

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Pinelake		STREET ADDRESS, CITY, STATE, ZIP CODE  801 Pinehurst Avenue Carthage, NC 28327	

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)
<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31227</b></p> <p>Based on staff interviews and record review, the facility failed to identify the need for a significant change Minimum Data Set (MDS) for a resident with declines in weight, skin condition and activities of daily living. This was for 1 (Resident #37) of 20 residents reviewed for comprehensive MDS completion. The findings included:</p> <p>Resident #37 was admitted on [DATE] with Dementia, Diabetes and Congestive Heart Failure. He was diagnosed with Osteomyelitis on 7/25/24.</p> <p>His previous quarterly MDS dated [DATE] indicated Resident #37 was not coded for any weight loss, a weight of 220 pounds, no skin conditions, requiring supervision for bed mobility, lying to sit to stand , stand to sit to lying, toileting transfers, ambulation and not coded for the use of a wheelchair.</p> <p>Review of a wound consult note dated 6/12/24 read Resident #37 developed a diabetic ulcer to his right first and second toes.</p> <p>Review of another wound consult note dated 7/24/24 read Resident #37 was diagnosed with Osteomyelitis of his right first and second toes and a midline intravenous catheter was ordered and placed for intravenous antibiotics on 7/26/24.</p> <p>Resident #37 most recent quarterly MDS dated [DATE] indicated Resident #37 was coded for unprescribed weight loss, a weight of 207, an infected diabetic foot ulcer, coded for the use of antibiotics, intravenous medications, substantial to maximum assistance with bed mobility, lying to sit and sit to lying, total dependence for sit to stand, stand to sit, toilet transfers, not applicable for ambulation and requiring partial to moderate staff assistant in a wheelchair.</p> <p>An interview was completed on 8/21/24 at 9:40 AM with MDS Nurse #1 who reviewed the areas of change from her 5/14/24 quarterly assessment to the most recent quarterly assessment dated [DATE]. She stated a significant change MDS should have been completed rather than a quarterly MDS on 7/29/24 and was definitely needed for Resident #37.</p> <p>An interview was completed on 8/21/24 at 10:00 AM with the Administrator. He reviewed the areas of change in Resident #37 and stated a significant change MDS should have already been completed on Resident #37 and he would see that one was started as of today.</p>

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
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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>46095</p> <p>Based on record review and staff interviews, the facility failed to display accurate Posted Nurse Staffing Information for 4 out of 30 days reviewed.</p> <p>The findings included:</p> <p>A review of the Staff Schedule/Assignment Sheet for 07/19/24 revealed 10 Nursing Assistants (NA)s worked from 7:00 AM until 7:00 PM. A review of the Posted Nurse Staffing for the 7:00 AM-7:00 PM shift on 7/19/24 revealed 11 NAs worked.</p> <p>On 07/21/24 during the 7:00 AM until 7:00 PM shift, the Staff Schedule/Assignment Sheet revealed 8 NAs worked and the Posted Nurse Staffing revealed 10 NAs worked. Additionally, the Staff Schedule/Assignment Sheet revealed 3 Licensed Practical Nurses (LPN)s worked and the Posted Nurse Staffing revealed 4 LPNs worked. The Staff Schedule/Assignment Sheet revealed 1 Registered Nurse (RN) worked and the Posted Nurse Staffing revealed 2 RNs worked. During the 7:00 PM until 7:00 AM shift, the Staff Schedule/Assignment Sheet revealed 5 NAs worked and the Posted Nurse Staffing revealed 7 NAs worked. The Staff Schedule/Assignment Sheet revealed 4 LPNs worked and the Posted Nurse Staffing revealed 2 LPNs worked. The Staff Schedule/Assignment Sheet revealed no RN worked and the Posted Nurse Staffing revealed 1 RN worked.</p> <p>On 07/22/24 during the 7:00 AM until 7:00 PM shift, the Staff Schedule/Assignment Sheet revealed 10 NAs worked and the Posted Nurse Staffing revealed 8 NAs worked. Additionally, the Staff Schedule/Assignment Sheet revealed 2 RNs worked and the Posted Nurse Staffing revealed 1 RN worked. During the 7:00 PM until 7:00 AM shift, the Staff Schedule/Assignment Sheet revealed 7 NAs worked and Posted Nurse Staffing revealed 6 NAs worked, and the Staff Schedule/Assignment Sheet revealed 1 RN worked and Posted Nurse Staffing revealed 2 RNs worked.</p> <p>On 07/23/24 during the 7:00 AM until 7:00 PM shift, the Staff Schedule/Assignment Sheet revealed 8 NAs worked and the Posted Nurse Staffing revealed 11 NAs worked. The Staff Schedule/Assignment Sheet revealed 4 LPNs worked and the Posted Nurse Staffing revealed 3 LPNs worked. The Staff Schedule/Assignment Sheet revealed 1 RN worked and the Posted Nurse Staffing revealed 2 RNs worked. During the 7:00 PM until 7:00 AM shift, the Staff Schedule/Assignment Sheet revealed 6 NAs worked and the Posted Nurse Staffing revealed 5 NAs worked. The assignment sheet revealed 3 LPNs worked and the Posted Nurse Staffing revealed 2 LPNs worked. The Staff Schedule/Assignment Sheet revealed no RN worked and the Posted Nurse Staffing revealed 2 RNs worked.</p> <p>(continued on next page)</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>An interview on 08/21/24 at 8:59 AM was conducted with the Human Resource Coordinator. She stated she was responsible for completing the daily staff posting sheet based on the actual working assignment sheet for the day and posting them in a viewable area. She verified that the number of licensed and unlicensed staff and the total hours worked for licensed and unlicensed staff were incorrect for 4 out of 30 days. She verified staffing sheets for 7/19/24, 7/21/24, 7/22/24 and 7/23/24 did not match the staff posting sheets. She then stated for the staffing sheet on 07/19/24 an unlicensed staff was counted twice which made the count incorrect. She explained it appeared on 07/21/24 and 07/22/24 she got the dates mixed up which resulted in the number of licensed and unlicensed staff and the total hours worked to be incorrect. She verified the staff posting sheets compared to the assignment sheets for 07/23/24 did not match and stated she was not sure what happened and why the count was incorrect.</p> <p>An interview was conducted on 08/21/24 at 8:39 AM with the Administrator. He stated he expected the daily nurse staff sheets, and the assignment sheets should accurately reflect the correct number of staff working.</p>		