

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/24/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2024
NAME OF PROVIDER OR SUPPLIER Peak Resources-Outer Banks		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0638 Level of Harm - Potential for minimal harm Residents Affected - Some	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45045</p> <p>Based on record review and staff interviews, the facility failed to complete the Minimum Data Set (MDS) quarterly assessments at a minimum of every 3 months for 1 of 3 residents reviewed for MDS records over 120 days (Resident #65).</p> <p>The findings included:</p> <p>Resident #65 was admitted to the facility on [DATE].</p> <p>Resident #65's Minimum Data Set (MDS) quarterly assessment with an Assessment Reference Date (ARD), (the last day of the 7-day lookback period) of 8/19/23 was observed in the electronic medical record as completed on 10/24/23.</p> <p>Resident #65's MDS quarterly assessment with an ARD of 11/10/23 was observed in the electronic medical record as completed on 1/18/24.</p> <p>A telephone interview was conducted on 1/25/24 at 8:18 am with the MDS Nurse #1 who revealed the MDS assessments were generally completed within a 14-day period. The MDS Nurse #1 stated there was a report that MDS ran sometimes which would list missed assessments that need to be completed and that would trigger them to complete those assessments that were late or missed. MDS Nurse #1 was unable to state why the MDS quarterly assessments were completed late for Resident #65.</p> <p>An interview was conducted on 1/25/24 at 9:24 am with the MDS Nurse #2 who confirmed Resident #65's MDS quarterly assessment completion dates for the 8/19/23 and 11/10/23 assessments were late based on the date and signatures on the assessments. The MDS Nurse #2 stated the quarterly assessments should have been completed within 14 days of the ARD. She stated she manually entered the dates for the assessments in the electronic medical record and then she would run the assessment report which would show when the assessments were due. The MDS Nurse #2 stated she must have just missed completing Resident #65's quarterly assessments; she further stated sometimes things were just missed.</p> <p>During an interview on 1/25/24 at 9:43 am with the Director of Nursing (DON) stated she was not certain of the time frame the assessments were to be completed. The DON revealed she did not normally monitor the MDS assessment for completion and she was unable to state how the MDS assessments for Resident #65 was completed late.</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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0638 Level of Harm - Potential for minimal harm Residents Affected - Some	An interview with the Administrator was conducted on 1/25/24 at 9:48 am who revealed the MDS Nurses were responsible for completing the MDS assessments on time.		

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<p>F 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20710</p> <p>Based on record review and staff interviews the facility failed to complete the Minimum Data Set (MDS) assessments for 2 of 3 residents reviewed for discharge (Resident #67 and Resident #5).</p> <p>Findings included:</p> <p>1. Resident #67 was admitted to the facility on [DATE].</p> <p>Review of Resident #67's medical record revealed the resident was discharged home on 9/12/23. There was no documentation in Resident #67's medical record that the discharge MDS assessment had been completed.</p> <p>During an interview with the MDS Nurse #2 on 1/25/24 at 9:24 AM she indicated Resident #67 should have had a discharge MDS completed. MDS Nurse #2 was unable to state why the discharge MDS assessment had not been completed for Resident #67.</p> <p>During an interview on 1/25/24 at 9:43 AM with the Director of Nursing (DON) stated she was not certain of the time frame the assessments were to be completed. The DON revealed she did not normally monitor the MDS assessment for completion and she was unable to state how the MDS assessment for Resident #67 was not completed.</p> <p>An interview with the Administrator was conducted on 1/25/24 at 9:48 am who revealed the MDS Nurses were responsible for completing the MDS assessments.</p> <p>2. Resident #5 was admitted to the facility on [DATE].</p> <p>Review of Resident # 5's discharge MDS assessment dated [DATE] was observed in the electronic medical record as completed but not transmitted until 1/18/23.</p> <p>During an interview on 1/25/24 at 9:43 am with the Director of Nursing (DON) stated she was not certain of the time frame the assessments were to be transmitted. The DON revealed she did not normally monitor the MDS assessment for completion or transmission and she was unable to state how the MDS assessment for Resident #5 was transmitted late.</p> <p>An interview with the Administrator was conducted on 1/25/24 at 9:48 am who revealed the MDS Nurses were responsible for completing and transmitting the MDS assessments.</p>		