present in the facility to change the order from Calcium Citrate D chewable tablet to non-chewable Calcium Citrate D tablet. The physician provided the order and then Nurse #4 then administered the Calcium Citrate D non-chewable along with the other available medications to Resident #185 at 9:40 AM. After Nurse #4 administered the available medications, she went to search the stock medication room to obtain the other unavailable medications, Miralax 17grams/dose and the Folic Acid 1 mg tablets. Nurse #4 discovered there was no Miralax and no Folic Acid 1 mg tablets in the stock medication room. Nurse #4 stated she would have to order the Miralax and the Folic Acid 1 mg tablets from the back up pharmacy. In an interview with Nurse #4 on 09/17/2014 at 9:48 AM, she stated that when a medication ran out for a resident, it was to be re-ordered by the nurse who was administering medications at that time. She explained she did not recall any of the Resident #185's medications running low or running out when she worked on 09/14/2014. She added that she had not worked on 09/15/2014 or 09/16/2014. She also stated that Miralax was not an item which was typically stocked in the medication storage room, and that all scheduled resident medications should be kept on the medication cart.	F 425	supply) Staff who are on LOA or otherwise unavailable will be educated prior to their return to an assignment. 9/30/14 3.Systemic Changes: a)The 11-7 shift will monitor medication carts nightly to ensure there is a 3-day supply of medications available. 9/22/14 b)A Medipack Reorder book was implemented, this book validates the reorder of medications ordered by the MD. When the nurse places the order label on the Medipack form, she is to place the completed order form in the Medipack reorder book. These will be kept on hand for review for 7 days. After 7 days the DON/Designee will shred the forms. This will validate the order has been placed. 9/22/14 c) Staff education regarding the implementation of the Medipack Reorder book will be completed with all licensed nurses, those who are LOA or otherwise unavailable will be educated prior to returning to an assignment. 10/1/14 4.Monitoring: a)An audit tool was developed to monitor for a 3-day medication supply for all residents in each medication cart.	

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F 425	Continued From page 8 In an interview with the facility's pharmacist representative on 09/18/2014, she stated that the orders for Folic Acid 1 mg and the Miralax 17 grams/dose were received from the facility on 09/17/2014 and that they were delivered by the back up pharmacy on 09/17/2014. She stated there were no orders or re-orders placed for the Folic Acid 1 mg tablets or for the Miralax at any time between the resident's admission date of 09/12/2014 and 09/17/2014. In an interview with the Director of Nursing on 09/18/2014 at 5:39 PM, she stated that it was her expectation that the medication nurse re-order the medication when it has run out, or a few days before it runs out. She explained that the nurse who was administering medications for Resident #185 on the date when it ran out should have obtained a re-order form, placed the medication sticker on the form, and have scanned the form to the pharmacy. She added that if there was no medication sticker available, then the nurse should have written a note with the medication information and faxed the note to the pharmacy. She stated that it was the policy that all the residents' scheduled medications should be available on the medication cart. She also stated that Miralax was not an item which was typically kept in stock in the medication storage room and that it should have been ordered for that particular resident and should have been available in the medication cart. In addition, she stated that many of the over-the-counter medications for residents were obtained from another company other than the facility's contract pharmacy. She added that the Miralax and the Folic Acid should have been obtained by the staff member who typically bought these items from the medical supply company, but the staff	F 425	b)The audit will be done by the 7PM-7AM nurse□s. The audit will continue 3x week for 8 weeks, then weekly for 4 weeks, ongoing audits will be determined by the results of the prior 12 weeks of auditing. 5.QA: a)Results of the audits will be reviewed monthly at the QAPI meeting for no less than 3 months.	

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F 425	Continued From page 9 member had not received requests for these items. The Director of Nursing stated that the need for these items for this resident should have been communicated to the staff member who was responsible for ordering the over-the-counter medications by the nurse who was responsible for medication administration when the resident was admitted.	F 425		