

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345330	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/22/2026
NAME OF PROVIDER OR SUPPLIER The Graybrier Nursing and Retirement Center			STREET ADDRESS, CITY, STATE, ZIP CODE 116 Lane Drive , Trinity, North Carolina, 27370	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted from 1/20/26 through 1/22/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1E1039-H1.	E0000		02/06/2026
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 1/20/26 through 1/22/26. Event ID #1E1039-H1. The following intakes were investigated 871720, 2677323, and 871721. 5 of the 5 complaint allegations did not result in deficiency.	F0000		02/06/2026
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an	F0641	On 1/22/2026 the Minimum Data Set (MDS) assessment for Resident #37 was updated to reflect falls accurately; this assessment was re-submitted on 1/22/2026, by the MDS Coordinator upon completion. On 1/22/2026 the MDS assessments for Resident #25 was updated to catheter use accurately; this assessment was re-submitted on 1/22/2026, by the MDS Coordinator upon completion. The MDS Coordinator conducted an audit which included 100% of MDS assessments, to ensure for accurate coding of falls and accurate coding of catheter use. The audit was documented, completed, and reviewed with the Administrator on 1/28/2026. There were no errors noted as result of the audits. All MDS staff received re-education from the Director of Nursing (DON) on Resident Assessment Instrument (RAI) manual guidelines related to catheter coding and falls, including required documentation and look-back periods. Additionally, Administrative Nurses were included in the education. Re-education was completed on 2/4/2026. The interdisciplinary team (nursing, therapy, and MDS) will collaborate during MDS completion to verify clinical accuracy, specifically for catheter use and coding of falls.	02/06/2026

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 reverse for further 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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F0641 SS = D	<p>Continued from page 1 individual who willfully and knowingly-</p> <p>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>§483.20(j)(2) Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record reviews and staff interviews, the facility failed to code the Minimum Data Set (MDS) assessment accurately in the areas of accidents (Resident #37) and urinary catheter (Resident #25) for 2 of 19 residents whose MDS assessments were reviewed (Resident #37 and Resident #25).</p> <p>The findings included:</p> <p>1) Resident #37 was admitted to the facility on 4/16/25 with diagnoses that included muscle weakness, history of a left hip fracture and mild cognitive impairment.</p> <p>A review of Resident #37's medical record showed that she experienced three falls since the last quarterly MDS assessment dated 7/24/25: a fall with major injury on 8/1/25, a fall with no injury on 8/9/25, and a fall with minor injury on 10/19/25.</p> <p>The quarterly MDS assessment dated 10/23/25 indicated that Resident #37 was cognitively intact and was coded as having had one fall with minor injury since the previous assessment of 7/24/25.</p> <p>On 1/22/26 at 12:31 PM, an interview occurred with the MDS Coordinator who reviewed Resident #37's 10/23/25 MDS assessment and medical record. She confirmed the resident had experienced three falls since the previous assessment dated 7/24/25. She acknowledged that the 10/23/25 MDS should have been coded to reflect one fall with no injury and one fall with major injury, in addition to the fall that was already coded with a minor injury. She stated an as needed MDS nurse completed that portion of the MDS assessment and felt</p>	F0641	<p>Continued from page 1</p> <p>The DON or designee will review and collaborate with the MDS Coordinator on MDS assessments involving coding of catheters and falls, for the duration of Quality Assurance audits, as listed below.</p> <p>The MDS Coordinator or designee will conduct monthly audits of a minimum of:</p> <p>All MDS assessments involving catheters and falls for one month.</p> <p>25% of MDS assessments involving catheters and falls for two additional months.</p> <p>Audit findings will be documented and reviewed by the Quality Assurance and Performance Improvement (QAPI) Committee, for at least the duration of audits.</p> <p>Identified trends or issues will result in additional staff education and corrective action as needed.</p> <p>The facility alleges full compliance with this plan of correction on 2/6/2026.</p>	

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F0641 SS = D	<p>Continued from page 2 the omission was an oversight.</p> <p>An interview with the Director of Nursing on 1/22/26 at 1:25 PM indicated that it was her expectation that MDS assessments be coded accurately for accidents.</p> <p>2) Resident #25 was admitted to the facility on 4/21/25 with diagnoses that included neuromuscular dysfunction of the bladder and neurogenic bladder.</p> <p>Resident #25's physician orders included an order dated 4/21/25 to flush the suprapubic catheter with 60 cubic centimeters (cc) of normal saline (NS) every shift and an order dated 4/21/25 to provide urinary catheter care every shift.</p> <p>The care plan initiated 4/30/25 revealed Resident #25 had an indwelling suprapubic catheter.</p> <p>A review of Resident #25's December 2025 and January 2026 Medication Administration Records (MARs) revealed that nurses documented Resident #25's suprapubic catheter was flushed every shift with 60cc of NS from 12/27/25 through 1/2/26.</p> <p>A review of Resident #25's December 2025 and January 2026 Treatment Administration Records (TARs) revealed nurses documented Resident #25 received urinary catheter care every shift from 12/27/25 through 1/2/26.</p> <p>Resident #25's most recent quarterly Minimum Data Set (MDS) assessment dated 1/2/26 indicated Resident #25 was cognitively intact and did not have an indwelling urinary catheter.</p> <p>An interview was conducted on 1/22/26 at 3:50 PM with MDS Coordinator. She reviewed Resident #25's quarterly MDS assessment dated 1/2/26 and verified Resident #25 was coded as not having an indwelling urinary catheter. The MDS Coordinator indicated an as needed MDS Nurse coded the Bladder and Bowel Section of Resident #25's MDS and felt it was coded incorrectly in error. The MDS Coordinator revealed Resident #25 had a suprapubic catheter present when the assessment was completed and should have been coded as such.</p> <p>During an interview on 1/22/26 at 3:57 PM with the Director of Nursing (DON), she stated she expected the MDS assessments to be coded accurately for each resident.</p>	F0641		