

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

PRINTED: 03/29/2022
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 03/16/2022
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	E 000			
F 000	An unannounced recertification survey was conducted on 03/14/22 through 023/16/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# SVIZ11.	F 000			
F 655	INITIAL COMMENTS	F 000			
SS=B	A recertification and complaint investigation survey was conducted from 03/14/22 through 03/16/22. The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey). Event ID #SVIZ11.				
	2 of 2 complaint allegations were unsubstantiated				
	Baseline Care Plan	F 655		4/4/22	
	CFR(s): 483.21(a)(1)-(3)				
	§483.21 Comprehensive Person-Centered Care Planning				
	§483.21(a) Baseline Care Plans				
	§483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-				
	(i) Be developed within 48 hours of a resident's admission.				
	(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-				
	(A) Initial goals based on admission orders.				
	(B) Physician orders.				
	(C) Dietary orders.				
	(D) Therapy services.				

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

TITLE

(X6) DATE

Electronically Signed

03/28/2022

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 655	<p>Continued From page 1</p> <p>(E) Social services. (F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete baseline care plans within 48 hours of admission for 4 of 5 residents reviewed (Resident #309, # 52, # 57, # 53).</p> <p>The findings included:</p> <p>1. Resident #309 was admitted to the facility on 3/7/2022. Admission diagnoses included right femur fracture, hypertension, dementia, and failure to thrive.</p> <p>Review of the electronic medical record revealed</p>	F 655	<p>F655</p> <p>Residents affected:</p> <p>Residents #309, #52, #57 and #53 suffered no adverse effects related to baseline care plans. Resident #309, #57, and Resident #53 remain at the facility with no residual adverse effects. Resident #52 was discharged from the facility. Baseline care plan were completed and closed for resident #52, # 57, and #53 on February 28, 2022, by Corporate Nurse</p>		

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F 655	<p>Continued From page 2</p> <p>the base line care plan was initiated on 3/7/2022 and completed on 3/15/22.</p> <p>The admission Minimum Data Set dated 3/7/2022 revealed Resident #309 was severely cognitively impaired and totally dependent on one person for bathing and required supervision of one person for transfers.</p> <p>Interview with the Regional Nurse Manager on 3/16/22 at 11:16 AM revealed she completed the baseline care plan on 3/15/2022. The Regional Nurse Manager stated that she was unsure why the care plan was not completed on time, therefore she completed it. She further expected the care plans to be completed within 48 hours.</p> <p>Interview with the interim Director of Nursing (DON) on 3/16/2022 at 4:02 PM revealed she had been at the facility for two weeks as the new DON. The DON stated she expected the admitting nurse to complete a 48-hour care plan. She stated that if the resident is admitted on a Friday, then the facility had a Registered Nurse (RN) in the building that would complete the care plan within the 48-hour time frame. The DON further expected the care plan to be reviewed and discussed at the next morning's clinical meeting.</p> <p>Interview with the facility Administrator on 3/16/2022 at 4:11 PM revealed she expected baseline care plans to be completed within 48 hours.</p> <p>2. Resident #57 was admitted to the facility on 2/25/2022 diagnoses included hypertension, anxiety, depression, joint disorder, and glaucoma.</p> <p>Review of the electronic medical record revealed</p>	F 655	<p>Manager. Resident #309 was completed and closed on March 15, 2022, by Corporate Nurse Manager.</p> <p>Other residents with the potential to be affected:</p> <p>All other new admissions and readmissions in the facility have the potential to be affected. An audit was conducted on March 28, 2022, by Regional Reimbursement Manager by reviewing the Admissions and Readmissions, and the Facility Observation Detail for the last 3 months to determine if any additional residents were affected by the alleged deficient practice. It was determined that one other resident did not have a baseline care plan completed within 48 hours of admission to the facility. The resident suffered no adverse effect. Baseline care was completed and closed for the resident that was affected on March 28, 2022, by Corporate Nurse Manager.</p> <p>System Changes: The facility policies related to baseline care plans was reviewed by facility administration and no updates were necessary. This was conducted on March 17, 2022.</p> <p>All licensed nursing staff and any contracted nursing staff will be educated regarding the requirement that a baseline care plan that meets the immediate needs of the resident must be developed and implemented for each resident within</p>		

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F 655	<p>Continued From page 3</p> <p>the baseline care plan was initiated on 2/25/2022 and completed on 2/28/2022.</p> <p>The quarterly Minimum Data Set dated 3/3/2022 revealed Resident #57 was severely cognitively impaired and totally dependent on one person for bathing and substantial assistance of one person for transfers.</p> <p>Interview with the MDS nurse on 3/16/22 at 3:28 PM revealed she was unsure why the base-line care plan was not completed within the 48-hour time frame. She stated that she only worked at the facility but two days a week. She further stated that when a resident is admitted on a Friday the RN working on the weekend should complete the care plans.</p> <p>Interview with the interim Director of Nursing (DON) on 3/16/2022 at 4:02 PM revealed she had been at the facility for two weeks as the new DON. The DON stated she expected the admitting nurse to complete a 48-hour care plan. She stated that if the resident is admitted on a Friday, then the facility had a Registered Nurse (RN) in the building that would complete the care plan within the 48-hour time frame. The DON further expected the care plan to be reviewed and discussed at the next morning's clinical meeting.</p> <p>Interview with the facility Administrator on 3/16/2022 at 4:11 PM revealed she expected baseline care plans to be completed within 48 hours.</p> <p>3. Resident #52 was admitted to facility on 2/25/2022. The admitting diagnoses included heart failure, dementia, and adult failure to thrive.</p>	F 655	<p>forty-eight hours of admission. This will be completed by the Staff Development Coordinator and/or designee by March 30, 2022. This education will include the following:</p> <ul style="list-style-type: none"> • Key Points: A baseline plan of care to meet the resident's immediate needs shall be completed and implemented for each resident within forty-eight (48) hours of admission. • The baseline care plan will be used until the staff can conduct the comprehensive assessment and develop an interdisciplinary person-centered comprehensive care plan. <p>Any nursing staff out on leave or PRN status will be educated prior to returning to their assignment by the Staff Development Coordinator/designee. Newly hired nursing staff and any contracted nursing staff will be educated during orientation by the Staff Development Coordinator/designee.</p> <p>All registered nurses were educated regarding the requirement that a baseline care plan be developed and implemented within forty – eight hours of admission to the facility. All baseline care plans must be reviewed by a Registered Nurse. This education was completed by Regional Reimbursement Manager on March 28, 2022. Any newly hired RN will be educated on this requirement during orientation.</p> <p>Monitoring An audit tool was developed to monitor</p>		

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F 655	<p>Continued From page 4</p> <p>Review of the electronic medical record revealed the baseline care plan was initiated on 2/25/2022 and completed on 2/28/2022.</p> <p>The quarterly MDS dated 2/27/2022 revealed resident was cognitively intact and dependent with dressing and bathing. The resident required extensive assistance with mobility and transfers. Interview with the MDS nurse on 3/16/22 at 3:28 PM revealed she was unsure why the base-line care plan was not completed within the 48-hour time frame. She stated that she only worked at the facility but two days a week. She further stated that when a resident is admitted on a Friday the RN working on the weekend should complete the care plans.</p> <p>Interview with the interim Director of Nursing (DON) on 3/16/2022 at 4:02 PM revealed she had been at the facility for two weeks as the new DON. The DON stated she expected the admitting nurse to complete a 48-hour care plan. She stated that if the resident is admitted on a Friday, then the facility had a Registered Nurse (RN) in the building that would complete the care plan within the 48-hour time frame. The DON further expected the care plan to be reviewed and discussed at the next morning's clinical meeting. The DON stated that her expectations were all care conference and baseline care plan were to be completed within 48 hours.</p> <p>Interview with the facility Administrator on 3/16/2022 at 4:11 PM revealed she expected baseline care plans, and care conference's to be completed within 48 hours.</p> <p>4. Resident #53 was admitted to the facility on 2/25/2022. The admission diagnosis included</p>	F 655	<p>baseline care plan to ensure that care plan is developed and implemented within forty- eight hours from admission. Audit tool consists of the following:</p> <ul style="list-style-type: none"> - Was baseline care plan developed and implemented within 48 hours from admissions? <p>The audit was initiated March 21, 2022. The Director of Nursing, Staff Development Coordinator and/or designee will audit 50% of all new admissions weekly x 4 weeks, then 50% biweekly x 4 weeks, then monthly x 1 month. The need for further monitoring will be determined by the prior month of auditing.</p> <p>Quality Assurance Performance Improvement The Director of Nursing and/or Staff Development Coordinator will bring results to the Quality Assurance and Performance Improvement Committee for review and further recommendations. Completion date April 4, 2022.</p>		

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F 655	<p>Continued From page 5</p> <p>displaced fracture of cervical vertebrae, vascular dementia, and atrial fibrillation.</p> <p>Review of the electronic medical record revealed the baseline care plan was initiated on 2/25/2022 and completed on 2/28/2022.</p> <p>The quarterly MDS dated 3/2/2022 revealed resident was cognitively intact and required assistance with bathing, dressing and transfers.</p> <p>Interview with the MDS nurse on 3/16/22 at 3:28 PM revealed she was unsure why the base-line care plan was not completed within the 48-hour time frame. She stated that she only worked at the facility but two days a week. She further stated that when a resident is admitted on a Friday the RN working on the weekend should complete the care plans.</p> <p>Interview with the interim Director of Nursing (DON) on 3/16/2022 at 4:02 PM revealed she had been at the facility for two weeks as the new DON. The DON stated she expected the admitting nurse to complete a 48-hour care plan. She stated that if the resident is admitted on a Friday, then the facility had a Registered Nurse (RN) in the building that would complete the care plan within the 48-hour time frame. The DON further expected the care plan to be reviewed and discussed at the next morning's clinical meeting. The DON stated that her expectations were all care conference and baseline care plan were to be completed within 48 hours.</p> <p>Interview with the facility Administrator on 3/16/2022 at 4:11 PM revealed she expected baseline care plans, and care conference's to be completed within 48 hours.</p>	F 655			

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