

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

PRINTED: 12/04/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2017
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - SHELBY			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 NORTH MORGAN STREET SHELBY, NC 28150		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 363 SS=D	<p>MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED CFR(s): 483.60(c)(1)-(7)</p> <p>(c) Menus and nutritional adequacy.</p> <p>Menus must-</p> <p>(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p> <p>(c)(2) Be prepared in advance;</p> <p>(c)(3) Be followed;</p> <p>(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>(c)(5) Be updated periodically;</p> <p>(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on a lunch tray line observation, staff interviews and review of menus, the facility failed to provide the portion of meat required by the menu to 1 of 7 residents (Resident #105) with a</p>	F 363	<p>Corrective action taken for the residents affected by the alleged deficient practice:</p> <p>Resident # 105 was eating lunch in the</p>	11/20/17	

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

TITLE

(X6) DATE

Electronically Signed

11/21/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 363	<p>Continued From page 1</p> <p>physician order for a pureed diet and to 2 of 22 residents (Residents #106 and #118) with a physician order for a mechanically altered diet.</p> <p>The findings included:</p> <p>Review of the facility's lunch menu for 10/31/17 revealed residents with a physician orders for a pureed diet should receive a 3 ounce portion of pureed fried fish. Residents with physician orders for a mechanical soft diet should receive a 3 ounce portion of ground fried fish.</p> <p>Review of the facility's census provided by the consultant registered dietitian (RD) on 10/31/17 revealed 7 residents with physician orders for a pureed diet and 22 residents with a physician orders for a mechanical soft diet.</p> <p>A continuous observation of the lunch meal tray line occurred on 10/31/17 from 12:00 PM until 12:17 PM. The district certified dietary manager (District CDM) and the CDM were both observed monitoring the tray line during this observation. During the observation, the tray line was observed with a 2 ounce serving utensil available for use to serve pureed fried fish and mechanical soft fried fish. Dietary staff #1 was observed to plate a 2 ounce portion of pureed fried fish (instead of the 3 ounce portion required by the menu) for Resident #105 and a 2 ounce portion (instead of the 3 ounce portion required by the menu) of mechanical soft fried fish for Residents #106 and #118. The lunch meal for Resident #105 was delivered to the Resident on 10/31/17 at 12:06 PM and the lunch meals for Residents #106 and #118 were placed on the delivery cart for delivery to the Residents on 10/31/17 at 12:07 PM.</p>	F 363	<p>dining room. Once the error had been identified, the kitchen manager prepared the plate, with the appropriate portion size, and replaced the resident's plate at the point of service.</p> <p>Once the error was identified, Residents # 106 and #118 had their plates replaced with the appropriate portion sizes on the meal delivery cart prior to the cart leaving the kitchen. No negative outcome was identified by the alleged deficient practice.</p> <p>¿ Corrective action taken for those residents having the potential to be affected by the alleged deficient practice:</p> <p>¿ All dietary staff have been in-serviced on the Tray Line Accuracy/Menu Compliance procedure which includes scoop sizes; see Exhibit 1. In-service training completed on 10/31/17 by the District Manager & CDM.</p> <p>¿ Tray Line Checklist/ Service Line Checklist is completed every meal by the cook. See Exhibit 2. Among the categories on this form is "appropriate serving utensils are present for each food item." The Diet Guide Sheets (with portion sizes listed) and corresponding scoop size chart (see Exhibit 3) is utilized for the gathering and placement of all scoops and ladles prior to starting tray line each meal. These checklists are signed off on by the cook each meal and are maintained in a notebook which is kept in the diet office.</p> <p>¿ Measures/Systemic Changes put in</p>		

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F 363	Continued From page 2 Dietary staff #1 (DS #1) was interviewed on 10/31/2017 at 12:17 PM. During the interview, DS #1 was observed to replace the 2 ounce serving utensils used to serve pureed fried fish and mechanical soft fried fish with 3 ounce serving utensils. DS #1 stated that according to her training, she should read the portion size recorded on the utensil and compare it to the menu to be certain that she served the correct portion of food. When asked if she compared the utensils used for the lunch meal that day to the portions required by the menu, she stated "Yes, but I missed that." The District CDM was interviewed on 10/31/17 at 12:18 PM and stated that the managers routinely checked to make sure correct portions were served on the tray line and stated "We thought we checked, but we missed that." The Consultant Registered Dietitian (RD) was interviewed on 10/31/17 at 12:23 PM and stated that she provided clinical oversight to the facility and expected residents to receive the correct portion of foods according to the menu. A follow up interview occurred on 10/31/17 at 2:55 PM with the District CDM and the CDM. During the interview, the District CDM stated that he visited the facility weekly over the last few months to provide dietary oversight/support to the CDM as she transitioned into her role at the facility. The District CDM and CDM both stated that they routinely monitored the tray line for correct portions; the District CDM checked with each visit and the CDM checked several times weekly. They both stated that the tray line was also reviewed that day, but believed that the serving	F 363	place to assure the alleged deficient practice does not reoccur: ¿ The CDM (Certified Dietary Manager) will audit tray line set-up at a minimum of 3 meals per week to ensure that proper scoop sizes are utilized. This will continue for 4 weeks. Audits will then occur for 2 meals per week biweekly X 3 months. See Exhibit 4. The results of the audits will be presented to QAPI monthly for further review/recommendations. ¿ The CDM will continue to review the Tray line Checklists daily for completeness prior to filing reports. ¿ The DM (District Manager) or RD (Registered Dietitian) will conduct weekly audits of Tray line Checklists of no less than 3 separate meals X 4 weeks to ensure proper procedure is followed. Audits will then continue monthly X 3 months. Audits will then be completed quarterly as needed until 100% compliance is achieved. The results of the audits will be presented to QAPI monthly for further review/recommendations.		

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F 363	Continued From page 3 utensils just got mixed up on the tray line when temperature monitoring occurred and stated "We checked the line just before we started, but just missed the utensils."	F 363		