

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

PRINTED: 03/11/2021
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 02/16/2021
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	
E 000	Initial Comments The survey team entered the facility on 02/11/21 to conduct and unannounced COVID-19 Focused Infection Control Survey and exited on 02/11/21. Additional information was obtained through 02/16/2021. Therefore, the exit date was changed to 02/16/21. The Facility was found in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID # TJ1O11.	E 000			
F 000	INITIAL COMMENTS The survey team entered the facility on 02/11/21 to conduct and unannounced COVID-19 Focused Infection Control Survey and complaint investigation and exited on 02/11/21. Additional information was obtained through 02/16/2021. Therefore, the exit date was changed to 02/16/21. The Facility was found in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. There were six allegations investigated and they were all unsubstantiated. Event ID # TJ1O11.	F 000			
F 637 SS=D	Comprehensive Assessment After Signifcant Chg CFR(s): 483.20(b)(2)(ii) §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve	F 637		3/10/21	

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

TITLE

(X6) DATE

Electronically Signed

03/08/2021

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 637	<p>Continued From page 1</p> <p>itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record review the facility failed to identify a resident with significant changes in status and failed to complete a significant change in status Minimum Data Set (MDS) assessment for 1 of 3 residents reviewed for decline (Resident #1).</p> <p>Findings included:</p> <p>Resident # 1's active diagnosis included: Vascular Dementia, Altered Mental Status, Encephalopathy, and COVID-19.</p> <p>A review of the admission MDS dated 9/23/2020 revealed Resident #1 required limited assistance of 1 staff for bed mobility, dressing and transfers. She was coded as independent after set-up for locomotion on and off the unit, toileting, eating and personal hygiene, and required extensive assistance of 1 staff for bathing.</p> <p>A review of the quarterly MDS dated 11/09/2020 revealed Resident #1 required extensive assist of 2 staff for bed mobility and dressing, no transfers or locomotion had occurred. They required total assistance of 1 staff for toileting, eating, personal hygiene, and bathing.</p> <p>An interview was conducted with Nursing Assistant (NA) #1 on 02/11/2021 at 2:00 pm. She stated after Resident #1 got Covid-19 in October</p>	F 637	<p>Filing of this Plan of correction does not constitute an admission that the deficiencies alleged did, in fact, exist. This plan of correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality of care.</p> <p>F637 Affected Resident: Resident #1 discharged from the facility on 12/14/2020. There were no observed adverse effects to Resident #1 from the alleged deficient practice.</p> <p>Potentially Affected Resident: Regional Reimbursement Manager #1 and Regional Reimbursement Manager #2 will review all the current residents in the facility to determine if there has been an improvement and/or decline in two or more areas of the resident's health status to assess for need for a Significant Change in Status Assessment. This will be completed by 03/10/2021. Any resident meeting the criteria for a Significant Change in Status will have an MDS completed by the Regional Reimbursement Managers at that time.</p> <p>Measures/Systemic Changes: MDS Nurse #1 and MDS Nurse #2 are no</p>		

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F 637	<p>Continued From page 2</p> <p>2020, her level of care increased. Resident #1 needed more assistance with bed mobility, dressing, transfers, toileting, personal hygiene, and bathing.</p> <p>An interview with NA #2 on 02/12/2021 at 3:05 pm stated Resident #1 declined quickly after she got Covid-19 in October 2020. She stated Resident #1 was more confused and quit doing a lot of tasks that she was doing before Covid-19.</p> <p>An interview was conducted with the MDS nurse on 12/11/20 at 4:00 pm. She stated if a resident had 2 or more areas of change in condition that a significant change in status assessment should be completed. She stated she did not look at the previous assessment done for Resident #1 to compare the information. She reported that she should have done a significant change in status assessment since Resident #1 had more than 2 areas of decline and 2 falls since the last assessment.</p> <p>An interview was conducted with the Director of Nursing on 12/16/2020 at 1:40 pm. She stated Resident #1's level of care declined after testing positive with Covid-19 in October 2020. She stated it was her expectation that when there was a change in a resident's level of care that a significant change in status assessment be completed.</p>	F 637	<p>longer employed by the facility. The Regional Reimbursement Manager #1 and #2 will be completing the MDS Assessments until MDS nurses are hired. The newly hired MDS nurses will assume responsibility for MDS completion upon hire and after receiving education from the Administrator and/or Regional Reimbursement Manager.</p> <p>The Director of Nursing and the Administrator were educated by the Regional Reimbursement Manager related to conducting a comprehensive assessment of a resident within 14 days of a significant change in the residents physical or mental condition. This education will be completed on or before 03/10/2021. The education provided included the following process: The Director of Nursing and/or the Staff Development Coordinator will print a Facility Activity Report from the electronic health record to review all progress notes, new physician orders, vital signs out of range, weight loss, and incidents and accidents daily Monday through Friday during morning clinical meeting. This report will also be printed on Monday for these same items for Saturday and Sunday.</p> <p>This report will be reviewed to identify any residents with an improvement and/or decline in 2 or more areas of the residents health status. Any resident meeting these conditions will be monitored for 14 days. The Regional Reimbursement Manager #1 will be</p>		

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F 637	Continued From page 3	F 637	<p>notified by the Director of Nursing and/or Staff Development Coordinator of any resident meeting these conditions. The Regional Reimbursement Manager #1 will determine if the significant change in status assessment is required and will complete the Significant Change in Status Assessment as required.</p> <p>Monitoring: A monitoring tool was developed by the Regional Reimbursement Manager #1 and #2 to monitor for a significant change in 2 or more areas that would require a significant change in status assessment. The Administrator and/or Regional Reimbursement Manager #2 will conduct a random sample of 10% of residents to review for a significant change weekly for 4 weeks, then 10% of residents every 2 weeks for 4 weeks, then 10% of residents monthly for 2 months. Continued audits will be determined based on results of prior months of audits. Audit results will be brought to the QAPI meeting monthly by the Administrator for a minimum of 4 months for review and recommendations.</p> <p>Completion Date 3/10/2021</p>		
F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the</p>	F 641	<p>Filing of this Plan of correction does not</p>	3/10/21	

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F 641	<p>Continued From page 4</p> <p>facility failed to accurately code the Minimum Data Set (MDS) to reflect the correct number of falls for 1 of 3 residents reviewed for falls (Resident #2).</p> <p>Findings included:</p> <p>Resident #2 was admitted on 08/10/2018. Resident #2's diagnoses included: Trans Ischemic Attack, Cerebral Vascular Accident without residual deficit, History of Falling, Alzheimer's disease, and Dementia.</p> <p>A review of the quarterly MDS assessment dated 12/11/2020 revealed Resident #2 was cognitively intact and had sustained one fall (with no injury).</p> <p>A review of the Incident Report Log for November 2020 revealed Resident #2 had sustained falls on 11/08/2020 without injury and 11/24/2020 without injury.</p> <p>An interview was conducted with the MDS nurse on 12/11/20 at 4:00 pm. She stated she did not count the number of falls accurately for Resident #2 before inputting the information in the MDS.</p> <p>An interview was conducted with the Director of Nursing on 12/16/2020 at 1:40 pm. She stated that her expectation was for all the resident assessments to be completed with accuracy.</p> <p>An interview was conducted with the Administrator on 02/16/2020 at 2:16 pm. She stated it was her expectation for all MDS assessments to be accurate.</p>	F 641	<p>constitute an admission that the deficiencies alleged did, in fact, exist. This plan of correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality of care.</p> <p>F641 Residents #1 and Resident #2 did not experience any adverse effect related to coding inaccuracy. For resident #1, the MDS dated 11/09/2020 was not modified as the MDS was coded correctly for falls. For resident #2, the MDS dated 12/11/2020 was modified by the Regional Reimbursement Manager on 03/04/2021 to reflect the accurate number of falls.</p> <p>The Administrator and Regional Reimbursement Managers #1 and #2 reviewed all residents who had falls during the last 30 days to ensure that all the falls were accurately coded on all of the submitted MDS. This audit was completed on 03/05/2021. There were no additional modifications required on these MDS assessments. No other residents were affected by the alleged deficient practice.</p> <p>MDS Nurse #1 and MDS Nurse #2 are no longer employed by the facility. Regional Reimbursement Manager #1 and #2 will be completing MDS Assessments until new MDS Nurses are hired. The MDS Nurses will be educated on the importance of accurately coding the MDS upon hire by the Administrator.</p>		

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F 641	Continued From page 5	F 641	<p>A monitoring tool was developed to monitor MDS assessments for proper coding for falls. The tool includes whether or not the resident had a fall after the last MDS was completed and whether the most recent MDS was coded correctly. The Administrator, Director of Nursing and/or the Regional Reimbursement Manager will utilize monitoring tool and will audit 10% of MDS assessments for coding accuracy for falls weekly x 4 weeks, then monthly x 3 months. The results of these audits will determine the need for further monitoring.</p> <p>Audit results will be brought to QAPI meeting by the Administrator monthly x 4 months and will be reviewed and analyzed by the QAPI team for review and recommendations.</p> <p>Completion Date 3/10/2021</p>		