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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345226 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 04/04/2019 |
| NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES-OUTER BANKS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 430 WEST HEALTH CENTER DRIVE NAGS HEAD, NC 27959 | | |
| (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 | |
| E 000 | Initial Comments | E 000 | | | |
| | An unannounced Recertification survey was conducted on 4/1/19 through 4/4/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # NUH311. | | | | |
| F 000 | INITIAL COMMENTS | F 000 | | | |
| | No deficiencies were cited as a result of the complaint investigation survey. Event ID # NUH311. | | | | |
| F 550 SS=D | Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. | F 550 | | 5/6/19 | |

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

TITLE

(X6) DATE

Electronically Signed

04/27/2019

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 550 | <p>Continued From page 1</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility failed to keep a cognitively impaired resident's catheter bag covered and urine out of view of the hall for 1 of 2 residents reviewed for catheter care. (Resident #134)</p> <p>Findings included:</p> <p>Resident #134 was admitted to the facility on 3/13/19. Her active diagnoses included acute respiratory failure, muscle weakness, and pain.</p> <p>Review of Resident #134's orders revealed on 3/23/19 the resident was ordered to have a catheter.</p> <p>During observation on 4/1/19 at 3:26 PM Resident #134 was observed in bed. The resident's catheter bag was observed uncovered, facing the door to the room, and Resident #134's urine was visible from the hallway.</p> | F 550 | <p>Resident #134 catheter bag was covered on 04/02/19 by DON. Resident continues to reside at the facility with no further effects.</p> <p>For those residents that require a catheter they were assessed by SDC to ensure privacy covers were in place to ensure urine out of view on 04/02/2019. All residents with catheter bags were covered. No other resident adversely affected.</p> <p>All licensed nursing staff and C.N.A's will be educated on covering of catheter drainage bags by DON or Administrative nurse. Education will be completed 05/06/2019. Any employee out on leave, vacation or PRN status will be educated upon return to their assignment.</p> <p>A monitoring tool was developed to</p> | | |

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| F 550 | Continued From page 2 During observation on 4/2/19 at 8:51 AM Resident #134 was observed in bed. The resident's catheter bag was still uncovered and facing the door. Resident #134's urine in the catheter bag was visible in the hall. During an interview on 4/2/19 at 9:00 AM Nurse #1 stated Resident #134 just came back from the hospital a week or so ago and her catheter bag was from the hospital which did not have privacy covers. She further stated when residents returned from the hospital to the facility, the facility had black privacy bags to place on the hospital catheter bags in. The facility did this for the dignity of the residents. The nurse concluded she did not know why one had not been put in place for Resident #134. During an interview on 4/2/19 at 9:09 AM the Director of Nursing stated when residents came to the facility from the hospital with catheters, the catheter bag itself would be changed to a facility supplied catheter collection bag, which had a privacy cover. She stated this change was to be done within the first day or two of resident arrival to insure dignity. She further stated Resident #134's came to the facility on 3/25/19 after a quick stay in the hospital. The Director of Nursing stated the catheter bag was uncovered and visible from the hall and the resident's urine could be seen in the hallway. She further stated for dignity reasons the catheter bag should have been replaced and it had not been done. She further stated she did know why the catheter bag had not been replaced and she would replace the catheter bag immediately following the interview. | F 550 | monitor catheter drainage bags to ensure privacy cover is in place. The Director of nursing or Administrative nurse to conduct 100% audit for residents with catheters-weekly for 4 weeks, then every two weeks for 4weeks, then monthly for 1 months. All audits will be brought to QAPI meeting by the DON for review. Continued audits will be determined based on results of prior months of audits. | | |
| F 623 SS=B | Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) | F 623 | | 5/6/19 | |

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

PRINTED: 05/16/2019
FORM APPROVED
OMB NO. 0938-0391

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| F 623 | Continued From page 3 §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or | F 623 | | | |

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| F 623 | <p>Continued From page 4</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <ul style="list-style-type: none"> (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. <p>§483.15(c)(6) Changes to the notice.</p> | F 623 | | | |

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| F 623 | <p>Continued From page 5</p> <p>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to provide written notice of discharge to the resident or the resident's representative for a facility-initiated discharge for 1 of 1 residents reviewed for a facility-initiated discharge (Resident #77). The findings included: Resident #77 was admitted to the facility on 1/31/19 with diagnoses that included diabetes mellitus and hypertension. Review of a nurse's note dated 2/28/19 revealed Resident #77 was sent to the hospital for evaluation of confusion, dizziness, weakness and headache. A review of the medical record revealed no written no of discharge was provided to the resident representative for the resident's hospital</p> | F 623 | <p>Resident #77 remains in facility with no adverse effects.</p> <p>Discharge/transfer notice will be provided to the resident/representative and local Ombudsman as soon as practicable to any resident emergently transferred to the hospital.</p> <p>Regional Clinical Manager to educate Administrator, Director of Nursing and Staff Development Coordinator on regulation requiring discharge/transfer notice to all residents emergently sent to the hospital. This was completed by April 26, 2019. Director of Nursing and Staff Development Coordinator will educate all licensed personnel, Social Worker, Admissions Director and Business Office Manager on process of providing written discharge/transfer notice to any</p> | | |

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| F 623 | <p>Continued From page 6 transfer on 2/28/19.</p> <p>Review of a nurse's note dated 3/3/19 revealed Resident #77 was readmitted to the facility from the hospital on 3/3/19.</p> <p>During an interview on 4/3/19 at 11:37 AM with Nurse #2 she stated when a resident is sent to the hospital the paperwork sent included the face sheet, the list of diagnoses, code status, medication administration record and a transfer form. She indicated there is no other paperwork sent.</p> <p>During an interview on 4/3/19 at 11:47 AM the Admissions Coordinator stated she did not send written notice of discharge to the resident or the resident's representative for the resident's hospital transfer on 2/28/19. She reported notices are sent to the Ombudsman by the Social Services Coordinator.</p> <p>During an interview with the Administrator on 4/3/19 at 12:02 PM she indicated she was not aware of the requirement to provide written notification to the resident or the responsible party for emergent hospital transfers.</p> | F 623 | <p>resident/resident representative and local Ombudsman when resident is emergently sent to the hospital. This will be completed by 05/06/2019. Any employee on leave, vacation or PRN status will be educated prior to returning to their assignment.</p> <p>A monitoring tool was developed to ensure notice is provided to the resident/representative and Ombudsman. The Social Worker is to conduct 100% audit for residents who were facility-initiated discharge-weekly for 4 weeks, then every two weeks for 4weeks, then monthly for 1 months. All audits will be brought to QAPI meeting by the DON for review. Continued audits will be determined based on results of prior months of audits.</p> | | |