STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER **345439**	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED **07/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PEAK RESOURCES - BROOKSHIRE, INC	**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 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 review and staff interview, the facility failed to develop a comprehensive care plan for urinary tract infection [MEDICAL CONDITION] and catheterization for 1 of 2 residents reviewed for antibiotic use (Resident #1). Findings included: Resident #1 was admitted to the facility on [DATE] with the [DIAGNOSES REDACTED]. The resident had a mild, asymptomatic UTI and was not treated. The resident had physician orders [REDACTED]. The resident was sent to the Emergency Department (ED) for low blood pressure and malaise on 6/11/2020. She was found to have a UTI and was sent back to the facility. The resident had a urology physician order [REDACTED]. On 6/29/2020 the Nurse Practitioner saw the resident and documented history of UTI and [MEDICATION NAME]. A review of the resident ' s quarterly Minimum (MDS) data set [DATE] revealed the resident had a moderate cognitive deficit. The resident was totally dependent for transfer and extensive assistance of one for all other activities of daily living. She was always incontinent of bladder and bowel. The comprehensive care plan was last updated on 7/9/2020 during care conference and there were no problem(s) or approache(s) for UTI or urinary catheterization documented on this plan or prior plan. On 7/14/2020 at 11:45 am an interview was conducted with the Infection Preventionist. He stated that the resident had a UTI and was receiving [MEDICATION NAME] antibiotic to prevent another infection. On 7/14/2020 at 1:20 pm an interview was conducted with the Administrator and Director of Nursing. The DON acknowledged the resident was receiving care for the UTI and intermittent catheterization.
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, the facility failed to use hand hygiene during meal tray retrieval and meal assist for 3 of 3 residents observed (Residents Residing in Rooms 301A, 306A, and 306B) during a COVID19 pandemic. Findings included: The facility infection prevention and control policy dated 5/20/2020 was reviewed and revealed staff were required to be educated in hand hygiene and to use hand hygiene before and after resident contact. On 7/15/2020 at 11:20 am an interview was conducted with the Infection Preventionist (IP). The IP stated that due to an active COVID case in the facility, he increased his infection control and universal precaution surveillance and random observation. He commented that he provided additional education to new housekeeping staff regarding frequent contact surfaces and had not observed any concerns with nursing ' s use of universal precautions. On 7/15/2020 at 1:12 pm an observation was done of Nursing Assistant #1 (NA) retrieve lunch trays from the resident ' s rooms on Hall 300. NA entered room [ROOM NUMBER] and retrieved the lunch tray from the resident ' s bedside table who was residing in Bed A and placed it on the dining cart in the hall. NA entered room [ROOM NUMBER] and assisted the resident residing in Bed B by using her silverware and cutting her food. NA then moved to the Resident residing in Bed A and pickup up his lunch tray off his bedside table. The NA was not observed to have washed his hands by using hand sanitizer or washing his hands for each encounter between the three residents. On 7/14/2020 at 1:20 pm an interview was conducted with NA. He answered Oh I forgot, that ' s right regarding hand washing when assisting residents with their meal and their tray. NA commented that he would clean his hands now and retrieved hand sanitizer from the hall dispenser. NA agreed he should have cleaned his hands between each resident encounter. On 7/14/2020 at 1:40 pm an interview was conducted with the Infection Preventionist (IP). He was informed of the observation of NA regarding hand washing and had no questions. IP commented that staff should use hand sanitizer after each resident encounter and would inform the Administrator. On 7/14/2020 at 2:00 pm an interview was conducted with the Administrator who commented she was informed of the NA ' s failure to wash his hands and had no questions or comments.

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

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.