STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345226	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peak Resources-Outer Banks	430 West Health Center Drive Nags Head, NC 27959

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and staff interviews, the facility failed to develop a person-centered comprehensive care plan in the areas of anticoagulant medication use (Resident #5), and antidepressant medication use (Resident #8) for 2 of 20 residents whose care plans were reviewed.The findings included:1 Resident #5 was admitted to the facility on [DATE] with diagnoses that included atrial fibrillation.Resident #5 had a physician order dated 3/3/26 for Eliquis (anticoagulant medication) 5 milligrams (mg) one (1) tablet by mouth twice daily for atrial fibrillation.Review of Resident #5's June's 2026 Medication Administration Record (MAR) for the period of 6/1/26 through 6/30/26 revealed Resident #5 received Eliquis 5mg 1 tablet by mouth twice daily as prescribed.A quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #5 was moderately cognitively impaired and was coded for anticoagulant medication use.Review of Resident #5's current comprehensive care plan last reviewed on 6/19/26, did not reveal a care plan focus area related to receiving an anticoagulant medication.An interview was completed with the MDS Nurse on 7/2/26 at 9:29am who revealed she was responsible for the development of resident care plans. The MDS Nurse stated Resident #5 should have an anticoagulant medication care plan with interventions in place. The MDS Nurse stated the missing care plan was due to an oversight.An interview was completed with the Administrator on 6/30/26 at 3:36pm. The Administrator revealed the MDS Nurse was responsible for reviewing and developing residents' comprehensive care plans. The Administrator stated the MDS Nurse was responsible for developing Resident #5's care plan for anticoagulant medication use. The Administrator revealed the care plan was missed due to an oversight by the MDS Nurse.2. Resident #8 was admitted to the facility on [DATE] with diagnoses that included insomnia.Resident #8 had a physician order dated 3/6/26 for Trazodone (antidepressant) 50mg 1 tablet by mouth at bedtime for insomnia. A quarterly MDS assessment dated [DATE] revealed Resident #8 was cognitively intact and was coded for antidepressant medication use.Review of Resident #8's June's 2026 Medication Administration Record (MAR) for the period of 6/1/26 through 6/30/26 revealed Resident #8 received Trazodone 50mg 1 tablet by mouth at bedtime as prescribed. Review of Resident #8's current comprehensive care plan last reviewed on 6/18/26, did not reveal a care plan focus area related to receiving an antidepressant medication.An interview was completed with the MDS Nurse on 7/2/26 at 9:29am who revealed she was responsible for the development of resident care plans. The MDS Nurse stated Resident #8 should have an antidepressant medication care plan with interventions in place. The MDS Nurse stated the missing care plan was due to an oversight.An interview was completed with the Administrator on 6/30/26 at 3:36pm. The Administrator revealed the MDS Nurse was responsible for reviewing and developing residents' comprehensive care plans. The Administrator stated the MDS Nurse was responsible for developing Resident #8's care plan for antidepressant medication use. The Administrator revealed the care plan was missed due to an oversight by the MDS Nurse.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE