

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 04/06/2023
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	INITIAL COMMENTS	F 000		
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to ensure a resident had been assessed to self-administer medications when the Nurse #1 gave the resident his medications to self-administer (Resident #63). This occurred for 1 out of 3 residents reviewed for medication administration. The findings included: Resident #63 was admitted to the facility on 11/28/22 with diagnoses which included hypertension and Parkinson's disease. Resident #63's quarterly Minimum Data Set (MDS) dated 03/06/23 revealed he was alert and oriented requiring was he cognitively intact extensive assistance of one staff member for	F 554	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. F554 Affected Resident Resident #63 did not suffer any adverse effects related to alleged deficient practice. Nurse #1 was educated on medication administration on 04/04/2023 by the Staff development Coordinator	4/30/23

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

TITLE

(X6) DATE

Electronically Signed

04/27/2023

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 554	<p>Continued From page 1</p> <p>most activities of daily living (ADL).</p> <p>On 04/04/23 at 4:32 PM an observation was conducted of Nurse #1 removing Resident #63's medication from the medication cart and placing the pills into a cup. Nurse #1 then obtained Resident #63's roommate's medication located in a clear cup and Resident #63's medication and entered the resident's room. Nurse #1 handed the cup of pills to Resident #63 and proceeded to turn her back to him while she sat his roommate up and administered his medication. Resident #63 was then observed picking through the cup of pills and swallowing each one, while Nurse #1 remained with her back to the resident. Nurse #1 then walked by Resident #63 and obtained the empty pill cup and exited the room.</p> <p>Resident #63's physician orders since his admission on 11/28/22 were reviewed and did not reveal an order to self-administer medication.</p> <p>An interview was conducted on 4/4/23 at 5:15 PM with Nurse #1. During the interview she stated she thought Resident #63 could self-administer his medication. Nurse #1 stated she did not feel like it was an issue to turn her back to Resident #63 or to take two residents' medications into the room at the same time.</p> <p>An interview was conducted on 4/5/23 at 10:23 AM with Resident #63. During the interview he stated Nurse #1 was the only nurse that handed him a cup of medication and left him to take it alone. He stated most nurses would stand with him while he swallowed the medication. Resident #63 stated he did not want to self-administer his medication further stating, "there is no way I could keep up with my medication".</p>	F 554	<p>(SDC). Education included the protocol to follow for medication administration and to ensure that medications are not left with a resident unless the resident has voiced the desire to self-administer medications, has been assessed as safe to self-administer medications and has a physician order to so. Nurse #1 worked at the facility on contract with an agency. Nurse #1's contract ended on 04/14/2023 and she is no longer working at the facility.</p> <p>Residents with potential to be affected</p> <p>All residents administered medications by Nurse #1 have the potential to be affected by the alleged deficient practice. All alert & oriented residents residing on B hall were interviewed to determine if they were observed by a staff member taking their medications or if the medication was left for them to self-administer. This was completed by the Director of Nursing (DON) on 04/04/2023 with no additional residents being adversely affected by the alleged deficient practice.</p> <p>Systemic Changes</p> <p>Education initiated on 04/05/2023 by the SDC for all medication aides and licensed nurses including agency nurses on medication administration and protocol for self-administration of medications. Education completion dated 04/20/2023. Any licensed nurse or medication aide out on leave or PRN status will be educated prior to returning to duty by 04/30/2023.</p>		

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F 554	Continued From page 2 An interview conducted on 04/05/23 at 12:42 PM with the Director of Nursing (DON) revealed no residents in the facility had orders to self-administer their medication. She stated she expected nurses to administer the resident's medication and remain in the room with the resident until they took all of the medication that was ordered. The DON stated if a resident were to request to self-administer their medication, they would need to sign a form prior to doing so and be assessed as safe to self-administer their medication.	F 554	Education on medication administration procedures is included as part of orientation for all licensed nurses and medication aides. A copy of this education has been placed in agency orientation binder for any new agency nurses working in the facility. Monitoring An audit tool was developed to monitor and assure that licensed nurses and medication aides are following facility policy for medication administration, including the nurse or medication aide observing all residents taking medications, unless they have been assessed to be able to safely self-administer medications and have a physician order to do so. SDC, Director of Nursing (DON) and/or Designee will monitor 5 nurses and/or medication aides weekly x 4 weeks on random shifts, including weekends, then biweekly x 4 weeks, then monthly x 1 month. Results will be reported to the Quality Assurance and Performance Improvement (QAPI) team by the SDC/DON. The need for further monitoring will be determined by the QAPI team reviewing the results. Completion date will be 04/30/2023.		
F 563 SS=D	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner	F 563		4/30/23	

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

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F 563	<p>Continued From page 3</p> <p>that does not impose on the rights of another resident.</p> <p>(ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time;</p> <p>(iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time;</p> <p>(iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and</p> <p>(v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident, staff and family interviews the facility failed to allow unrestricted visitation by limiting visitation for 1 of 1 resident (Resident #51) reviewed for visitation.</p> <p>The findings included:</p> <p>Resident #51 was admitted to the facility on 03/16/23.</p> <p>Review of Resident #51's admission Minimum Data Set (MDS) dated 03/23/23 revealed</p>	F 563	<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>F563</p> <p>Affected Resident</p>		

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F 563	<p>Continued From page 4</p> <p>Resident #51 was cognitively intact and able to make her needs known.</p> <p>An interview conducted with Resident #51 and a family member on 04/03/23 at 11:55 AM revealed on Saturday 04/01/23 Resident #51's family member was asked to leave the facility. Resident #51 further revealed she had called her family member late that evening due to not feeling well and wanted company. Resident #51 stated her family member visited around 11:30 PM and was there for an hour in a private room and was asked to leave by Nurse #1 around 12:30 AM. Resident #51's family member stated Nurse #1 was rude and stated it was facility policy that the family member had to leave the facility.</p> <p>An interview conducted with Nurse #1 on 04/05/23 at 10:15 AM revealed she was an agency staff and had been working in the facility for a short period of time. Nurse #1 further revealed Resident #51's family member had visited late on 04/01/23. Nurse #1 stated Resident #51 was in a private room and Resident #51's family member had not caused any issues. Nurse #1 indicated Nurse #2 expressed concerns to her that Resident #51's family members were not supposed to visit late at night. Nurse #1 revealed she was unsure how long Resident #51's family member was going to visit but stated to the family member that she had been told by other nursing staff that they were not allowed to stay. Nurse #1 indicated Resident #51's family member got up and left the facility.</p> <p>An interview conducted with Nurse #2 on 04/05/23 at 2:05 PM revealed Nurse #1 had come to her and told her Resident #51's family member was there late visiting. Nurse #2 further</p>	F 563	<p>Resident #51 did not suffer any adverse effects related to alleged deficient practice. Nurse #1 was working in the facility as a contract nurse through the agency. Nurse #1 did not return to the facility and ended her contract April 17th, 2023.</p> <p>Residents with potential to be affected</p> <p>All residents have the potential to be affected by the alleged deficient practice. Nurse #2 educated on the visitation guidelines outlined in the Resident and Family Handbook on 04/07/2023 by the Staff Development Coordinator (SDC). All alert and oriented residents were interviewed by the Director of Nursing (DON) on 04/10/2023 to ensure that the visitation policy was being followed. All other residents will be monitored to ensure compliance with visitation guidelines for family members as outlined in the admission handbook. No further residents were adversely affected by the alleged deficient practice.</p> <p>Systemic changes</p> <p>Education initiated by the SDC for all staff on the visitation guidelines as outlined in the Resident and Family Handbook. Education will be completed by 04/25/2023. Any staff out on leave or PRN status will be educated on the policy prior to returning to duty by the SDC. Education on facility policies is provided to all new employees during orientation by the SDC</p>		

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F 563	Continued From page 5 revealed she had advised Nurse #1 that family members were not allowed to visit late in the facility unless the resident was on hospice. An interview conducted with the Director of Nursing and Administrator on 04/05/23 at 3:40 PM revealed they were not made aware that Resident #51's family member had visited late on 04/01/23. The Administrator further revealed the facility had no policy or rules that family members could not visit late at night. The DON and Administrator both stated Resident #51's family member should have not been asked to leave and all resident families were welcome at anytime as long as they do not disrupt nursing staff or other residents.	F 563	or Human Resources Coordinator. Copy of education placed in agency staff binder for any new agency staff working in the facility. Monitoring An audit tool was developed to monitor and ensure the facility's compliance with the visitation guidelines. DON/SDC/Designee will audit 5 residents weekly x 2, every other week x 2, then monthly x 2. Results will be reported to the Quality Assurance and performance Improvement (QAPI) team by the DON. The need for further monitoring will be determined by the QAPI team reviewing the audit results. Completion date will be 04/30/2023.		