

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

PRINTED: 03/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345494	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/24/2023
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			STREET ADDRESS, CITY, STATE, ZIP CODE 2780 X-RAY DRIVE GASTONIA, NC 28054		
(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 An unannounced complaint investigation survey was conducted onsite on 2/21/23 and offsite 2/22/23 through 2/24/23. Event ID: ZIO111. Intakes NC00195682, NC00196730, NC00198148 and NC00198542 were investigated. One of four complaint allegations resulted in a deficiency.	F 000			
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must	F 585		3/20/23	

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

TITLE

(X6) DATE

Electronically Signed

03/15/2023

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 585	Continued From page 1 include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the	F 585			

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F 585	<p>Continued From page 2</p> <p>provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, family interviews, and staff interviews, the facility failed to create a record of an oral grievance from an interested family member in accordance with the facility policy for 1 of 2 sampled residents (Resident #4) who were reviewed for social services.</p> <p>Findings included:</p> <p>Resident #4 was admitted to facility on 9/14/20 and had a quarterly Minimum Data Set (MDS) assessment dated 11/18/22 that indicated she had moderate cognitive impairment.</p>	F 585	<p>This plan of correction constitutes our written allegation of compliance for the deficiency cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by the state and federal law.</p> <p>Concerned family member of Resident #4 contacted by Administrator on 2/21/23. Concern/Grievance Form completed by Administrator on 2/21/23 regarding Nurse</p>		

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F 585	<p>Continued From page 3</p> <p>Review of the Grievance Log from September through February 2023 revealed no grievances had been reported on behalf of Resident #4's family member.</p> <p>A review of the Grievance Policy 11/28/2016 revealed the facility would assist residents, their representatives, other interested family members or resident advocates in filing grievances or complaints when such requests are made. Grievances may be submitted orally, in writing, or anonymously. The administrator would be designated as the "grievance official" and responsible for overseeing the grievance process; receiving and tracking through their conclusion; leading any necessary investigations; and issuing written grievance decisions. The grievance official would assign the investigation to the appropriate department manager, who would investigate and submit findings to the administrator within five (5) working days of receiving the grievance. The grievance official would take immediate action to prevent further potential violations of any resident rights while the alleged violation was being investigated. The person filing the grievance on behalf of the resident, would be informed of the findings of the investigation and the actions that would be taken to correct any identified problems. All grievance reporting forms would be maintained for 3 years from date of the resolution of the grievance.</p> <p>An interview with a family member on 2/21/23 at 10:45 AM revealed she was very upset when she complained to Nurse #1 that Nurse Aide #1 took advantage of Resident #4 by leaving her personal cell phone and charger plugged into Resident #4's plug outlet by her bed and stashed supplies</p>	F 585	<p>Aide #1 storage/charging of cell phone and storage of personal items in Resident Room. Concerned family member voiced satisfaction with resolution of grievance discussed. Resident #4 did not suffer any adverse effects related to the alleged deficient practice.</p> <p>All Residents identified as having the potential to be affected related to grievance policy/process. Interview conducted by Administrator with Department Managers on 3/3/23 to identify any concerns voiced in the past 90 days that may not have been documented on a Concern/Grievance Form. All concerns/grievances reported to facility staff have been documented on grievance reporting form. No resident was adversely affected by the alleged deficient practice.</p> <p>Education provided to Nurse Aide #1 by Staff Development Coordinator on 2/15/23 that storage/charging of cell phone and storage of personal belongings in a Resident Room is prohibited. Education regarding the Concern/Grievance process provided to Nurse #1 by Director of Nursing on 2/22/23.</p> <p>The Staff Development Coordinator will complete education for all staff regarding the Concern/Grievance Policy and process. Education completed by Staff Development Coordinator by 3/20/23. The education included:</p> <ol style="list-style-type: none"> 1. Concern/Grievance Policy specifically related to the responsibility of staff 		

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F 585	<p>Continued From page 4</p> <p>and/ or personal items in the closet. The family member further revealed Resident #4 stated the Nurse Aide usually sits in the chair beside her bed to talk on the cell phone. She also expressed her frustration to the receptionist who coordinated an apology from the Nurse Aide. She was unaware that she could file a grievance.</p> <p>During an interview on 2/21/23 at 4:48 PM the Staff Development Coordinator indicated she was made aware that Resident #4's family member was upset and crying about an incident that took place on 2/15/23, whereas Nurse Aide #1's belongings were found in the Resident's room. The Staff Coordinator further indicated she did not speak to the family member because she had already left the building. She stated that she educated the Nurse Aide on the cell phone policy and having belongings in the room that did not belong to the resident. She further stated she should have followed up with the family member to file a written grievance.</p> <p>During a phone interview on 2/22/23 at 10:15 AM Nurse #1 indicated she was assigned to Resident #4 and heard loud yelling coming from a family member. She then went down the hall and approached the family member to calm her down to ask her what was wrong. She heard the family member yelling and insisting that she wanted to talk to the owner or manager and that "this" was unacceptable. She further indicated the family member was upset that she saw Nurse Aide #1 sitting in a chair and talking on her cell phone and found other items in the room that did not belong to the Resident. Nurse #1 stated she removed the chair located next to Resident #4's bed and items from the room that the family member identified as not belonging to the resident. She stated she</p>	F 585	<p>assisting with the completion of a concern form without the request of a family member, visitor, or resident.</p> <p>2. Location of Blank Concern/Grievance Forms</p> <p>Any staff out on leave or PRN status will be educated prior to returning to duty by the Staff Development Coordinator. Any newly hired staff will be educated on the Concern/Grievance Policy by the Staff Development Coordinator or the Human Resources Coordinator during Orientation.</p> <p>Concern/Grievance Monitoring Tool implemented to ensure all concerns/grievances are documented on a Concern/Grievance Form. Concern/Grievance Discussion incorporated into Morning Department Head Meeting Monday thru Friday to ensure open conversation regarding any concerns. Each Concern generated from Morning Meeting discussion will be documented on a Concern/Grievance Form if a Concern/Grievance Form has not already been initiated. Concern/Grievance Monitoring Tool to be completed by Administrator for 12 weeks. The Administrator will conduct an audit by comparing the Concern/Grievance Monitoring Tool to the Concern/Grievance Log 3 times weekly for 12 weeks to ensure compliance of documentation of Concern/Grievance on Concern/Grievance Form and timely response/resolution.</p>		

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F 585	<p>Continued From page 5</p> <p>addressed the issue with Nurse Aide #1 and later informed the Director of Nursing (DON) about the incident. She further stated she did not write a grievance because she felt she handled the situation. She was unaware the family member spoke with other staff members about the incident.</p> <p>During a phone interview on 2/22/23 at 10:34 AM the Social Worker stated she was responsible for coordinating the grievance process after a staff member completes and submits it to her. According to the facility's Grievance Policy, she would then add the grievance to a log and place a follow-up call to the family to let them know the issue would be addressed by the department head. She further stated she would place another follow-up call to ensure the family member received an outcome to the grievance. She also indicated she was made aware of the incident on 2/22/23.</p> <p>A phone interview on 2/22/23 at 10:37 AM with the DON revealed she was made aware of the incident details on 2/21/23. She stated she may have been dealing with other family issues during the week the incident took place and could not recall the details. She was unaware Resident #4's family member was upset. She further revealed a grievance should have been submitted but was not. She expected a formal grievance to be submitted and discussed in morning meeting, assigned to the appropriate department who would then follow up with the family within 5 days with a resolution or status update. If the family member was not satisfied with the outcome, the grievance is escalated to the Administrator.</p> <p>An interview with the Administrator on 2/21/23 at</p>	F 585	<p>The results of the Concern/Grievance Monitoring Tool will be presented at the monthly QAPI Meeting by the Administrator for 3 months to evaluate effectiveness. The QAPI Committee will review and evaluate to ensure compliance and effectiveness.</p> <p>The completion date for this plan of correction is 3/20/23.</p>		

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F 585	Continued From page 6 4:33 PM revealed she was made aware there were items found in Resident #4's room that belonged to Nurse Aide #1 and that the family member was upset. She further revealed a grievance was not submitted because she believed it was handled that day, by the Staff Development Coordinator. She stated she was not aware the family member interacted with other staff who also did not escalate the incident to a written grievance. Her expectation was for grievances to be completed, reviewed in morning meeting, and assigned to a department head for investigation.	F 585			