STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
E 000	Initial Comments An unannounced recertification and complaint investigation survey was conducted from 5/5/2025 through 5/82025. Additional information was obtained on 5/12/2025. Therefore, the exit date was changed to 5/12/2025. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# B9UD11.	E 000		
F 000	INITIAL COMMENTS An unannounced recertification and complaint investigation survey was conducted from 5/5/2025 through 5/8/2025. Additional information was obtained on 5/12/2025. Therefore, the exit date was changed to 5/12/2025. Event ID # B9UD11. The following intakes were investigated: NC00229799, NC00229561, NC00227742, NC00229751, NC00226747, NC00225140, NC00225080, NC00223675, and NC00223355. 6 of 25 complaint allegations resulted in deficiency.	F 000		
F 553 SS=D	Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3) §483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the	F 553		

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

Electronically Signed | 06/07/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 553	Continued From page 1 expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iii) The right to be informed, in advance, of changes to the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. §483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must- (i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. This REQUIREMENT is not met as evidenced by: Based on record review, resident, Resident Representative, and staff interviews, the facility failed to conduct quarterly care conferences with residents and their families for 3 of 3 residents reviewed for care conferences (Resident #25, Resident #12, and Resident #41). The findings included: A. Resident #25 was admitted to the facility 6/11/24. The Significant Change Minimum Data Set (MDS) assessment dated 4/10/25 assessed Resident #25 to be cognitively intact.	F 553	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 553	Continued From page 2	F 553		

Review of Resident #25's medical record revealed a care conference conducted on 1/6/25. The medical record indicated the next care conference date was 4/6/25. Review of the medical record revealed no care conference had been conducted on 4/6/25.

Resident #25 was interviewed on 5/6/25 at 8:59 AM. When asked if she had participated in quarterly care conferences, Resident #25 reported she had, but it had been "months since the last one."

B. Resident #12 was admitted to the facility 11/12/24.

The quarterly MDS assessment dated 2/10/25 assessed Resident #12 to be cognitively intact.

The medical record for Resident #12 was reviewed and a care conference was documented on 11/19/24. The medical record indicated the next care conference date was 2/17/25. Review of the medical record revealed no care conference had been conducted on 2/17/25.

Resident #12 was interviewed on 5/8/25 at 12:51 PM and he reported he participated in a care conference in November 2024 when he was admitted to the facility but had not had another since then.

C. Resident #41 was admitted to the facility 12/23/24.

The quarterly MDS documented Resident #41 was severely cognitively impaired.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 553	Continued From page 3	F 553		

Review of Resident #41's medical record revealed no care conferences documented.

Resident #41's Representative was interviewed by phone on 5/5/25 at 5:40 PM. The Representative reported she had not received an invitation to a care conference. The Representative explained she was Resident #41's Power of Attorney and she expected to be invited to care conferences.

The former SW was interviewed by phone on 5/7/25 at 4:37 PM. The SW explained that she was not aware the care conferences were her responsibility and thought it was another staff member's responsibility. The SW explained when she was told it was her responsibility, she was so behind, she was unable to get caught up.

The Nurse Consultant and Administrator were interviewed on 5/7/25 at 2:01 PM. The Administrator reported the Social Worker (SW) had been responsible for the care conferences. The SW had been terminated from her position and when the facility consultant reviewed charts, the Nurse Consultant discovered that the care conferences had not been completed. The Administrator reported he expected the care conferences to be completed quarterly, and the residents and representatives to be invited. The Nurse Consultant explained that she had conducted a 100% audit of all residents, and the facility had distributed the work between departments to complete the care conferences.

The facility provided the following corrective action plan with a completion date of 5/3/25:

How corrective action will be accomplished for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 553	Continued From page 4 those residents found to have been affected by the deficient practice On April 4.16.2025 the Social Worker was suspended from her position due to job performance. Ultimately, this would also be her last day working for the Organization. In efforts to identify issues needing to be addressed within the Social Services Department, the facility began to conduct internal audits to address areas within her job duties. On 5.2.2025 it was discovered that several residents had not had either had care plans scheduled, or there was no documentation to validate care plans had been held. Resident #25's care conference was scheduled for 5/15/25; Resident #12's care conference was scheduled for 5/5/25; Resident #41's care conference was scheduled for 5/12/25. Address how the facility will identify other residents having the potential to be affected by the same deficient. All residents have the potential to be affected by this deficient practice. On 5.2.2025, the Nurse Consultant conducted an audit on 100% of resident charts to identify residents who were missing documented care plan meetings. Forty-five of 82 residents were identified as not having documented quarterly care plan meetings. Care Plan meetings for the identified residents will be scheduled were scheduled and held beginning 5.5.2025. Care Plan meetings will be held by 5.16.25, unless families and/or responsible parties have conflicts and cannot attend.	F 553		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 553	Continued From page 5	F 553		

Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.

On 5.2.2025, an abbreviated Ad Hoc Quality Assurance Performance Improvement (QAPI) Meeting was held to discuss the findings related to care plan meeting audit. Due to the nature of the audit's findings and urgency to resolve the deficient practice, the abbreviated Ad Hoc committee assigned the facility Infection Preventionist to contact families telephonically to schedule meetings.

To ensure the deficient practice does not reoccur, on 5.2.2025, the Administrator re-educated the designated facility interdisciplinary team members on the policy and procedure for the right of residents to participate in the person-centered care planning process. Meeting attendees included the Administrator, Clinical Competency Coordinator, Director of Health Services, Assistant Director of Health Services. Dietary Manager, Case Mix Director, and Activities Director. This education has also been added to the facility's General Orientation for all newly hired interdisciplinary team members.

Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

The Assistant Director of Health Services will audit 10 records weekly to ensure care plan meeting notification to residents, families and/or responsible parties has been made and scheduled. The Assistant Director of Health Services will also audit the previous week's care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 553	Continued From page 6	F 553		

plan meetings to ensure there is documentation of the meeting. This audit will be conducted weekly for 4weeks. Thereafter, audits will be conducted twice monthly for two months, and then monthly for three months.

The Assistant Director of Health Services will present audit findings and analysis to the Administrator weekly and with the Quality Assurance and Performance Improvement Committee monthly for three months and until compliance is maintained. The Assistant Director of Health Services is responsible for implementing and maintaining the acceptable plan of correction. The decision to monitor and include in QAPI was made 5/2/2025.

Date of compliance: 5.3.2025

The facility's corrective action was reviewed on-site and validated on 5/8/25.

Initial audits were reviewed and 100% of residents in house on 5/2/25 were reviewed and 45 of the 82 residents were identified as not having care conference meetings.

Staff were interviewed regarding calling resident representatives to schedule care conferences.

Resident Representative for Resident #41 reported she had received an invitation to a care conference to be conducted the week of 5/12/25.

The ad-hoc QAPI meeting minute notes for 5/2/25 were reviewed and the team discussed the missed care conferences and developed a plan for correction.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 553	Continued From page 7 Education provided to the interdisciplinary staff and general orientation for interdisciplinary staff was reviewed and included review of the facility policy "Care Plans". The facility compliance date of 5/3/25 was validated on 5/8/25.	F 553		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-	F 580		6/13/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 580	Continued From page 8 (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, and Nurse Practitioner (NP) and staff interviews, the facility failed to notify the physician of an unsuccessful attempt to insert a midline intravenous (IV) line (long, thin, flexible tube that is inserted into a large vein in the upper arm) for 1 of 3 residents reviewed for notification (Resident #80). The findings included: Resident #80 was admitted to the facility 11/17/20 with diagnoses including stroke and dementia. The quarterly Minimum Data Set assessment dated 2/10/25 did not conduct an interview for cognition because Resident #80 was rarely or never understood.	F 580	Corrective action for the residents found to be affected by the deficient practice. Resident #80 expired on 03.02.2025. Corrective action for other residents having the potential to be affected by the same deficient practice. All facility residents have the potential to be affected by the deficient practice. All current residents with a physician order for a procedure or diagnostic exam have been audited (05.28.2025). Any resident with a physician order for a procedure or diagnostic exam who were identified as refusing their procedure or diagnostic exam, or their procedure or diagnostic exams could not be obtained, the Physician or Nurse Practitioner was	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 580	Continued From page 9 A NP note dated 2/27/25 documented a positive urine culture and potential pneumonia for Resident #80 and ordered cefepime (an antibiotic) to be administered by IV due to Resident #80's refusal to take oral medications. Physician orders for Resident #80 were reviewed and revealed an order dated 2/27/25 to insert a midline IV to be inserted. An order dated 2/27/25 specified cefepime 1 Gram to be administered in 50 milliliters of dextrose intravenously every 12 hours starting on 2/28/25. A nursing note dated 2/27/25 written by Nurse #3 documented the midline IV was not inserted because Resident #80 was pulling and jerking her arm away. The note documented the Resident Representative was notified. An interview was conducted with Nurse #3 on 5/8/25 at 11:39 AM. Nurse #3 reported she was assigned to Resident #80 on 2/27/25 when the infusion company attempted to insert the midline IV, but Resident #80 was combative and would not allow them to insert the IV. Nurse #3 reported she told the Resident Representative the IV could not be inserted. When asked if Nurse #3 called the on-call NP to notify the physician, Nurse #3 reported she had told the Unit Manger (UM) that the midline IV could not be inserted and she assumed the UM would call the on-call NP. The UM was interviewed by phone on 5/12/25 at 4:37 PM. The UM reported she was working on 2/27/25 and was told by Nurse #3 that Resident #80 did not have the midline IV inserted because she was combative. The UM explained she did	F 580	notified. No issues were identified during this audit. Systemic changes made to ensure that the deficient practice will not recur. Systemically, when residents refuse a physician ordered procedure or diagnostic exam, or if a physician ordered procedure or diagnostic exam is unable to be obtained, licensed nurses will call the providers on-call service as a second step communication method. The on-call service will then contact the provider via text, of which, provider is obligated to respond. An Ad Hoc Quality Assessment and Performance Improvement meeting was held to discuss and review its procedures for Notification of Changes (05.30.2025). The Clinical Competency Coordinator and Assistant Director of Health Services completed education with Licensed Nurses on Notifying Physicians and Practitioners when residents refuse a physician ordered procedure or diagnostic exams or if physician ordered procedure or diagnostic exam is unable to be obtained (06.10.2025). Licensed nurses who are unable to be reached by 06.10.2025 to receive education will be in-serviced prior to the start of their next scheduled shift. Additionally, Licensed Nurses will be provided with this education during New Hire General Orientation. Plans to monitor its performance to make sure that the solutions are sustained. The Assistant Director of Health Services will audit all orders to ensure Physicians	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 580	Continued From page 10 not call the on-call NP to notify the physician because that would have been Nurse #3's responsibility. The NP was interviewed by phone on 5/12/25 at 9:55 AM. The NP reported that Resident #80 had been refusing oral medications and the Resident Representative agreed to trying IV medications for the urinary tract infection and possible pneumonia. The NP explained that neither her nor the on-call NP received a notification that the midline IV was not inserted on Resident #80 due to her combativeness on 2/27/25. The NP reported the UM notified her the midline was not inserted the morning of 2/28/25. The NP reported that she would not have ordered anything to be done for Resident #80 after the failed attempt to start the midline IV on 2/27/25, however, she expected to be notified immediately of any refusals or changes for residents. The NP explained that not receiving the antibiotic on 2/28/25 did not adversely affect Resident #80's outcome and she would not have ordered a different antibiotic on 2/27/25 until she was able to consult with a pharmacist. The Director of Nursing (DON) was interviewed by phone on 5/12/25 at 4:54 PM. The DON explained that during the morning meeting on 2/28/25, the interdisciplinary team reviewed nursing notes from the previous date and noted that the on-call NP had not been notified that Resident #80 was combative and the midline IV was not inserted. The DON reported they recognized the staff nurses required education about notifying the NP, but because this was an isolated incident, they did not start a plan of correction with monitoring and only provided education to the nursing staff. The DON reported	F 580	or other Medical Practitioners have been notified when a physician ordered procedure or diagnostic exams is not obtained. Follow up Contact with the Physician or Medical Practitioner or on-call service will be made by the Assistant Director of Health Services to validate notification. These audits will be conducted three times a week for four weeks. Thereafter these audits will be conducted twice a week for four weeks, and then weekly for four weeks. The results of the audits will be shared with the Facility Administrator and Director of Health Services weekly. The Director of Health Services will report on the analysis of the audits to the Facility Quality Assurance and Performance Improvement Committee monthly until substantial compliance is achieved. The Quality Assessment and Performance Improvement meets monthly; the Medical Director attends quarterly. Date of Alleged Compliance: 06/13/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 580	Continued From page 11 he expected the nursing staff to report resident changes and refusals to the on-call NP.	F 580		
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, staff and Medical Director interviews the facility failed to administer scheduled medication as ordered by the physician for 7 of 24 residents on the 500 hall reviewed for medication administration (Resident #339, Resident #335, Resident #20, Resident #13, Resident #43, Resident #8, Resident #11). The findings included: A. Resident #339 was admitted to the facility on 10/17/2024 with a diagnosis that included major depressive disorder and generalized anxiety Physician order dated 10/17/2024 revealed an order to administer Resident #339 Lorazepam (antidepressant and anxiety) 2 mg at bedtime. Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #339 did not receive Lorazepam 2 mg at 9:00 PM on 12/7/2024. B. Resident #335 was admitted to the facility on 8/4/2020 with a diagnosis that included major depressive disorder and anxiety disorder.	F 658	Resident #339 discharged from the facility. Resident #335 has expired. Resident #339 discharged from the facility. Residents #20, # 13, 43, 8, and #11 remain in the facility. The facility Medical Director was notified of these residents not receiving their medication. The Facility Medical Director concluded there were no adverse findings or outcomes because of these residents missing their ordered medications. Since 12.08.2024, there has been adequate staffing for the 500 Hall. All facility residents have the potential to be affected by the deficient practice. The facility Medical Director conducted a general sweep of the affected hall of residents (500) to review any high-risk medications. The Medical Director concluded the affected residents missing a single dose or two of medication, in many chronic conditions, would not and did not result in decomposition or adverse outcomes. The Medical Director also conducted a general sweep of the other	6/13/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 658	Continued From page 12 Physician order dated 3/17/2023 revealed an order to administer Resident #335 Mirtazapine (antidepressant and anxiety) 7.5 mg at bedtime. Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #335 did not receive Mirtazapine 7.5 mg at 8:00 PM on 12/7/2024. C. Resident #20 was admitted to the facility on 5/15/2020 with a diagnosis that included pain in right knee and major depressive disorder. Physician order dated 9/24/2021 revealed an order to administer Resident #20 Mirtazapine (depression) 15 mg at bedtime. Physician order dated 10/31/2024 revealed an order to administer Resident #20 Gabapentin (pain) 100 mg two times a day. Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #20 did not receive Gabapentin 100 mg at 8:00 PM and Mirtazapine 15 mg at 8:00 PM on 12/7/2024. D. Resident #13 was admitted to the facility on 10/15/2024 with a diagnosis that included major depressive disorder. Physician order dated 10/15/2024 revealed an order to administer Resident #13 Zoloft (antidepressant) 100 mg at bedtime. Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #13 did not receive Zoloft 100 mg at	F 658	resident halls in review of missed ordered medications. For those identified to have missed ordered medications, he concluded these residents also would not and did not result in decomposition or adverse outcomes. The Director of Health Services will provide education to all Licensed Nurses on following Physician Orders by 06.10.2025. Education advises immediate notification to the Physician or Medical Practitioner and Director of Health Services or designee is required when Licensed Nurses are unavailable or unable to administer ordered medication. Licensed nurses who are unable to receive this education by 06.10.2025 will be in-serviced prior to the start of their next scheduled shift. Additionally, newly hired Licensed Nurses will be provided with this education during the New Hire General Orientation. Systemically, when licensed nurse staff are unavailable or unable to administer medication, the Nurse in Charge or Designee will notify the Physician or Medical Practitioner, and Director of Health Services. The Licensed Nurse will call the providers on-call service as a second step communication method. The on-call service will then contact the provider via text, of which, provider is obligated to respond. To monitor the performance of this systemic change, the Assistant Director of Health Services or designee will review all resident s Medication Administration Record for missed medications when	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 658	Continued From page 13 9:00 PM on 12/7/2024. E. Resident #43 was admitted to the facility on 3/25/2024 with a diagnosis that included Alzheimer's disease. Physician order dated 3/25/2024 revealed an order to administer Resident #43 Donepezil (Alzheimer's disease) 10 mg at bedtime. Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #43 did not receive Donepezil 10 mg at 8:00 PM on 12/7/2024. F. Resident #8 was admitted to the facility on 12/29/2022 with a diagnosis that included major depressive disorder. Physician order dated 2/23/2024 revealed an order to administer Resident #8 Trazodone (antidepressant) 25 mg at bedtime. Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #8 did not receive Trazodone 25 mg at 8:00 PM on 12/7/2024. G. Resident #11 was admitted to the facility on 7/2/2020 with a diagnosis that included generalized anxiety disorder and major depressive disorder. Physician order dated 6/7/2024 revealed an order to administer Resident #11 Mirtazapine (antidepressant, anxiety) 7.5 mg at bedtime. Review of the Medication Administration Record (MAR) for the month of December 2024 indicated	F 658	licensed nurses are unable or unavailable to administer medication. These audits will be conducted three times a week for four weeks. Thereafter these audits will be conducted twice a week for four weeks, and then weekly for four weeks. The results of the audits will be shared with the Facility Administrator and Director of Health Services weekly. The Director of Health Services will report on the analysis of the audits to the Facility Quality Assurance and Performance Improvement Committee monthly until substantial compliance is achieved. The Quality Assessment and Performance Improvement meets monthly; the Medical Director attends quarterly. Date of Alleged Compliance: 06/13/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 658	Continued From page 14	F 658		

Resident #11 did not receive Mirtazapine 7.5 mg at 8:00 PM on 12/7/2024.

A telephone interview was conducted with Nurse #4 on 5/8/25 at 8:46 AM. Nurse #4 stated on 12/7/2024 she was assigned a shift of 7:00 PM to 7:00 AM. She indicated after 10:30 PM there were only two nurses (Nurse #5 and herself) in the facility to administer medications. Nurse #4 nor Nurse #5 wanted to take responsibility for taking an additional assignment when Nurse #6 left at 11:00 PM. Due to only having two Nurses on 3rd shift, she contacted the Administrator to communicate she did not feel safe taking the medication cart keys for the 500 hall because she would be responsible for administering medications to the entire unit (400 and 500 halls). Nurse #4 stated she nor Nurse #5 administered medication to the 500 hall resulting in the residents not receiving medications as ordered.

An interview was attempted with Nurse #6 on 5/8/2025 at 11:26 AM. The phone call was not returned.

An interview was attempted with Nurse #5 on 5/8/2025 at 11:28 AM, her mailbox was full and a message could not be left. Another call was attempted with Nurse #5 on 5/8/2025 at 1:14 PM, after the surveyor introduced herself the call was disconnected. At 1:15 PM a final attempt was made to call Nurse #5 back with no answer and her mailbox was full and no message could be left.

The Infection Preventionist was interviewed on 5/8/25 at 1:23 PM. She revealed on 12/7/24 she was acting as the interim DON. The Infection Preventionist stated she did not recall being

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 658	Continued From page 15	F 658		

contacted by the Administrator or nursing staff regarding there not being a nurse assigned to administer medications. Had she been contacted about the staffing concern she would have come into the facility to cover the shift to ensure medications were administered according to the physician orders.

An interview was conducted on 5/9/2025 at 9:43 AM via telephone with the Medical Director. During the interview the Medical Director stated he did recall the incident when residents did not receive medication but did not recall the exact date or time. He recalled there was no delay in his notification and implementation of interventions which included assessment of all affected residents to ensure there was no significant change in resident status due to missed doses of medication. He conducted a "general sweep" of the affected hall (500) to review any high-risk medications. He stated in general missing a single dose or two of medication in many chronic conditions would not result in decompensation or adverse outcomes.

An interview was conducted on 5/8/2025 at 7:49 AM with the Administrator. During the interview he revealed on 12/7/2024 (time unknown) he was informed by Nurse #4 the facility was short nursing staff on the 7:00 PM to 7:00 AM shift. He stated he asked the dayshift Nurse #6 to stay until 11:00 PM leaving the facility with two nurses Nurse #4 and Nurse #5 after 11:00 PM. After being notified by Nurse #4 she was not going to administer medications on the 500 hall, he attempted to contact other nurses to cover the unit. He further stated when he arrived at the facility, he felt as though there was sufficient staff. The Administrator contacted the Medical Director

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 658	Continued From page 16 and notified him that medications had not been administered to residents on the 500 hall due to not having a nurse. The Administrator stated the Medical Director adjusted medication times and residents were assessed with no negative outcomes. An additional interview with the Administrator was conducted on 5/9/2025 at 10:43 AM. He stated the expectation of the nurses was to ensure all residents received their medication. He further stated if the unit was short staffed the expectation was for the nurse on the unit to get report from the off going nurse and take the medication cart keys to administer medication to the residents.	F 658		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35 Nursing Services. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a) Sufficient Staff. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:	F 725		6/13/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 725	Continued From page 17 (i) Except when waived under paragraph (f) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (f) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on record review, Medical Director and staff interviews, the facility failed to have sufficient staff in the facility to administer medications as ordered to the 500 hall/unit for 17 of 24 residents reviewed for medication administration (Resident #339, Resident #335, Resident #20, Resident #56, Resident #338, Resident #38, Resident #63, Resident #19, Resident #336, Resident #333, Resident #11, Resident #13, Resident #45, Resident #26, Resident #29, Resident #337, Resident #8). Finding included: This tag is crossed referenced to: F658: Based on record review, staff and Medical Director interviews the facility failed to administer scheduled medication as ordered by the physician for 7 of 24 residents (Resident #339, Resident #335, Resident #20, Resident #13, Resident #43, Resident #8, Resident #11) on the 500 hall reviewed for medication administration. This tag is cross referenced to: F760: Based on record review, staff and Medical Director interviews the facility failed to administer	F 725	Resident #335, #338, #336, #333, #337 have expired. Resident #339 discharged from the facility. Resident #56, #20, #38, #63, #19, #11, #45, #13, #26, #29 and #8 remain in the facility. The facility Medical Director was notified of the 24 500 Hall residents not receiving their medication due to staffing. The Facility Medical Director conducted a general survey of the 500 Hall Residents in review of any high-risk medications. The Facility Medical Director concluded there were no adverse findings or outcomes due to the lack of staff. Since 12.08.2024, there has been adequate staffing for the 500 Hall. All facility residents have the potential to be affected by the deficient practice. The facility Medical Director conducted a general sweep of the affected hall of residents (500) to review any high-risk medications. The Medical Director concluded the affected residents missing a single dose or two of medication, in many chronic conditions, would not and did not result in decomposition or adverse outcomes. The Medical Director also conducted a general sweep of the other	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 725	Continued From page 18 scheduled medication as ordered by the physician for 17 of 24 residents (Resident #339, Resident #335, Resident #20, Resident #56, Resident #338, Resident #38, Resident #63, Resident #19, Resident #336, Resident #333, Resident #11, Resident #13, Resident #45, Resident #26, Resident #29, Resident #337, Resident #8) on the 500 hall when there was no nurse assigned to administer medication. This practice resulted in significant medication errors. Nurse Supervisor #1 was interviewed on 5/8/2025 at 6:14 AM. She revealed when nurses called out the procedure was to call the Staffing Coordinator or the Administrator. An interview was conducted with Unit Manager #1 on 5/8/2025 at 6:18 AM. She revealed when the facility was short staffed, she was able to adjust the schedule. She would call off duty nursing staff to come in or notify the Staffing Coordinator, Administrator or DON when she was unable to get additional staff to come in. She further revealed if the facility was short staffed the Unit Manager or Supervisor should take a cart to pass medication. An interview was conducted with the Staffing Coordinator on 5/8/2025 at 8:33 AM. She stated on 12/7/2024 she was notified there was a call out and attempted to call off duty nurses to come in to work. She further stated she informed the Administrator and Infection Preventionist who was acting as the interim DON the facility was short nursing staff. She further stated she did not recall if she was able to get additional nurses to come in to work.	F 725	resident halls in review of missed ordered medications. For those identified to have missed ordered medications, he concluded these residents also would not and did not result in decomposition or adverse outcomes. The Director of Health Services will provide education to all Licensed Nurses and the Facility Nursing Leadership Team, which include the Assistant Director of Nursing, the Minimum Data Set Coordinator, the Clinical Competency Coordinator, Unit Manager, Unit Coordinator, and Unit Supervisors by 06.10.2025. Education advises immediate notification to the Director of Health Services or designee is required. Licensed nurses who are unable to receive this education by 06.10.2025 will be in-serviced prior to the start of their next scheduled shift. Additionally, newly hired Licensed Nurses and Leadership Nurses will be provided with this education during the New Hire General Orientation. Systemically, when licensed nurse staffing is deemed insufficient to administer medication, the Director of Health Service or Designee will notify the Facility Administrator and make necessary adjustments to help ensure licensed nurse staffing is sufficient. Adjustments may include modifying staff patterns and assignments by unit, utilizing ancillary licensed staff, or offering incentive bonuses to assist with medication administration. The Facility Medical Director will also be notified for additional guidance when licensed nurse staffing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 725	Continued From page 19	F 725	has been deemed insufficient and affects medication administration. To monitor the performance of this systemic change, the Director of Health Services will review all licensed nurses staffing assignments to help ensure licensed nurse staffing is sufficient to administer medications. These audits will be conducted three times a week for four weeks. Thereafter these audits will be conducted twice a week for four weeks, and then weekly for four weeks. The results of the audits will be shared with the Facility Administrator and Director of Health Services weekly. The Director of Health Services will report on the analysis of the audits to the Facility Quality Assurance and Performance Improvement Committee monthly until substantial compliance is achieved. The Quality Assessment and Performance Improvement meets monthly; the Medical Director attends quarterly. Date of Alleged Compliance: 06/13/2025	
F 760 SS=E	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review, staff and Medical Director interviews the facility failed to administer scheduled medication as ordered by the physician for 17 of 24 residents (Resident #339,	F 760	Resident #335, #338, #336, #333, #337 have expired. Resident #339 discharged from the facility. Resident #56, #20, #38, #63, #19, #11, #45, #13, #26, #29 and #8	6/13/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 20 Resident #335, Resident #20, Resident #56, Resident #338, Resident #38, Resident #63, Resident #19, Resident #336, Resident #333, Resident #11, Resident #13, Resident #45, Resident #26, Resident #29, Resident #337, Resident #8) on the 500 hall when there was no nurse assigned to administer medication. This practice resulted in significant medication errors. The findings included: A. Resident #339 was admitted to the facility on 10/17/2024 with a diagnosis that included atrial fibrillation (irregular, rapid heart rate), congestive heart failure and hypertension. Physician order dated 10/17/2024 revealed an order to administer Resident #339 Eliquis (anticoagulant) 2.5 milligrams (mg) two times a day. Physician order dated 10/29/2024 revealed an order to administer Resident #339 Metoprolol Tartrate (used to treat chest pain and hypertension) 50 mg two times a day. Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #339 did not receive Eliquis 2.5 mg at 9:00 PM and Metoprolol Tartrate 50 mg at 9:00 PM on 12/7/2024. B. Resident #335 was admitted to the facility on 8/4/2020 with a diagnosis that included essential tremors. Physician order dated 5/22/2024 revealed an order to administer Resident #335 Carbidopa-Levodopa (combination drug to treat	F 760	remain in the facility. The facility Medical Director was notified of the 24 500 Hall residents not receiving their medication due to staffing. The Facility Medical Director conducted a general survey of the 500 Hall Residents in review of any high-risk medications. The Facility Medical Director concluded there were no adverse findings or outcomes due to the lack of staff. Adequate staffing for the 500 Hall Residents since the date of this incident. All facility residents have the potential to be affected by the deficient practice. The facility Medical Director conducted a general sweep of the affected hall of residents (500) to review any high-risk medications. The Medical Director concluded the affected residents missing a single dose or two of medication, in many chronic conditions, would not and did not result in decomposition or adverse outcomes. The Medical Director also conducted a general sweep of the other resident halls in review of missed ordered medications. For those identified to have missed ordered medications, he concluded these residents also would not and did not result in decomposition or adverse outcomes. The Director of Health Services will provide education to all Licensed Nurses on following Physician Orders by 06.10.2025. Education advises immediate notification to the Physician or Practitioner and Director of Health Services is required when Licensed Nurses are unavailable or unable to administer ordered medication. Licensed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 21 symptoms of Parkinson's disease) 25-100 mg two times a day. Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #335 did not receive Carbidopa-Levodopa 25-100 mg at 8:00 PM. C. Resident #20 was admitted to the facility on 5/15/2020 with a diagnosis that included hypertension. Physician order dated 10/31/2024 revealed an order to administer Resident #20 Coreg 6.25 mg (used to treat hypertension and congestive heart failure) twice a day. Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #20 did not receive Coreg 6.25 mg at 8:00 PM on 12/7/2024. D. Resident #56 was admitted to the facility on 5/1/2023 with a diagnosis that included type 2 diabetes mellitus. Physician order dated 10/24/2024 revealed an order to administer Resident #56 Lantus Insulin (long-acting insulin) 25 units once a morning. Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #56 did not receive Lantus Insulin 25 units at 6:00 AM on 12/8/2024. Per the MAR on 12/7/2024 the medication was not initialed as given. E. Resident #338 was admitted to the facility on 11/4/2024 with a diagnosis that included type 2	F 760	nurses who are unable to receive this education by 06.10.2025 will be in-serviced prior to the start of their next scheduled shift. Additionally, newly hired Licensed Nurses will be provided with this education during the New Hire General Orientation. Systemically, when licensed nurse staff are unavailable or unable to administer medication, the Nurse in Charge or Designee will notify the Physician or Practitioner, and Director of Health Services. The Licensed Nurse will call the providers□ on-call service as a second step communication method. The on-call service will then contact the provider via text, of which, provider is obligated to respond. To monitor the performance of this systemic change, the Assistant Director of Health Services will review all resident□s Medication Administration Record for missed medications when licensed nurses are unable or unavailable to administer medication. These audits will be conducted three times a week for four weeks. Thereafter these audits will be conducted twice a week for four weeks, and then weekly for four weeks. The results of the audits will be shared with the Facility Administrator and Director of Health Services weekly. The Director of Health Services will report on the analysis of the audits to the Facility Quality Assurance and Performance Improvement Committee monthly until substantial compliance is achieved. The	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 22 diabetes mellitus with diabetic nephropathy (nerve pain) and restless legs syndrome. Physician order dated 11/4/2024 revealed an order to administer Resident #338 Gabapentin (used to treat neuropathy and restless legs syndrome) 300 mg two times a day. Physician order dated 11/22/2024 revealed an order to administer Resident #338 Ropinirole (used to treat restless legs syndrome)1.5 mg at bedtime. Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #338 did not receive Gabapentin 300 mg at 9:00 PM and Ropinirole 1.5 mg at 9:00 PM on 12/7/2024. F. Resident #38 was admitted to the facility on 10/14/2024 with a diagnosis that included type 2 diabetes mellitus and bipolar disorder. Physician order dated 11/7/2024 revealed an order to administer Resident #38 Depakote (anticonvulsant drug used to treat bipolar disorder) 1500 mg at bedtime. Physician order dated 11/2/2024 revealed an order to administer Resident #38 Novolog Insulin (rapid-acting insulin) per sliding scale before meals and at bedtime. Physician order dated 11/7/2024 revealed an order to administer Resident #38 Seroquel (antipsychotic medication used to treat bipolar disorder) 50 mg at bedtime. Review of the Medication Administration Record	F 760	Quality Assessment and Performance Improvement meets monthly; the Medical Director attends quarterly. Date of Alleged Compliance: 06/13/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 23	F 760		

(MAR) for the month of December 2024 indicated Resident #38 did not receive Depakote 1500 mg at 9:00 PM, Novolog Insulin per sliding scale at 9:00 PM and Seroquel 50 mg at 9:00 PM on 12/7/2024.

G. Resident #63 was admitted to the facility on 10/27/2023 with a diagnosis that included hypertension, diabetes mellitus with diabetic neuropathy and chronic pain syndrome.

Physician order dated 11/9/2023 revealed an order to administer Resident #63 Carvedilol (used to treat hypertension) 25 mg two times a day.

Physician order dated 4/11/2024 revealed an order to administer Resident #63 Gabapentin 100 mg at bedtime.

Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #63 did not receive Carvedilol 25 mg at 9:00 PM and Gabapentin 100 mg at 9:00 PM on 12/7/2024.

H. Resident #19 was admitted to the facility on 8/14/2023 with a diagnosis that included hypertension, type 2 diabetes mellitus with diabetic chronic kidney disease, peripheral vascular disease, venous thrombosis (blood clot) and embolism (blood vessel blockage)-apical thrombus.

Physician order dated 8/14/2023 revealed an order to administer Resident #19 Eliquis 2.5 mg two times a day.

Physician order dated 8/14/2023 revealed an order to administer Resident #19 Entresto 24-26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 24	F 760		

(lowers blood pressure and treats heart failure) mg two times a day.

Physician order dated 11/23/2023 revealed an order to administer Resident #19 Levemir Insulin (long-acting insulin) 16 units every 12 hours.

Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #336 did not receive Eliquis 2.5 mg at 8:00 PM, Entresto 24-26 mg at 8:00 PM on 12/7/2024 and Levemir Insulin 16 units at 6:00 AM on 12/8/2024.

I. Resident #336 was admitted to the facility on 11/1/2024 with a diagnosis that included hypertension, type 2 diabetes mellitus with diabetic neuropathy and atrial fibrillation.

Physician order dated 11/15/2024 revealed an order to administer Resident #336 Lantus Insulin 13 units at bedtime.

Physician order dated 11/15/2024 revealed an order to administer Resident #336 Metoprolol 12.5 mg two times a day.

Physician order dated 11/15/2024 revealed an order to administer Resident #336 Novolog Insulin per sliding scale before meals and at bedtime.

Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #336 did not receive Lantus Insulin 13 units at 9:00 PM, Metoprolol 12.5 mg at 9:00 PM, Novolog Insulin per sliding scale at 9:00 PM on 12/7/2024 and Novolog Insulin per sliding scale at 6:30 AM on 12/8/2024. There was no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 25	F 760		

documented Blood Sugar (BS) on the MAR at 9:00 PM on 12/7/2025, the 6:30 AM, 11:30 AM and 4:30 PM doses were not given per sliding scale parameters.

J. Resident #333 was admitted to the facility on 9/28/2022 with a diagnosis that included hypertension, type 2 diabetes mellitus, schizophrenia and dementia.

Physician order dated 12/3/2024 revealed an order to administer Resident #333 Basaglar Insulin (long-acting insulin) 4 units at bedtime.

Physician order dated 9/21/2024 revealed an order to administer Resident #333 Metoprolol 50 mg two times a day.

Physician order dated 12/5/2024 revealed an order to administer Resident #333 Risperidone (antipsychotic medication used to treat schizophrenia) 0.25 mg at bedtime.

Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #333 did not receive Basaglar Insulin 4 units at 9:00 PM, Metoprolol 50 mg at 9:00 PM and Risperidone 0.25 mg at 9:00 PM on 12/7/2024.

K. Resident #11 was admitted to the facility on 7/2/2020 with a diagnosis that included generalized anxiety disorder, major depressive disorder, factitial dermatitis (intentional self-inflicted skin injury), rheumatoid arthritis, chronic pain, pain in right hip, pain in left ankle and joints of left foot.

Physician order dated 11/8/2024 revealed an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 26	F 760		

order to administer Resident #11 Divalproex (prescribed for factitial dermatitis) 125 mg two times a day.

Physician order dated 4/9/2024 revealed an order to administer Resident #11 Hydrocodone-Acetaminophen (narcotic pain reliever) 5-325 mg two times a day.

Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #11 did not receive Divalproex 125 mg at 8:00 PM and Hydrocodone-Acetaminophen 5-325 mg at 8:00 PM on 12/7/2024.

L. Resident #13 was admitted to the facility on 10/15/2024 with a diagnosis that included pain in left knee, pain in left hand and seizures.

Physician order dated 10/15/2024 revealed an order to administer Resident #13 Gabapentin (anticonvulsant) 300 mg two times a day.

Physician order dated 10/15/2024 revealed an order to administer Resident #13 Primidone (anticonvulsant)250 mg at bedtime.

Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #13 did not receive Gabapentin 300 mg at 9:00 PM and Primidone 250 mg at 9:00 PM.

M. Resident #45 was admitted to the facility on 11/8/2023 with a diagnosis that included schizophrenia, epilepsy and anxiety disorder.

Physician order dated 8/15/2024 revealed an order to administer Resident #45 Lorazepam (used to treat anxiety, insomnia and epilepsy) 0.5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 27	F 760		

mg three times a day.

Physician order dated 8/15/2024 revealed an order to administer Resident #45 Risperidone 3 mg two times a day.

Physician order dated 12/6/2024 revealed an order to administer Resident #45 Tegretol (anticonvulsant and mood stabilizer) 100 mg two times a day.

Physician order dated 8/15/2024 revealed an order to administer Resident #45 Trazodone (antidepressant sometimes prescribed as a sleep aid) 50 mg at bedtime.

Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #45 did not receive Lorazepam 0.5 mg at 9:00 PM, Risperidone 3 mg at 9:00 PM, Tegretol 100 mg at 9:00 PM and Trazodone 50 mg at 9:00 PM on 12/7/2024.

N. Resident #26 was admitted to the facility on 11/11/2024 with a diagnosis that included unspecified convulsions, extrapyramidal and movement disorder (involuntary movement often caused by medication), bipolar disorder and unspecified psychosis.

Physician order dated 11/11/2024 revealed an order to administer Resident #26 Benztropine (used to treat extrapyramidal and movement disorder) 2 mg two times a day.

Physician order dated 11/11/2024 revealed an order to administer Resident #26 Divalproex (anticonvulsant also used to treat bipolar disorder)) 500 mg two times a day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 28	F 760		

Physician order dated 11/11/2024 revealed an order to administer Resident #26 Risperidone (antipsychotic medication used to treat bipolar disorder) 1 mg at bedtime.

Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #26 did not receive Benztropine 2 mg at 9:00 PM, Divalproex 500 mg at 9:00 PM and Risperidone 1 mg at 9:00 PM on 12/7/2024.

O. Resident #29 was admitted to the facility on 4/20/2022 with a diagnosis that included major depressive disorder, Parkinson's disease with dyskinesia (involuntary movements of the face, arms, legs and trunk), essential tremor, anxiety disorder, chronic pain, delusional disorder, auditory hallucinations, restlessness and agitation.

Physician order dated 8/12/2024 revealed an order to administer Resident #29 Buspirone (antianxiety medication) 15 mg three times a day.

Physician order dated 8/12/2024 revealed an order to administer Resident #29 Gabapentin 100 mg three times a day.

Physician order dated 10/18/2024 revealed an order to administer Resident #29 Lorazepam (antianxiety medication) 0.5 mg at bedtime.

Physician order dated 8/12/2024 revealed an order to administer Resident #29 Pramipexole (used to treat symptoms of Parkinson's disease) 0.25 mg at bedtime.

Review of the Medication Administration Record

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 29	F 760		

(MAR) for the month of December 2024 indicated Resident #29 did not receive Buspirone 15 mg at 9:00 PM, Gabapentin 100 mg at 9:00 PM, Lorazepam 0.5 mg at 9:00 PM and Pramipexole 0.25 mg at 9:00 PM on 12/7/2024.

P. Resident #337 was admitted to the facility on 1/24/2022 with a diagnosis that included type 2 diabetes mellitus with diabetic polyneuropathy (damage to multiple peripheral nerves), generalized anxiety disorder, dementia, depression, restlessness and agitation.

Physician order dated 12/2/2024 revealed an order to administer Resident #337 Divalproex mg every 8 hours (atypical antipsychotic used to treat schizophrenia, bipolar disorder, and major depressive disorder).

Physician order dated 11/26/2024 revealed an order to administer Resident #337 Humalog Insulin (fast-acting insulin) per sliding scale before meals and at bedtime.

Physician order dated 11/22/2024 revealed an order to administer Resident #337 Quetiapine (atypical antipsychotic used to treat schizophrenia, bipolar disorder, and major depressive disorder) 100 mg at bedtime.

Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #337 did not receive Humalog Insulin per sliding scale at 9:00 PM, Quetiapine 100 mg at 9:00 PM, Divalproex 250 mg at 10:00 PM on 12/7/2024 and Divalproex 250 mg at 6:00 AM on 12/8/2024. According to the MAR there was no documentation on 12/7/2024 of the 6:30 AM or 9:00 PM blood sugars.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 30	F 760		

Q. Resident #8 was admitted to the facility on 12/29/2022 with a diagnosis that included hypertension, chronic pain, neuralgia (nerve pain) and neuritis (pain causing inflammation of the peripheral nerves).

Physician order dated 12/4/2024 revealed an order to administer Resident #8 Doxazosin (used to treat hypertension) 4 mg at bedtime.

Physician order dated 10/15/2024 revealed an order to administer Resident #8 Gabapentin 100 mg every 8 hours.

Physician order dated 2 /3/2024 revealed an order to administer Resident #8 Hydralazine (used to treat hypertension) 50 mg every 8 hours.

Physician order dated 10/26/2024 revealed an order to administer Resident #8 Oxycodone (narcotic pain reliever)10 mg two times a day.

Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #8 did not receive Doxazosin 4 mg at 8:00 PM, Gabapentin 100 mg at 10:00 PM, Hydralazine 50 mg at 10:00 PM and Oxycodone 10 mg at 8:00 PM on 12/7/2024.

A telephone interview was conducted with Nurse #4 on 5/8/25 at 8:46 AM. Nurse #4 stated on 12/7/2024 she was assigned a shift of 7:00 PM to 7:00 AM. She indicated after 10:30 PM there were only two nurses (Nurse #5 and herself) in the facility to administer medications. Nurse #4 nor Nurse #5 wanted to take responsibility for taking an additional assignment when Nurse #6 left at 11:00 PM. Due to only having two Nurses

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 31	F 760		

on 3rd shift, she contacted the Administrator to communicate she did not feel safe taking the medication cart keys for the 500 hall because she would be responsible for administering medications to the entire unit (400 and 500 halls). Nurse #4 stated she nor Nurse #5 administered medication to the 500 hall resulting in the residents not receiving medications as ordered.

An interview was attempted with Nurse #6 on 5/8/2025 at 11:26 AM. The phone call was not returned.

An interview was attempted with Nurse #5 on 5/8/2025 at 11:28 AM, her mailbox was full and a message could not be left. Another call was attempted with Nurse #5 on 5/8/2025 at 1:14 PM, after the surveyor introduced herself the call was disconnected. At 1:15 PM on 5/8/2025 a final attempt was made to call Nurse #5 back with no answer and her mailbox was full and no message could be left.

The infection Preventionist was interviewed on 5/8/25 at 1:23 PM. She revealed on 12/7/24 she was acting as the interim DON. The Infection Preventionist stated she did not recall being contacted by the Administrator or nursing staff regarding there not being a nurse assigned to administer medications. Had she been contacted about the staffing concern she would have come into the facility to cover the shift to ensure medications were administered according to the physician orders.

An interview was conducted on 5/9/2025 at 9:43 AM via telephone with the Medical Director. During the interview the Medical Director stated he did recall the incident when residents did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 32	F 760		

receive medication but did not recall the exact date or time. He recalled there was no delay in his notification and implementation of interventions which included assessment of all affected residents to ensure there was no significant change in resident status due to missed doses of medication. He conducted a "general sweep" of the affected hall (500) to review any high-risk medications. He stated in general missing a single dose or two of medication in many chronic conditions would not result in decompensation or adverse outcomes.

An interview was conducted on 5/8/2025 at 7:49 AM with the Administrator. During the interview he revealed on 12/7/2024 (time unknown) he was informed by Nurse #4 the facility was short nursing staff on the 7:00 PM to 7:00 AM shift. He stated he asked the day shift Nurse #6 to stay until 11:00 PM leaving the facility with two nurses Nurse #4 and Nurse #5 after 11:00 PM. After being notified by Nurse #4 she was not going to administer medications on the 500 hall, he attempted to contact other nurses to cover the unit. He further stated when he arrived at the facility, he felt as though there was sufficient staff. The Administrator contacted the Medical Director and notified him that medications had not been administered to residents on the 500 hall due to not having a nurse. The Administrator stated the Medical Director adjusted medication times and residents were assessed with no negative outcomes.

An additional interview with the Administrator was conducted on 5/9/2025 at 10:43 AM. He stated the expectation of the nurses was to ensure all residents received their medication. He further stated if the unit was short staff the expectation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. BUILDING _____ B. WING _____	C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH-UNION POINTE	3510 WEST HIGHWAY 74 MONROE, NC 28110

(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
F 760	Continued From page 33 was for the nurse on the unit to get report from the off going nurse and take the medication cart keys to administer medication to the residents.	F 760		