STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345371	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PruittHealth-Trent	**836 Hospital Drive , New Bern, North Carolina, 28560**

(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 on 5/11/26 through 5/14/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 231137-H1.	E0000		05/22/2026
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 5/11/26 through 5/14/26. Event ID 231137-H1. The following intakes were investigated: 2626978, 2968892, 741455, 2960457, 2744299, 741452, 741449, 741453, 2644581, 2637915, 2588131, 2632998, and 2631758. 31 of the 31 allegations did not result in deficiency.	F0000		05/27/2026
F0688 SS = D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is NOT MET as evidenced by:	F0688	1. Corrective action for residents identified in the deficient practice Resident # 47 was identified for not receiving ordered restorative care for bilateral upper and lower extremity for active range of motion six days a week. Resident #47 was assessed by the Director of Health Services (DHS), Restorative Nurse, and therapy department on May 18, 2026, to ensure restorative nursing services were appropriate and implemented according to physician orders and the care plan. The resident restorative program was reinstated/revised to include ordered interventions for a range of motion, transfers, and activities of daily living support as appropriate. Staff assigned to resident #47 were educated on May 18, 2026 by the DHS regarding the restorative program requirements, documentation expectations, and completion of services as ordered. Any missing documentation, incomplete restorative interventions, or care plan discrepancies were corrected by May 25, 2026. 2. Identification of other residents who may be affected	05/30/2026

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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F0688 SS = D	Continued from page 1 Based on record review and resident and staff interviews, the facility failed to provide restorative services as outlined in the plan of care for 1 of 3 residents reviewed for rehabilitation and restorative services (Resident #47). Findings included: Resident #47 was admitted to the facility on 2/17/26 with active diagnoses that included lumbar spinal stenosis with neurogenic claudication (intermittent leg pain from impingement of the nerves emanating from the spinal cord), hypertension, and diabetes mellitus. Resident #47's Minimum Data Set assessment dated 3/26/26 revealed he was assessed as cognitively intact. He had no functional impairment of range of motion to his upper and lower extremities and no contractures. Review of a restorative communication sheet from therapy dated 4/28/26 indicated Resident #47 required Active Range of Motion and Active-Assisted Range of Motion to both lower extremities six days per week. The documented goal was to reduce the likelihood of functional loss and prevent skin integrity issues. The interventions instructed staff to place the resident on restorative services for range-of-motion exercises. Resident #47's care plan dated 5/3/26 indicated Resident #47 required Active Range of Motion and Active-Assisted Range of Motion to both lower extremities six days per week. The documented goal was to reduce the likelihood of functional loss and prevent skin integrity issues. The interventions instructed staff to place the resident in the restorative nursing program for range-of-motion exercises. Resident #47's restorative documentation showed the resident was scheduled to begin restorative programming on 4/29/26 and he received 15 minutes of restorative services on 4/29/26 and another 15 minutes on 5/5/26. No further restorative sessions were documented for Resident #47. During an interview on 5/11/26 at 11:18 AM, Resident #47 stated Restorative Aide #1 currently provided his restorative exercises. He added that he often did not receive restorative care because the aide was assigned to work on the unit and could not come to him. Resident #47 commented that he did not expect to receive restorative care that day	F0688	Continued from page 1 A 100% audit of all restorative residents was conducted by the DHS on May 25, 2026 which identified eight residents who had the potential to be affected. An audit of all residents currently receiving restorative nursing services was completed by the DHS on May 25, 2026 to ensure: Physician orders matched restorative interventions Documentation was complete and accurate Restorative services were provided as ordered Any identified issues were corrected immediately. 3. Systemic changes made to prevent recurrence All licensed nurses, restorative aides, certified nursing assistants (CNA) were educated by the Clinical Competency Coordinator (CCC) on May 27,2026. Anyone not educated by May 27, 2026, will be educated prior to their next shift. This education will be added to new hire orientation for restorative aides, licensed nurses, and CNA. The education included: All licensed nurses, restorative aides, and all CNAs we re-educated regarding: Restorative nursing program requirements Accurate documentation Timely completion of restorative services Notification process for refusals or declines A weekly restorative meeting was initiated with the DHS, Minimum Data Set (MDS) Coordinator, Therapy Department, and Restorative Nurse to review resident programs, compliance, and documentation accuracy. Care plans will be reviewed during clinical meetings to ensure interventions remain appropriate to	05/30/2026

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F0688 SS = D	Continued from page 2 because she had another assignment. He reported he did not feel a decline in his range of motion or bed mobility due to the missed sessions. During a follow-up interview on 5/12/26 at 3:43 PM, Resident #47 stated he had not received restorative care either that day or the day prior. During an interview on 5/13/26 at 1:50 PM, Restorative Aide #1 stated she was the only restorative aide and was responsible for providing restorative services to Resident #47. Restorative Aide #1 indicated Resident #47 was to get restorative services 6 times a week. She explained she was unable to complete restorative sessions when she was reassigned as a nurse aide, which occurred on 5/11/26 and 5/12/26. She reported she worked on the hall both days and therefore did not conduct restorative programming with Resident #47. She stated the resident began restorative care on 4/29/26 but she could not recall additional dates he may or may not have received services. She added she did not notify anyone when reassigned because management would already know she had been pulled to the floor. During an interview on 5/13/26 at 2:29 PM, the Therapy Director stated therapy added restorative care to Resident #47's care plan requiring services six days per week. She added that a written description of the required restorative activities was provided to the Nurse Navigator, who then distributed the information to the Restorative Aide. She stated it was beneficial for him to receive continued restorative services to maintain his range of motion. During an interview on 5/13/26 at 2:17 PM, the Nurse Navigator stated that when therapy initiated restorative programming, she received written notification from therapy and therapy also updated the care plan. She explained she created a list for the restorative aide outlining each resident's restorative tasks. She stated Resident #47 should have received restorative services six days per week beginning 4/29/26. She confirmed that the resident had received only two restorative sessions since that date and that he was scheduled to receive care on 5/13/26. She concluded the resident should have received significantly more restorative intervention than what was documented. During an interview on 5/13/26 at 2:34 PM, the Administrator stated restorative care must be delivered according to each resident's plan of care. She reported this situation was an unfortunate miss,	F0688	Continued from page 2 residents' needs. 4. Monitoring process to ensure continued compliance The DHS/Therapy/ MDS will complete restorative nursing audits: 3 residents weekly x 4 weeks Then 5 residents monthly x 2 months Audits will include: Verification of restorative documentation Observation of restorative interventions Review of care plans and physician orders Staff compliance with restorative programming The DHS will bring findings to the Quality Assurance and Performance Improvement meeting monthly. Results will be reviewed for the need of any additional education, modification, or corrective action until sustained compliance is maintained. Completion Date: 5/30/2026	05/30/2026

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F0688 SS = D	Continued from page 3 as alternate staff could have been reassigned to support restorative services when the restorative aide was unavailable. She stated this issue had not been brought to her attention before the survey.	F0688		05/30/2026