

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31146</b></p> <p>Based on record review, and staff, resident and physician interviews, the facility failed to notify the physician when a dental service consultation for a tooth extraction was not able to be scheduled for 1 of 1 resident (Resident #32) reviewed for dental services.</p> <p>The findings included:</p> <p>Resident #32 was admitted to the facility on [DATE]. Her diagnosis included exfoliation of teeth (process that allows the replacement of the primary dentition with permanent teeth) due to systemic causes, disorientation, hypertensive heart disease, chronic kidney disease, chronic diastolic (congestive) heart failure and periapical abscess without sinus (a dental abscess that occurs when bacteria infects the tooth's root and doesn't drain into a sinus).</p> <p>A quarterly MDS dated [DATE] revealed Resident #32 was cognitively intact. Resident #32 had no mouth pain, facial pain or difficulty chewing.</p> <p>A consultation/report letter dated 12/5/24 stated Resident #32 was seen in the dental office/oral surgeon for a consultation. Resident #32 was not a candidate for treatment to be done in the office setting. Resident #32 would need to be treated in a hospital setting. The recommendations stated that due to the health history of Resident #32 she was not a candidate for intravenous (IV) sedation in an outpatient setting. Resident #32 was referred back to the dentist to send to a hospital setting for the procedure to be completed. This note was signed by the Unit Manager who documented the consultation report was faxed to the contracted mobile Dentist on 12/6/25.</p> <p>The facility's facsimile cover page dated 1/22/25 indicated a referral for Resident #32 to be seen by an outside dental agency. The facsimile documented: please call the Unit Manager to schedule an appointment or if you have any questions, and that the resident required sedation.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Unit Manager on 2/27/25 at 11:28AM revealed consultation reports following an appointment would come to her either by fax or upon return from an appointment and she reviewed the consultations for further recommendations. She stated the oral surgeon recommendations dated 12/5/24 stated they could not perform the procedure (tooth extraction) on Resident #32 because they could not sedate her for the procedure. She stated following the recommendations from the oral surgeon on 12/5/24, she completed a referral for Resident #32 to be seen by a dental school on 1/22/25. The Unit Manager stated she was unsure of why she had not sent the referral to the dental school school before 1/22/25. During the interview, the Unit Manager was observed to review her emails. She stated she had not received confirmation that Resident #32 could be seen by the dental school for the extraction. She revealed she had not followed up with the dental school to determine if the procedure could be completed per the referral she completed (1/22/25). The Unit Manager indicated she should have followed up on the referral she sent to determine if Resident #32 could have an extraction at their office.</p> <p>During an interview with Resident #32 on 2/25/25 at 12:35pm, Resident #32 indicated she had to have her tooth extracted because she had some tooth pain.</p> <p>In an interview with the contracted mobile Dentist on 2/27/25 at 2:15pm he revealed he completed his initial exam on Resident #32 on 10/22/24. He recalled Resident #32 having sensitivity of a crown on the lower left side of her mouth. With tapping and percussion Resident #32 had a little bit of pain. Resident #32 had said her previous exam (prior to admission to the facility) indicated she needed an extraction. Resident #32 was apprehensive of needles which was the reason he referred Resident #32 to have an extraction of tooth #19 with the oral surgeon. The oral surgeon could do deep sedation for dental procedures.</p> <p>In an interview with the Physician on 2/28/25 at 9:58AM she revealed the oral surgeon felt Resident #32 needed general anesthesia to have her tooth extracted. It could be difficult to locate a dentist to do general anesthesia on Resident #32 due to her health condition from a cardiology standpoint. If the facility was unable to find an inpatient facility to do the dental procedure under general anesthesia, the facility should have made her aware so she could attempt to locate an alternative. She further stated Resident #32 was clinically stable and had no complaints regarding tooth pain prior to her appointment with the oral surgeon or thereafter. The facility needed to figure out how to take care of the resident's extraction but not in an emergency setting. The Physician stated she would need to talk with the nurse and Social Worker to identify a plan.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35122</p> <p>Based on record review and staff interviews, the facility failed to notify the resident/Responsible Party (RP) in writing regarding the reason for transfer to the hospital for 1 of 1 resident reviewed for hospitalization (Resident #70).</p> <p>Findings included:</p> <p>Resident #70 was admitted on [DATE]. His diagnoses included Type 2 diabetes mellitus with foot ulcer.</p> <p>Resident #70's admission Minimum Data Set, dated dated dated [DATE] indicated he was cognitively intact.</p> <p>Nursing documentation dated 1/03/25 at 2:10 PM indicated Resident #70 had been aware of his need to be transferred to the emergency room for evaluation. Messages had been left for his first and second contacts to call the facility regarding Resident #70.</p> <p>Resident #70 had been discharged to the hospital for an acute condition on 1/3/25.</p> <p>Record review did not reveal evidence of the discharge/transfer notice had been sent to Resident #70 or his Responsible Party (RP). Resident #70 did not return to the facility.</p> <p>On 2/27/25 at 5:31 PM an interview with the Business Office Manager (BOM) was conducted. She indicated she was responsible for the discharge/transfer notice and stated she had missed providing this to Resident #70 or his RP. She explained the Regional Business Office Manager had conducted an audit and discovered this had been missing.</p> <p>On 2/27/25 at 5:28 PM an interview was conducted with the Administrator. He stated the notice of transfer should be provided to the resident and/or RP.</p> <p>The facility provided the following corrective action plan with a completion date of 1/28/25.</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>On 1/27/25 an audit was conducted by the Corporate BOM and her audit revealed that six (6) residents were noted to not have the discharge process noted in resident notes in the electronic health record (EHR) (noting Resident #70 was one of the identified residents). Families were not called, noted and/or issued a notice of transfer via mail while the BOM was out. These residents did not suffer any adverse effects related to the alleged deficient practice.</p> <p>Completed dated 1/27/2025</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected by the alleged deficient practice. On 1/27/2025 facility reviewed all discharges from the past (7) seven days and no residents were affected related to the deficient practice.</p> <p>Completed date 1/27/25</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>On 1/27/2025 the Administrator provided education to the BOM and SW (Social Worker) pertaining to the documentation of resident notification of transfer/discharge from the facility. The SW, Administrator and /or designee will provide back-ups for the BOM when not at work. Moving forward it will be mailed, a phone call will be made and noted according to policy by the Business Office Manager, Social Services Director, Administrator, and /or designee. Any newly hired BOM, SW, DON and/or Administrator will be educated on this process during orientation.</p> <p>Completed date 1/27/25</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>All discharges will be reviewed in the daily clinical meeting to ensure documentation of notification of discharge/bed hold is noted in EHR. Administrator/designee will audit monthly X (times) 3 months the discharge notification process to ensure all parties are notified according to policy. The results of these audits will be brought to the QAPI (Quality Assessment and Performance Improvement) committee monthly X 3 months by the Administrator for review and further recommendations.</p> <p>Completed date 1/27/25</p> <p>Include dates when corrective action will be completed: 1/28/25.</p> <p>Onsite validation of the corrective action plan was completed on 2/28/25. The initial 1/27/25 audit was verified. Evidence of an in-service on 1/27/25 given by the Administrator included the DON, BOM, and the Social Worker (SW). Interviews with the DON, BOM and SW verified they received in-service training on documentation of discharge from the facility and the resident discharge summary. Evidence of discharge and written notification monitoring was observed.</p> <p>The compliance date of 1/28/25 for the corrective action plan was validated.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35122</p> <p>Based on record review and staff interviews, the facility failed to provide written notification of the bed hold policy when a resident was transferred to the hospital for 1 of 1 resident reviewed for hospitalization (Resident #70).</p> <p>Findings included:</p> <p>Resident #70 was admitted on [DATE]. His diagnoses included Type 2 diabetes mellitus with foot ulcer.</p> <p>Resident #70's admission Minimum Data Set, dated dated dated [DATE] indicated he was cognitively intact.</p> <p>Nursing documentation dated 1/03/25 at 2:10 PM indicated Resident #70 had been aware of his need to be transferred to the emergency room for evaluation. Messages had been left for his first and second contacts to call the facility regarding Resident #70.</p> <p>Resident #70 had been discharged to the hospital for an acute condition on 1/3/25.</p> <p>Record review did not reveal evidence that the bed hold policy had been sent with Resident #70 when he unexpectedly discharged to the hospital on 1/3/25. Resident #70 did not return to the facility.</p> <p>An interview with Resident #70 was conducted via phone on 2/27/25 at 3:12 PM. He stated he had been in the hospital for about a week. When he was ready to discharge, he was told there were no beds available at this facility and was discharged to another rehabilitation facility. He stated he would have returned to this facility if a bed had been available.</p> <p>On 2/26/25 at 8:07 AM an interview with the Director of Nursing (DON) was conducted. She stated the nurses' print copies of the bed hold policy along with the transfer form and other information to send to the hospital. She stated this was not usually documented anywhere.</p> <p>An interview was conducted with Nurse #3 on 2/27/25 at 1:17 PM. Nurse #3 stated when a resident discharged to the hospital their demographic information, list of medications, diagnoses, emergency contact and code status information was sent with the resident. When asked about the bed hold policy Nurse #3 stated that it was usually sent but sometimes, they ran out of copies.</p> <p>On 2/27/25 at 5:31 PM an interview with the Business Office Manager (BOM) was conducted. She stated that the bed hold policy was not sent to Resident #70 or his Responsible Party (RP). She explained she usually sent the bed hold policy with the hospital information and would follow up with a phone call to the RP. She explained she had been off the day Resident #70 had been sent to the hospital, and she failed to follow up with the RP about the bed hold policy or mail the information. She explained the Regional Business Office Manager had conducted an audit and discovered her follow-up had been missing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	
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 0625  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 2/27/25 at 5:28 PM an interview was conducted with the Administrator. He stated he was unaware of needing to allow a discharged resident to return to the first available bed when none were available at the time of their discharge from the hospital.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35122</p> <p>Based on record review and staff interviews the facility failed to allow a resident to return to the facility after hospitalization for 1 of 1 resident reviewed for hospitalization (Resident #70).</p> <p>Findings included:</p> <p>Resident #70 was admitted on [DATE].</p> <p>Resident #70's admission Minimum Data Set, dated dated [DATE] indicated he was cognitively intact. His diagnoses included type 2 diabetes mellitus with foot ulcer and cellulitis of the right lower extremity.</p> <p>Resident #70 was transferred to the hospital for an acute condition on 1/3/25.</p> <p>Resident #70's hospital discharge summary dated 1/16/25 indicated the hospital case manager had noted [transferring facility name] had been Resident #70's long term care rehabilitation facility preference. The note indicated there had been no availability and Resident #70 had been discharged to another facility.</p> <p>An interview with Resident #70 was conducted via phone on 2/27/25 at 3:12 PM. He stated he had been in the hospital for about a week. When he was ready to discharge, he was told there were no beds available at [transferring facility name] and was discharged to another rehabilitation facility. He stated he would have returned to [transferring facility name] if a bed had been available.</p> <p>An interview with the Admissions Coordinator was conducted on 2/27/25 at 4:13 PM. She explained the bed hold policy had not been given to Resident #70 or his Responsible Party (RP) when he was discharged . She stated most of the time she spoke with the hospital case worker about bed availability and explained it probably was her who had said there were no beds available. She stated Resident #70 would have been allowed to return if a bed had been available. The Admissions Coordinator provided the facility census for 1/16/25 which revealed only one semiprivate female bed was available that day. The Admissions Coordinator explained she had not offered Resident #70 a bed when one became available.</p> <p>On 2/27/25 at 5:28 PM an interview was conducted with the Administrator. He stated he had been unaware of allowing residents to return to the first available bed when no beds were available at the time of discharge from the hospital.</p> <p>Messages were left for the Case Manager at the discharging hospital on 2/27/25 and 2/28/25 with no return call received.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31146</p> <p>Based on record review and staff interview, the facility failed to develop an individualized person-centered care plan in the areas of pain management, anticoagulant and diuretic use, and behaviors for 3 of 6 residents reviewed for comprehensive care plans (Resident #32, #21 and #63).</p> <p>The findings included:</p> <p>1. Resident # 32 was admitted to the facility on [DATE] with a diagnosis that included pain.</p> <p>Review of Resident #32 comprehensive care plan dated 11/21/24 did not reveal a care plan for pain.</p> <p>Review of Resident #32's physician orders dated 11/21/24 stated Oxycodone 5 milligrams (mg) as needed for breakthrough pain, Oxycodone 5mg every 8 hours for pain, Gabapentin 300 mg at bedtime for pain and Gabapentin 600mg 2 times a day for pain.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident # 32 was cognitively intact and was administered pain medication. The pain medication was scheduled and as needed (PRN).</p> <p>Interview with MDS Coordinator #1 on 2/27/25 at 4:29 PM revealed she participated in clinical meetings every morning. During clinical meetings, updates to resident medications were discussed and reviewed which was how she was kept abreast of care planning needs. She stated Resident #32 should have had a care planned for developed for pain due to receiving oxycodone and gabapentin. She indicated she did not develop a comprehensive care plan due to her oversight.</p> <p>Interview with the Director of Nursing (DON) on 2/27/25 at 5:27 PM stated Resident #32 was prescribed scheduled and PRN medications for pain. Medications were reviewed in clinical meetings every morning to include the MDS coordinator. She stated there should have been a care plan developed for Resident #32's pain.</p> <p>46725</p> <p>2. Resident #63 was initially admitted to the facility on [DATE], readmitted on [DATE] with diagnoses that included dementia.</p> <p>A comprehensive Minimum Data Set (MDS) assessment was completed on 1/10/25 and indicated that Resident #63 was cognitively impaired, displayed no behaviors and had no upper extremity impairment.</p> <p>A review of the progress notes by Nurse #1 dated 1/30/25 revealed Resident #63 was observed sitting on the side of her bed with markers and appeared to have put green marker on her lips like lipstick.</p> <p>The active care plan was last reviewed and revised on 2/4/25. There were no revisions made that reflected the need for Resident #63 to have only non-toxic markers provided for her.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the progress notes by Nurse #2 dated 2/5/25 indicated Resident #63 was observed sucking on her markers and pointed to her lips and stated the word lipstick.</p> <p>An observation was made of Resident #63 on 2/26/25 at 8:38 AM. Resident #63 was seated in her wheelchair with bedside table in front of her and had non-toxic markers available in a container along with a coloring book.</p> <p>An interview was conducted with the Activities Director on 2/26/25 at 9:13 AM. She indicated that the family and the facility provided non-toxic markers to Resident #63 as coloring was important to her and staff were to redirect her as needed.</p> <p>An interview was conducted with the Unit Manager on 2/27/25 at 10:04 AM. She indicated Resident #63 had only non-toxic markers and per her family member's request, she was allowed to use non-toxic markers for an activity. She further revealed that staff have been told to redirect Resident #63 if she was seen sucking on markers or attempting to use the markers as lipstick.</p> <p>An interview was conducted with the Medical Director on 2/27/25 at 11:59 AM. She indicated that she was aware and in support of Resident #63 having access to non-toxic markers for activity purposes but would be concerned for Resident #63's safety if she had access to non-toxic markers.</p> <p>The MDS Nurse was interviewed on 2/27/25 at 10:21 AM and explained that the behavioral care plan should have been revised to indicate Resident #63 only needed to have access to non-toxic markers and to be redirected by staff if she was observed using markers as lipstick or sucking on the markers.</p> <p>The Director of Nursing (DON) was interviewed on 2/27/25 at 5:25 PM and stated that Resident #63's change in behavior was discussed in staff morning meetings and that the MDS nurse should have updated her care plan to reflect the change in behavior.</p> <p>3. Resident #21 was admitted to the facility on [DATE] with diagnoses that included atrial fibrillation and essential hypertension.</p> <p>Physician orders dated 1/22/25 included Eliquis (an anticoagulant medication used to reduce the risk of forming blot clots) 5 milligrams (mg) twice a day and furosemide (a diuretic medication used to increase urine output by promoting the excretion of water and electrolytes from the kidneys) 20 mg once a day.</p> <p>January 2025 and February 2025 Medication Administration Records (MAR) recorded Resident #21 received Eliquis 5mg twice a day and furosemide 20mg once a day from 1/22/25-2/27/25.</p> <p>The Admission Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #21 was cognitively impaired, was coded for anticoagulant use.</p> <p>Resident #21's care plan reviewed dated 2/4/25 did not include a focus for the use of blood thinners and/ or anticoagulants or the use of diuretics.</p> <p>On 2/26/25 at 1:31 PM MDS Nurse #1 was interviewed. She verified the care plan for Resident #21 did not include a focus for the use of anticoagulants or the use of diuretics. She stated that it should have been added at the time the MDS was completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Director of Nursing (DON) was interviewed on 2/27/25 at 5:25 PM. She stated that a focus for anticoagulant and diuretic use should have been added to Resident #21's care plan.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	
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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31146</p> <p>Based on observation, record review, and resident, staff, dentist, and physician interviews the facility failed to obtain recommended dental services for 1 of 1 resident (Resident #32) reviewed for dental services.</p> <p>The findings included:</p> <p>Resident #32 was admitted to the facility on [DATE]. Her diagnosis included exfoliation of teeth (process that allows the replacement of the primary dentition with permanent teeth) due to systemic causes, disorientation, hypertensive heart disease, chronic kidney disease, chronic diastolic (congestive) heart failure and periapical abscess without sinus (a dental abscess that occurs when bacteria infects the tooth's root and doesn't drain into a sinus).</p> <p>A quarterly MDS dated [DATE] revealed Resident #32 was cognitively intact. Resident #32 had no mouth pain, facial pain or difficulty chewing. She had no documented weight gain or weight loss. Her pain was documented at a 4 at its highest. Resident #32 was coded as receiving an opioid and she had scheduled and as needed (PRN) pain medication.</p> <p>A consultation/report letter dated 12/5/24 stated Resident #32 was seen in the dental office/oral surgeon for a consultation. Resident #32 was not a candidate for treatment to be done in the office setting. Resident #32 would need to be treated in a hospital setting. The recommendations stated that due to the health history of Resident #32 she was not a candidate for intravenous (IV) sedation in an outpatient setting. Resident #32 was referred back to the dentist to send to a hospital setting for the procedure to be completed. This note was signed by the Unit Manager who documented the consultation report was faxed to the contracted mobile Dentist on 12/6/24.</p> <p>The facility's facsimile cover page dated 1/22/25 indicated a referral for Resident #32 to be seen by an outside dental agency. The facsimile documented: please call the Unit Manager to schedule an appointment or if you have any questions, and that resident required sedation.</p> <p>An interview with the Unit Manager on 2/27/25 at 11:28AM indicated consultation reports following an appointment would come to her either by fax or upon return from an appointment and she reviewed the consultations for further recommendations. She stated the oral surgeon recommendations dated 12/5/24 stated they could not perform the procedure (tooth extraction) on Resident #32 because they could not sedate her for the procedure. She stated following the recommendations from the oral surgeon on 12/5/24, she completed a referral for Resident #32 to be seen by a dental school on 1/22/25. The Unit Manager stated she was unsure of why she had not sent the referral to the dental school before 1/22/25. During the interview, the Unit Manager was observed to review her emails. She stated she had not received confirmation that Resident #32 could be seen by the dental school for the extraction. Additionally, during the interview, the Unit Manager was overheard calling the SW to determine if Resident #32 had been placed on the list for the contracted mobile dentist. It was confirmed that Resident #32 had not been seen by a dentist after the oral surgeon's appointment on 12/5/24. She revealed she had not followed up with the dental school to determine if the procedure could be completed per the referral she completed (1/22/25). The Unit Manager indicated she should have followed up on the referral she sent to determine if Resident #32 could have an extraction at their office.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	
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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and observation of Resident #32 on 2/25/25 at 12:35pm the resident was observed eating her lunch. The meal was of regular texture. Resident #32 was observed to have eaten 75% of her meal. When asked how she was, Resident #2 stated she was ok. Resident #32 did not exhibit any signs or symptoms of pain during the interview. Resident #32 indicated she had to have her tooth extracted because she had some tooth pain.</p> <p>Observation and interview with Resident #32 on 2/27/25 revealed the resident was eating lunch. Her meal consisted of regular texture. Resident #32 did not exhibit any signs of symptoms of pain while chewing. Resident #32 was asked about her meal and did not indicate she was having any pain. Resident #32 stated she had not had her tooth extraction completed yet. She required a prompt to recall past dental visits.</p> <p>The Social Worker (SW) was interviewed on 2/27/25 at 11:15AM. The SW stated she was responsible for completing referrals to include dental services. She had completed a referral for Resident #32 to see the contracted mobile Dentist on 10/7/24. The referral was made due to Resident #32 stating she needed a molar extraction. Any notes or recommendations from that appointment would have been reviewed and filed by the Unit Manager. The Unit Manager would then complete any after-visit notes. The SW stated she was not aware of the oral surgeon recommendations dated 12/5/24. She stated if the Unit Manager needed the SW to assist in scheduling, she (the SW) would have tried to research a hospital that might be able to provide Resident #32 with any needed treatment. She stated Resident #32 had not been seen by a dentist for an oral exam since the consultation with the oral surgeon on 12/5/24.</p> <p>In an interview with the contracted mobile Dentist on 2/27/25 at 2:15pm he revealed he completed his initial exam on Resident #32 on 10/22/24. He recalled Resident #32 having sensitivity of a crown on the lower left side of her mouth. With tapping and percussion Resident #32 had a little bit of pain. Resident #32 had said her previous exam (prior to admission to the facility) indicated she needed an extraction. The Dentist stated he did not take x-rays of tooth #19 (the tooth that required the extraction) to see exactly what the concern was, but he suspected possible nerve damage. He also assumed Resident #32's tooth sensitivity could have been from a possible abscess. Resident #32 was apprehensive of needles which was the reason he referred Resident #32 to have an extraction of tooth #19 with the oral surgeon. The oral surgeon could do deep sedation for dental procedures. He stated he could see a reply in the resident's electronic medical record from the oral surgeon on 12/5/24 with recommendations. The recommendations were to have the procedure done in a hospital setting, but there was no one in the area that he was aware of that would perform the type of procedure Resident #32 needed due to her medical condition and diagnosis.</p> <p>In an interview with the Director of Nursing on 2/27/25 at 5:27PM she stated Resident #32 had a dental consultation report from the oral surgeon on 12/5/24 that stated she (the resident) could not be seen due to IV sedation and her diagnosis. A referral had been sent by the Unit Manager for Resident #32 to seen by a dentist at the dental school in January. The Unit Manager should have followed up on the referral for the dental school before today (2/27/25).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	

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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the Physician on 2/28/25 at 9:58AM she revealed the oral surgeon felt Resident #32 needed general anesthesia to have her tooth extracted. It could be difficult to locate a dentist to do general anesthesia on Resident #32 due to her health condition from a cardiology standpoint. If the facility was unable to find an inpatient facility to do the dental procedure under general anesthesia, the facility should have made her aware so she could attempt to locate an alternative. She was unsure if Resident #32 had a dental visit by the contracted mobile Dentist following the 12/5/24 appointment with the oral surgeon. She would have expected a referral be sent out for Resident #32 to be seen for oral care before 3 or 4 weeks ago (1/22/25) but due to holidays in-between that time it could have caused delay. She further stated Resident #32 was clinically stable and had no complaints regarding tooth pain prior to her appointment with the oral surgeon or thereafter. The facility needed to figure out how to take care of the resident's extraction but not in an emergency setting. The Physician stated she would need to talk with the Nurse and SW to identify a plan.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41579</b></p> <p>Based on observation, record review, and staff interviews, the facility failed to implement infection control policies and procedures when Nurse Aide #1 and Housekeeper #1 failed to don all the required Personal Protective Equipment (PPE) before entering a room with a resident on special contact-droplet precautions. This occurred for 2 of 2 staff observed for infection control practices (Nurse Aide #1 and Housekeeper #1).</p> <p>The findings included:</p> <p>The facility's Infection Prevention and Control Program policy last revised on 12/23/24 and read in part: The infection Prevent and Control Program of this facility maintains an organized, effective, facility wide program designed to systematically identify and reduce the risk of acquiring and transmitting infections among residents, visitors, and employees. This program involves the collaboration of many programs and services within the facility and is designed to meet the intent of regulatory and accrediting agencies.</p> <p>Review of the facility's special contact droplet precautions last revised 12/23/24 read in part, personal protective equipment: put on in this order alcohol-based hand rub or wash with soap and water if visibly soiled, gown, fit tested NIOSH approved respirator (N95) or higher-level respirator, put on eye protection (face shield or goggles), and gloves.</p> <p>1. An observation was conducted on 02/24/25 at 12:03 PM of Nursing Assistant #1 (NA#1). NA #1 entered room [ROOM NUMBER] to deliver Resident #127's lunch meal tray wearing only a surgical mask. The signage that was on the wall beside the room door read in part, special droplet contact precautions.</p> <p>An interview was conducted with NA #1 on 02/24/25 at 12:05 PM and she stated, it's confusing, I thought as long as I was not providing patient care it was ok, since I was just taking the tray in the room.</p> <p>An interview was conducted on 02/24/25 at 12:11 PM with Nurse #3. Nurse #3 stated Resident #127 was on isolation precautions for Respiratory syncytial virus (RSV) and Influenza. She indicated staff were supposed to put on the PPE prior to entering the room.</p> <p>2. On 02/25/25 at 09:21 AM and observation was conducted of Housekeeper #1 in room [ROOM NUMBER] mopping the floor with a surgical mask and gloves on. The signage that was on the wall beside the room door read in part, special droplet contact precautions. During the observation the Unit Manager went to the door of the room [ROOM NUMBER] and instructed Houskeeper #1 to come out of the room and she informed him that he was supposed to have on a N95, gown and face shield as well.</p> <p>An interview was conducted on 02/25/25 at 9:24 AM with Housekeeper #1. He indicated he was not aware that he was supposed to put the PPE on that was listed on the special droplet precautions sign.</p> <p>During an interview with the Director of Nursing on 02/25/25 at 9:32 AM she stated, They're not reading the signs. The DON further stated, we haven't had an isolation in a while. The DON indicated she expected staff to read the signage and put on the PPE that was listed on the signage.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Peak Resources - Brookshire, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Meadowlands Drive Hillsborough, NC 27278	
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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	An interview was conducted with the Administrator on 02/27/25 at 5:45 PM. He indicated staff should read the signs to understand the precautions before entering a room.		