

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>03/20/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS POINTE REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2006 SOUTH 16TH STREET</b> <b>WILMINGTON, NC 28401</b>		
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E 000	Initial Comments  An unannounced recertification and complaint investigation survey was conducted from 3/17/25 through 3/20/25. Event ID # 9IYT11. The facility was found to be in compliance with the requirement CFR 483.73 Emergency Preparedness.	E 000			
F 000	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted from 3/17/25 through 3/20/25. Event ID # 9IYT11.  13 of the 13 complaint allegations did not result in deficiency.  The following intakes were investigated:  NC00221801 NC00226918 NC00221274 NC00215465	F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility	F 842			3/28/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/04/2025

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.

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F 842	<p>Continued From page 1</p> <p>must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</li> </ul> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> <li>(i) The period of time required by State law; or</li> <li>(ii) Five years from the date of discharge when there is no requirement in State law; or</li> <li>(iii) For a minor, 3 years after a resident reaches legal age under State law.</li> </ul>	F 842			

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F 842	<p>Continued From page 2</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and staff and Physician interviews, the facility failed to maintain complete medical records by not documenting a reweight following a significant increase in the weekly weights that were obtained for a resident admitted with acute congestive heart failure. Resident #72 experienced no significant outcome. This occurred for 1 of 1 resident reviewed for weight management (Resident #72).</p> <p>Findings included.</p> <p>Resident #72 was admitted to the facility on 2/25/25 with diagnoses including congestive heart failure and fluid overload.</p> <p>A physician's order dated 2/27/25 for Resident #72 revealed to obtain weekly weights.</p> <p>Review of Resident #72's electronic medical record revealed the following weights:</p> <p>2/25/25 at 5:28 PM the admission weight was 154.0 lbs. documented by Nurse #3.</p> <p>3/03/25 at 9:26 AM the weight was 166 lbs.</p>	F 842	<p>Cypress Pointe Nursing and Rehabilitation center wishes to point out to any person who reviews this document that we do not necessarily agree with the citation in which we were cited. However, the law requires us to prepare a plan of correction for the noted citation regardless of whether we agree with them or not.</p> <p>Thus, we have prepared such a plan as outlined below. Please note, though, that this plan does not constitute an admission that the citations are either legally or factually correct. This plan of correction is not meant to establish any standard of care, contract, obligation or position. Cypress Pointe reserves the right to raise all possible contentions and defense in any civil or criminal claim, action or proceeding.</p> <p>Please accept March 28, 2025 as our allegation of compliance with the citation referenced within this 2567.</p>		

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F 842	<p>Continued From page 3 documented by Nurse #2. 3/15/25 at 3:57 PM the weight was 181 lbs. (pounds) documented by Nurse #1.</p> <p>Review of Resident #72's electronic medical record revealed no documentation that Resident #72 was reweighed on 3/3/25 or 3/15/25 to determine if the weights were accurate.</p> <p>During an interview on 3/20/25 at 4:22 PM Nurse #2 stated she checked Resident #72's weight on 3/3/25 and saw the increase and rechecked the weight but did not document the reweight that was obtained. She stated she verbally reported the weight to the Physician that day and the Physician assessed Resident #72 that day.</p> <p>During an interview on 3/20/25 at 12:20 PM Nurse #1 stated she checked Resident #72's weekly weight on Saturday 3/15/25 and it was up but he was not symptomatic. She reported that she weighed Resident #72 again on Sunday 3/16/25 and his weight was the same and he remained asymptomatic. She stated she did not think to document the reweight that was obtained. She notified the Nurse Practitioner of the weight increase on Monday morning 3/17/25.</p> <p>A physician's note dated 3/3/25 at 10:26 AM revealed Resident #72 was seen at the bedside today. He reported he was doing better. He denied any lower extremity edema or shortness of breath.</p> <p>A physician's order dated 3/5/25 for Resident #72 revealed a new order to obtain weekly weights due to congestive heart failure.</p> <p>A nursing progress note dated 3/15/25 at 1:09 PM</p>	F 842	<p>HOW WILL THE CORRECTIVE ACTION BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>Resident #72 was reweighed on 3/20/2025. There was no weight change that required notification. There were no new orders when the weight was reported to the MD.</p> <p>HOW WILL THE FACILITY IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p> <p>An audit was conducted March 24, 2025 and weights were obtained for current patients with a CHF diagnosis by the Director Of Nursing. There were no changes noted upon obtaining these weights.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR?</p> <p>The Director of Nursing/Designee will conduct reeducation with the licensed</p>		

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F 842	<p>Continued From page 4</p> <p>documented by Nurse #1 revealed Resident #72's vital signs were within normal limits. There was no documentation that a reweight was obtained.</p> <p>A physician's note dated 3/17/25 at 10:32 AM revealed Resident #72 was seen at the bedside today. He reported doing well and without acute concerns. His weight was up but he feels well.</p> <p>During an interview on 3/20/25 at 10:00 AM the Physician stated that he was in the facility daily Monday through Friday. He stated that Resident #72 was admitted recently with congestive heart failure and weekly weights were ordered. He indicated that when a weight was significantly up from the previous weight, then a reweigh should occur to determine accuracy, and the weight should be documented in the medical record.</p> <p>During an interview on 03/20/25 at 4:05 PM the Director of Nursing (DON) stated the Physician was in the facility Monday through Friday and the nurses verbally reported to him daily. She indicated that both nurses should have documented the reweight that was obtained following the significant increase in Resident #72's weight on 3/3/25 and 3/15/25. Reweights were obtained to determine accuracy. She stated education would be provided.</p>	F 842	<p>staff regarding their expectations related to documentation of re weights when there is a noted increase or decrease from the last recorded weight on any patient including those with a diagnosis of CHF.</p> <p>This education will be completed by the DON/Designee on or before March 28,2025. Any Licensed Staff identified as not receiving the education will not be permitted to work until the education has been completed. The DON/Designee will then review these weights daily at the morning QA meeting to ensure that the obtained weight is accurate prior to entry and the weight being recorded is verified.</p> <p>HOW WILL THE FACILITY MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT HTE DEFICIENT PRACTICE WILL NOT RECURE:</p> <p>Audits will be conducted twice weekly for 8 weeks by the center Director of Nursing/Designee regarding appropriate record entry of weights and reweights. Audits will be conducted twice weekly for eight weeks by the center Director of Nursing or Designee on appropriate record keeping of weights and reweights. The QA team will reivew, analyze and report the results at the monthly QAPI meeting to validate compliance has been ascertained, sustained and implement any required changes to the auditing process if recommended/appropriate. Subsequent plans of correction will be implemented as deemed necessary/appropriate. Following</p>		

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F 842	Continued From page 5	F 842	three months of audits with sustained compliance in ongoing audits the QAPI team will review the need for ongoing audits as it relates to the aforementioned.		