	-	ID HUMAN SERVICES			FOF	RM APPROVED
		MEDICAID SERVICES				<u>10. 0938-0391</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION		TE SURVEY MPLETED
		345566	B. WING		0	C 5/12/2025
NAME OF PI	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
DDI IITTUE	EALTH-UNION POINTE		35	10 WEST HIGHWAY 74		
FROMME			м	ONROE, NC 28110		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
E 000	Initial Comments		E 000			
F 000	investigation survey v 5/5/2025 through 5/82 was obtained on 5/12 date was changed to found in compliance v	2025. Additional information /2025. Therefore, the exit 5/12/2025. The facility was with the requirement CFR Preparedness. Event ID#	F 000			
	An unannounced rec investigation survey v 5/5/2025 through 5/8/ information was obtai Therefore, the exit da 5/12/2025. Event ID	2025. Additional ned on 5/12/2025. te was changed to				
F 553 SS=D	NC00229751, NC002 NC00225080, NC002 6 of 25 complaint alle deficiency. Right to Participate in	29561, NC00227742, 26747, NC00225140, 23675, and NC00223355. gations resulted in Planning Care	F 553			
	§483.10(c)(2) The rig development and imp person-centered plan limited to: (i) The right to particip including the right to i be included in the pla request meetings and revisions to the perso (ii) The right to partici	ht to participate in the lementation of his or her of care, including but not pate in the planning process, dentify individuals or roles to nning process, the right to I the right to request n-centered plan of care. pate in establishing the				
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE	Ξ	TITLE		(X6) DATE
Electroni	cally Signed					06/07/2025

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII			(X3) DATE COMP	
		345566	B. WING				12/2025
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	
PRUITTHE	EALTH-UNION POINTE				510 WEST HIGHWAY 74 IONROE, NC 28110		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
F 553	expected goals and o amount, frequency, a other factors related t plan of care. (iii) The right to be infe- changes to the plan o (iv) The right to receiv- included in the plan o (v) The right to see the right to sign after sign of care. §483.10(c)(3) The fac- of the right to participa and shall support the planning process mus (i) Facilitate the inclus resident representativ (ii) Include an assess strengths and needs. (iii) Incorporate the re cultural preferences in This REQUIREMENT by: Based on record revi Representative, and s failed to conduct quar resident #12, and Re The findings included A. Resident #25 was 6/11/24. The Significant Chang	utcomes of care, the type, nd duration of care, and any o the effectiveness of the ormed, in advance, of f care. we the services and/or items f care. e care plan, including the ificant changes to the plan we have a service the plan care plan, including the ificant changes to the plan care plan, including the ificant changes to the plan care in his or her treatment resident in this right. The st- sion of the resident and/or re. ment of the resident and/or re. ment of the resident and of developing goals of care. is not met as evidenced ew, resident, Resident staff interviews, the facility terly care conferences with milies for 3 of 3 residents ferences (Resident #25, esident #41). c admitted to the facility ge Minimum Data Set ated 4/10/25 assessed	F	553	Past noncompliance: no plan of correction required.		

If continuation sheet Page 2 of 34

		D HUMAN SERVICES MEDICAID SERVICES				FORM	2: 07/01/2025 1 APPROVED 2: 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED	
		345566	B. WING		_	C 05/12/2025		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	ATE, ZIP CODE			
	ALTH-UNION POINTE		:	510 WEST HIGHWAY 74				
			1	MONROE, NC 28110				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 553	Continued From page	2	F 553					
	The medical record in conference date was medical record reveal been conducted on 4/ Resident #25 was inte AM. When asked if sh quarterly care confere reported she had, but the last one." B. Resident #12 was 11/12/24. The quarterly MDS as assessed Resident #7 The medical record for reviewed and a care of on 11/19/24. The medical record conference of the medical record conference had been Resident #12 was inte PM and he reported h conference in Novem admitted to the facility since then.	erence conducted on 1/6/25. dicated the next care 4/6/25. Review of the led no care conference had 6/25. erviewed on 5/6/25 at 8:59 he had participated in ences, Resident #25 it had been "months since admitted to the facility essessment dated 2/10/25 12 to be cognitively intact. or Resident #12 was conference was documented dical record indicated the date was 2/17/25. Review						
	The quarterly MDS do was severely cognitive	ocumented Resident #41 ely impaired.						

Facility ID: 080171

If continuation sheet Page 3 of 34

	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	0: 07/01/2025 APPROVED 0. 0938-0391	
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /				(X3) DATE SURVEY COMPLETED		
		345566	B. WING			_		C 12/2025	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE			
	EALTH-UNION POINTE			3	510 WEST HIGHWAY 74				
PRUITING	CALIN-UNION POINTE			N	IONROE, NC 28110				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 553	Resident #41's Repre- by phone on 5/5/25 at Representative report invitation to a care co- Representative explai Power of Attorney and to care conferences. The former SW was in 5/7/25 at 4:37 PM. The was not aware the ca- responsibility and tho member's responsibili- she was told it was he behind, she was unab The Nurse Consultant interviewed on 5/7/25 Administrator reported had been responsible The SW had been ter and when the facility of the Nurse Consultant conferences had not I Administrator reported conferences to be cor residents and represe Nurse Consultant exp conducted a 100% au facility had distributed departments to comp The facility provided t	41's medical record ferences documented. sentative was interviewed t 5:40 PM. The red she had not received an inference. The fined she was Resident #41's d she expected to be invited therviewed by phone on the SW explained that she re conferences were her ught it was another staff ity. The SW explained when er responsibility, she was so ole to get caught up. t and Administrator were at 2:01 PM. The d the Social Worker (SW) for the care conferences. minated from her position consultant reviewed charts, discovered that the care been completed. The d he expected the care mpleted quarterly, and the entatives to be invited. The lained that she had udit of all residents, and the	F	553					
		npletion date of 5/3/25: will be accomplished for							

Event ID: B9UD11

If continuation sheet Page 4 of 34

		ID HUMAN SERVICES MEDICAID SERVICES				FORM): 07/01/2025 APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345566	B. WING		_		C 12/2025
NAME OF PI	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
PRUITTHE	EALTH-UNION POINTE			3510 WEST HIGHWAY 74 MONROE, NC 28110			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 553	Continued From page	÷ 4	F 553				
	-	l to have been affected by					
	last day working for the identify issues needing Social Services Depa conduct internal audit her job duties. On 5.2.2025 it was dia residents had not had scheduled, or there we validate care plans had	bosition due to job ely, this would also be her ne Organization. In efforts to ag to be addressed within the intment, the facility began to its to address areas within scovered that several d either had care plans vas no documentation to					
	for 5/15/25; Resident scheduled for 5/5/25; conference was sche						
	Address how the facil residents having the p the same deficient.	ity will identify other potential to be affected by					
	this deficient practice. Consultant conducted resident charts to ider missing documented Forty-five of 82 reside having documented q Care Plan meetings for will be scheduled wer beginning 5.5.2025. C held by 5.16.25, unless	ntify residents who were care plan meetings. ents were identified as not juarterly care plan meetings. or the identified residents re scheduled and held Care Plan meetings will be					

Facility ID: 080171

If continuation sheet Page 5 of 34

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		345566	B. WING				C 12/2025
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	1	
PRUITTHE	EALTH-UNION POINTE				3510 WEST HIGHWAY 74 MONROE, NC 28110		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 553	Continued From page	9 5	F	553			
	Address what measur systemic changes ma deficient practice will						
	Assurance Performan Meeting was held to o to care plan meeting a the audit's findings an deficient practice, the committee assigned t Preventionist to conta schedule meetings. To ensure the deficien on 5.2.2025, the Adm						
	care planning process included the Administ Coordinator, Director Assistant Director of I Manager, Case Mix D Director. This educati	e in the person-centered s. Meeting attendees rator, Clinical Competency of Health Services, Health Services. Dietary Director, and Activities on has also been added to Drientation for all newly					
		ity plans to monitor its sure that solutions are					
	audit 10 records weel meeting notification to responsible parties ha scheduled. The Assis	r of Health Services will kly to ensure care plan p residents, families and/or as been made and tant Director of Health lit the previous week's care					

Facility ID: 080171

If continuation sheet Page 6 of 34

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE COMP	
		345566	B. WING				
NAME OF PF	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE		
PRUITTHE	EALTH-UNION POINTE				3510 WEST HIGHWAY 74		
					MONROE, NC 28110		
(X4) ID PREFIX TAG	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE	
F 553	of the meeting. This a weekly for 4weeks. The conducted twice moni- then monthly for three The Assistant Director present audit findings Administrator weekly Assurance and Perfor Committee monthly for compliance is maintai of Health Services is in implementing and map plan of correction. The include in QAPI was re- Date of compliance: 5 The facility's corrective on-site and validated Initial audits were revi- residents in house on 45 of the 82 residents having care conference Staff were interviewed representatives to sch Resident Representatives to sch The ad-hoc QAPI mer 5/2/25 were reviewed	ure there is documentation nudit will be conducted hereafter, audits will be thly for two months, and e months. r of Health Services will and analysis to the and with the Quality rmance Improvement or three months and until ined. The Assistant Director responsible for intaining the acceptable e decision to monitor and made 5/2/2025. 5.3.2025 re action was reviewed on 5/8/25. iewed and 100% of 5/2/25 were reviewed and a were identified as not ce meetings. d regarding calling resident hedule care conferences. tive for Resident #41 eived an invitation to a care ducted the week of 5/12/25.	F	553			

Event ID: B9UD11

Facility ID: 080171

If continuation sheet Page 7 of 34

						<u>38-03</u>
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		(X3) DATE SURV COMPLETED	
			A. BOILDING		с	
		345566	B. WING		05/12/20	025
NAME OF PI	ROVIDER OR SUPPLIER		- I	STREET ADDRESS, CITY, STATE, ZIP CODE	00/12/20	/20
				3510 WEST HIGHWAY 74		
PRUITTHE	EALTH-UNION POINTE			MONROE, NC 28110		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE CON	(X5) MPLETIC DATE
F 553	Continued From page	97	F 55	53		
		the interdisciplinary staff				
	and general orientation for interdisciplinary staff					
		luded review of the facility				
	policy "Care Plans".					
	The facility compliand	$r_{\rm r}$ data of 5/3/25 was				
	validated on 5/8/25.	e date of 3/3/23 was				
F 580		jury/Decline/Room, etc.)	F 58	80	6/13	3/25
SS=D						
	§483.10(g)(14) Notific					
		ediately inform the resident; ent's physician; and notify,				
		her authority, the resident				
	representative(s) whe					
		ving the resident which				
		as the potential for requiring				
	physician intervention	ı; ge in the resident's physical,				
	mental, or psychosoc					
		n, mental, or psychosocial				
		reatening conditions or				
	clinical complications					
		eatment significantly (that is,				
	a need to discontinue	e an existing form of erse consequences, or to				
	commence a new for	•				
	(D) A decision to trans					
	resident from the facil	-				
	§483.15(c)(1)(ii).					
		fication under paragraph (g)				
		the facility must ensure that on specified in §483.15(c)(2)				
		ded upon request to the				
	physician.					
		also promptly notify the				
	resident and the resident when there is-	lent representative, if any,				
	whon there is			1		

Facility ID: 080171

If continuation sheet Page 8 of 34

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 07/01/202 MAPPROVE D. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		ONSTRUCTION	COMF	E SURVEY PLETED
		345566	B. WING				C / 12/2025
NAME OF P	ROVIDER OR SUPPLIER		•	STR	REET ADDRESS, CITY, STATE, ZIP CODE		
PRUITTHI	EALTH-UNION POINTE				0 WEST HIGHWAY 74 NROE, NC 28110		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 580	as specified in §483. ⁻ (B) A change in resid State law or regulatio (e)(10) of this section (iv) The facility must r update the address (r phone number of the representative(s). §483.10(g)(15) Admission to a comp that is a composite di §483.5) must disclose its physical configural locations that compris part, and must specifi room changes betwee under §483.15(c)(9). This REQUIREMENT by: Based on record rev (NP) and staff intervie notify the physician o insert a midline intrav flexible tube that is in the upper arm) for 1 c notification (Resident The findings included Resident #80 was ad with diagnoses included The quarterly Minimu dated 2/10/25 did not	or roommate assignment 10(e)(6); or ent rights under Federal or ns as specified in paragraph record and periodically mailing and email) and resident osite distinct part. A facility stinct part (as defined in e in its admission agreement tion, including the various se the composite distinct y the policies that apply to en its different locations - is not met as evidenced iew, and Nurse Practitioner ews, the facility failed to f an unsuccessful attempt to renous (IV) line (long, thin, serted into a large vein in of 3 residents reviewed for #80).	F		Corrective action for the residents f to be affected by the deficient practi Resident #80 expired on 03.02.2023 Corrective action for other residents having the potential to be affected b same deficient practice. All facility residents have the potent be affected by the deficient practice All current residents with a physicia for a procedure or diagnostic exam been audited (05.28.2025). Any res with a physician order for a procedu diagnostic exam who were identified refusing their procedure or diagnost exam, or their procedure or diagnost exams could not be obtained, the	ice. 5. by the ial to n order have ident ire or d as cic	

Event ID: B9UD11

Facility ID: 080171

If continuation sheet Page 9 of 34

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OM	3 NO. 0938-03
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION		DATE SURVEY COMPLETED
		345566	B. WING		_	C 05/12/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE	00/12/2020
				3510 WEST HIGHWAY 74		
PRUITTHE	EALTH-UNION POINTE			MONROE, NC 28110		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIO DATE
F 580	Continued From page	e 9	F 58	0		
		7/25 documented a positive ential pneumonia for			were identified during	
	antibiotic) to be admii			the deficient praction	made to ensure that ce will not recur. n residents refuse a	
Physician orders for Resider and revealed an order dated midline IV to be inserted.	r dated 2/27/25 to insert a					
	An order dated 2/27/25 specified cefepime 1 Gram to be administered in 50 milliliters of dextrose intravenously every 12 hours starting on		providers on-call se communication me	ervice as a second step		
		2/27/25 written by Nurse #3 ine IV was not inserted			loc Quality Assessment mprovement meeting	
	because Resident #8	0 was pulling and jerking her documented the Resident		procedures for Not (05.30.2025). The Coordinator and As	ification of Changes Clinical Competency ssistant Director of	
	5/8/25 at 11:39 AM. N	ducted with Nurse #3 on Nurse #3 reported she was #80 on 2/27/25 when the		Licensed Nurses o and Practitioners w	mpleted education with in Notifying Physicians when residents refuse a procedure or diagnostic	
	IV, but Resident #80 not allow them to inse	empted to insert the midline was combative and would ert the IV. Nurse #3 reported Representative the IV could		or diagnostic exam	25). Licensed nurses	
	not be inserted. When the on-call NP to noti	n asked if Nurse #3 called fy the physician, Nurse #3 I the Unit Manger (UM) that		06.10.2025 to rece in-serviced prior to	vive education will be the start of their next dditionally, Licensed	
	the midline IV could r assumed the UM wou	not be inserted and she uld call the on-call NP.		Nurses will be prov education during N Orientation.	vided with this	
	4:37 PM. The UM rep	wed by phone on 5/12/25 at ported she was working on by Nurse #3 that Resident		Plans to monitor its sure that the solution	s performance to make	
	#80 did not have the	midline IV inserted because The UM explained she did		The Assistant Direct	ctor of Health Services to ensure Physicians	

Event ID: B9UD11

Facility ID: 080171

If continuation sheet Page 10 of 34

	S FOR MEDICARE &					NO. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	. ,	ATE SURVEY
			A. BUILDING			С
		345566	B. WING			-
	ROVIDER OR SUPPLIER	040000		STREET ADDRESS, CITY, STATE, Z		05/12/2025
	CONDER OR SOLT EIER		3510 WEST HIGHWAY 74			
PRUITTHE	ALTH-UNION POINTE			MONROE, NC 28110		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	COMPLETIO
F 580	Continued From page	e 10	F 58	0		
		P to notify the physician		or other Medical Practiti	oners have been	
	because that would h	5 1 5		notified when a physicia		
	responsibility.			procedure or diagnostic		
				obtained. Follow up Cor	ntact with the	
	The NP was interview	ved by phone on 5/12/25 at		Physician or Medical Pr	actitioner or	
		ported that Resident #80 had		on-call service will be m	•	
	•	edications and the Resident		Assistant Director of He		
		ed to trying IV medications		validate notification. The		
	for the urinary tract in			conducted three times a		
		explained that neither her ceived a notification that the		weeks. Thereafter these conducted twice a week		
		serted on Resident #80 due		and then weekly for four		
	to her combativeness			results of the audits will		
		ied her the midline was not		Facility Administrator an		
	-	of 2/28/25. The NP reported		Health Services weekly.		
	-	ave ordered anything to be		The Director of Health S		
	done for Resident #8	0 after the failed attempt to		on the analysis of the au	udits to the Facility	
		n 2/27/25, however, she		Quality Assurance and I		
	expected to be notifie			Improvement Committee	-	
	refusals or changes f			substantial compliance		
	-	ceiving the antibiotic on		Quality Assessment and		
		sely affect Resident #80's		Improvement meets mo		
		uld not have ordered a		Director attends quarter	iy.	
	to consult with a pha	2/27/25 until she was able		Date of Alleged Complia	ance: 06/13/2025	
	The Director of Nursi	ng (DON) was interviewed				
		at 4:54 PM. The DON				
		the morning meeting on				
		iplinary team reviewed				
		e previous date and noted				
		ad not been notified that				
		mbative and the midline IV				
	was not inserted. The					
		nurses required education P, but because this was an				
		y did not start a plan of				
	correction with monit	oring and only provided				

If continuation sheet Page 11 of 34

				E CONSTRUCTION	OMB NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
					С
		345566	B. WING		05/12/2025
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
PRUITTHE	EALTH-UNION POINTE			3510 WEST HIGHWAY 74 MONROE, NC 28110	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 580	Continued From page	e 11	F 580		
	he expected the nurs changes and refusals	ing staff to report resident to the on-call NP.			
F 658 SS=E		eet Professional Standards (i)	F 658	3	6/13/25
	as outlined by the commust- (i) Meet professional This REQUIREMENT by: Based on record rev Director interviews th scheduled medication physician for 7 of 24 reviewed for medicati #339, Resident #335 #13, Resident #43, R The findings included A. Resident #339 was 10/17/2024 with a dia	d or arranged by the facility, mprehensive care plan, standards of quality. is not met as evidenced iew, staff and Medical e facility failed to administer n as ordered by the residents on the 500 hall ion administration (Resident , Resident #20, Resident esident #8, Resident #11).		Resident #339 discharged from the facility. Resident #335 has expired. Resident #339 discharged from the facility. Residents #20, # 13, 43, 8, ar #11 remain in the facility. The facility Medical Director was notified of these residents not receiving their medication The Facility Medical Director conclude there were no adverse findings or outcomes because of these residents missing their ordered medications. Si 12.08.2024, there has been adequate staffing for the 500 Hall.	ed sn. snce
	order to administer R (antidepressant and a Review of the Medica (MAR) for the month Resident #339 did no at 9:00 PM on 12/7/2	s admitted to the facility on		All facility residents have the potentia be affected by the deficient practice. The facility Medical Director conducte general sweep of the affected hall of residents (500) to review any high-ris medications. The Medical Director concluded the affected residents miss a single dose or two of medication, in many chronic conditions, would not a did not result in decomposition or adv outcomes. The Medical Director also	ed a k sing nd

Facility ID: 080171

If continuation sheet Page 12 of 34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE S COMPLI C	ETED
345566 B.WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3310 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) F 658 Continued From page 12 F 658 resident halls in review of missed ordered medications, For those identified to have missed ordered medications, he concluded these resident salso would not and did not result in decomposition or adverse outcomes. The Director of (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. F 658 resident thalls in review of Medication to all Licensed Nurses on following Physician order dated 9/24/2021 revealed an order to administer Resident #20 Mirtazapine (depression) 15 mg at bedtime. F 658	(X5) COMPLETION
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 CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 658 Continued From page 12 F 658 Physician order dated 3/17/2023 revealed an order to administer Resident #335 Mirtazapine (antidepressant and anxiety) 7.5 mg at bedtime. F 658 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. F 658 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. The Physician order dated 9/24/2021 revealed an order to administer Resident #20 Mirtazapine (depression) 15 mg at bedtime. 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	COMPLETION
PRUITTHEALTH-UNION POINTE 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 CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 658 Continued From page 12 F 658 Physician order dated 3/17/2023 revealed an order to administer Resident #335 Mirtazapine (antidepressant and anxiety) 7.5 mg at bedtime. F 658 Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Resident #335 did no receive Mirtazapine 7.5 mg at 8:00 PM on 12/7/2024. F 658 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. Besident 420 Mirtazapine (depression) 15 mg at bedtime.	COMPLETION
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) F 658 Continued From page 12 F 658 Physician order dated 3/17/2023 revealed an order to administer Resident #335 Mirtazapine (antidepressant and anxiety) 7.5 mg at bedtime. F 658 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. F 658 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. B abdime.	COMPLETION
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 658 Continued From page 12 F 658 Physician order dated 3/17/2023 revealed an order to administer Resident #335 Mirtazapine (antidepressant and anxiety) 7.5 mg at bedtime. F 658 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. F 658 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. TAG	COMPLETION
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Resident #335 did not receive Mirtazapine 7.5 mg at 8:00 PM on 12/7/2024.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	
at 8:00 PM on 12/7/2024.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 Resident #20 Mirtazapine (depression) 15 mg at bedtime.Physician Orders by 06.10.2025. Education advises immediate notification to the Physician or Medical Practitioner 	
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.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	
5/15/2020 with a diagnosis that included pain in right knee and major depressive disorder.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	
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. 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	
Physician order dated 9/24/2021 revealed an order to administer Resident #20 Mirtazapine (depression) 15 mg at bedtime.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	
order to administer Resident #20 Mirtazapine (depression) 15 mg at bedtime.nurses who are unable to receive this education by 06.10.2025 will be in-serviced prior to the start of their next	
(depression) 15 mg at bedtime. education by 06.10.2025 will be in-serviced prior to the start of their next	
in-serviced prior to the start of their next	
order to administer Resident #20 Gabapentin Licensed Nurses will be provided with this	
(pain) 100 mg two times a day. education during the New Hire General	
Orientation.	
Review of the Medication Administration Record (MAR) for the month of December 2024 indicated Systemically, when licensed nurse staff	
Resident #20 did not receive Gabapentin 100 mg are unavailable or unable to administer	
at 8:00 PM and Mirtazapine 15 mg at 8:00 PM on medication, the Nurse in Charge or	
12/7/2024. Designee will notify the Physician or	
Medical Practitioner, and Director of	
D. Resident #13 was admitted to the facility onHealth Services. The Licensed Nurse will10/15/2024 with a diagnosis that included majorcall the providers□ on-call service as a	
depressive disorder.	
on-call service will then contact the	
Physician order dated 10/15/2024 revealed an provider via text, of which, provider is	
order to administer Resident #13 Zoloft obligated to respond.	
(antidepressant) 100 mg at bedtime. To monitor the performance of this	
systemic change, the Assistant Director of Hoalth Services or designed will review all	
Review of the Medication Administration RecordHealth Services or designee will review all resident s Medication Administration(MAR) for the month of December 2024 indicatedresident s Medication Administration	
Resident #13 did not receive Zoloft 100 mg at Record for missed medications when	

Facility ID: 080171

If continuation sheet Page 13 of 34

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DAT	O. 0938-03 E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3	COM	IPLETED
		345566	B. WING		0	5/12/2025
NAME OF PI	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIF		
PRUITTHE	ALTH-UNION POINTE			3510 WEST HIGHWAY 74 MONROE, NC 28110		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETIO DATE
F 658	Continued From page	e 13	F 65	8		
	9:00 PM on 12/7/202	4.		licensed nurses are unab		
	E Decident #12 was	admitted to the facility on		to administer medication. will be conducted three ti		
	3/25/2024 with a diag			four weeks. Thereafter th		
	Alzheimer's disease.			conducted twice a week		
	Dhysisian order data	d 3/25/2024 revealed an		and then weekly for four results of the audits will b		
		esident #43 Donepezil		Facility Administrator and		
	(Alzheimer's disease)	•		Health Services weekly.		
	Review of the Medica	ation Administration Record		The Director of Health Se	ervices will report	
	(MAR) for the month	of December 2024 indicated		on the analysis of the au	dits to the Facility	
		receive Donepezil 10 mg at		Quality Assurance and P		
	8:00 PM on 12/7/2024	4.		Improvement Committee substantial compliance is		
		dmitted to the facility on		Quality Assessment and	Performance	
	12/29/2022 with a dia depressive disorder.	ignosis that included major		Improvement meets mon Director attends quarterly		
	Physician order dated	d 2/23/2024 revealed an		Date of Alleged Compliar	nce: 06/13/2025	
	order to administer R (antidepressant) 25 n	esident #8 Trazodone ng at bedtime.				
	Review of the Medica	ation Administration Record				
	. ,	of December 2024 indicated				
	Resident #8 did not r 8:00 PM on 12/7/202	eceive Trazodone 25 mg at 4.				
		admitted to the facility on				
	7/2/2020 with a diagn					
	generalized anxiety d depressive disorder.					
	Physician order dated to administer Resider	d 6/7/2024 revealed an order nt #11 Mirtazapine				
		ety) 7.5 mg at bedtime.				
		ation Administration Record of December 2024 indicated				

		D HUMAN SERVICES MEDICAID SERVICES					FORM): 07/01/2025 MAPPROVED). 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345566	B. WING			_	C 05/12/202	
NAME OF PF	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PRUITTHE	EALTH-UNION POINTE				510 WEST HIGHWAY 74 IONROE, NC 28110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	at 8:00 PM on 12/7/20 A telephone interview #4 on 5/8/25 at 8:46 A 12/7/2024 she was as 7:00 AM. She indicate were only two nurses the facility to administ nor Nurse #5 wanted taking an additional a left at 11:00 PM. Due on 3rd shift, she conta communicate she did medication cart keys f would be responsible medications to the en Nurse #4 stated she r medication to the 500 residents not receiving An interview was atte 5/8/2025 at 11:26 AM returned. An interview was atte 5/8/2025 at 11:28 AM message could not be attempted with Nurse after the surveyor intr disconnected. At 1:15 made to call Nurse #5 her mailbox was full a left. The Infection Prevent	receive Mirtazapine 7.5 mg 024. was conducted with Nurse M. Nurse #4 stated on ssigned a shift of 7:00 PM to ed after 10:30 PM there (Nurse #5 and herself) in er medications. Nurse #4 to take responsibility for ssignment when Nurse #6 to only having two Nurses acted the Administrator to not feel safe taking the for the 500 hall because she for administering tire unit (400 and 500 halls). nor Nurse #5 administered hall resulting in the g medications as ordered. mpted with Nurse #6 on . The phone call was not mpted with Nurse #5 on , her mailbox was full and a e left. Another call was #5 on 5/8/2025 at 1:14 PM, oduced herself the call was 5 back with no answer and ind no message could be	F	658				
	was acting as the inte	he revealed on 12/7/24 she rim DON. The Infection he did not recall being						

		MEDICAID SERVICES					NO. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION	· · ·	TE SURVEY MPLETED
			A. BUILDII	NG			С
		345566	B. WING		05/12/2025		
NAME OF PI	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	1 0	5/12/2025
				3510	WEST HIGHWAY 74		
PRUITTHE	ALTH-UNION POINTE			MON	ROE, NC 28110		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
E 659	Continued From none	45					
F 658	Continued From page		- F 6	558			
	contacted by the Administrator or nursing staff regarding there not being a nurse assigned to						
	administer medication						
		icern she would have come					
	into the facility to cove						
	medications were adr	ministered according to the					
	physician orders.						
	An interview was son	ducted on 5/9/2025 at 9:43					
		h the Medical Director.					
		he Medical Director stated					
	•	ent when residents did not					
		ut did not recall the exact					
		lled there was no delay in					
	his notification and im	nplementation of all					
	affected residents to e						
	significant change in						
	0 0	ication. He conducted a					
	÷ .	e affected hall (500) to					
		nedications. He stated in					
	general missing a sin						
	-	hronic conditions would not ition or adverse outcomes.					
	An interview was con	ducted on 5/8/2025 at 7:49					
		rator. During the interview he					
		4 (time unknown) he was					
		the facility was short					
	÷	:00 PM to 7:00 AM shift. He					
		layshift Nurse #6 to stay until facility with two nurses					
	-	#5 after 11:00 PM. After					
		se #4 she was not going to					
	administer medication	ns on the 500 hall, he					
		other nurses to cover the					
		when he arrived at the					
	-	ugh there was sufficient staff.					
	The Administrator cor	ntacted the Medical Director					

Facility ID: 080171

If continuation sheet Page 16 of 34

DEPARTMENT OF HEALTH AND HUM, CENTERS FOR MEDICARE & MEDICA	-				FORM	D: 07/01/2025 A APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PRO	ITIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
	345566	B. WING		_		C 12/2025
NAME OF PROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PRUITTHEALTH-UNION POINTE			510 WEST HIGHWAY 74 IONROE, NC 28110			
PREFIX (EACH DEFICIENCY MUST BE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
 F 658 Continued From page 16 and notified him that medicati administered to residents on the not having a nurse. The Admined Medical Director adjusted meaneresidents were assessed with outcomes. An additional interview with the conducted on 5/9/2025 at 10: the expectation of the nurses residents received their medices stated if the unit was short state was for the nurse on the unit of the off going nurse and take the keys to administer medication. F 725 Sufficient Nursing Staff SS=E CFR(s): 483.35(a)(1)(2) §483.35 Nursing Services. The facility must have sufficient the appropriate competencies provide nursing and related services and the the adjust and the sufficient safety and attain or more practicable physical, mental, a well-being of each resident, a resident assessments and income and considering the number, and accordance with the facility's resi- accordance with the facility as at §483.35(a)(1) The facility must by sufficient numbers of each types of personnel on a 24-hor nursing care to all residents in resident care plans: 	the 500 hall due to nistrator stated the dication times and no negative the Administrator was 43 AM. He stated was to ensure all cation. He further affed the expectation to get report from the medication cart to the residents. Int nursing staff with a and skills sets to ervices to assure naintain the highest and psychosocial s determined by dividual plans of care acuity, and dent population in assessment required st provide services of the following bur basis to provide	F 658				6/13/25

Facility ID: 080171

If continuation sheet Page 17 of 34

STATEMENT (DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>`</i>		CONSTRUCTION	(X3) DAT	<u>O. 0938-039</u> E SURVEY IPLETED
		345566	B. WING			C	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	00	5/12/2025
					510 WEST HIGHWAY 74		
PRUITTHE	EALTH-UNION POINTE			-	IONROE, NC 28110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 725	Continued From page	e 17	Í F	725			
		ed under paragraph (f) of this		120			
	section, licensed nur						
		ses, and sonnel, including but not					
	limited to nurse aides	-					
	§483.35(a)(2) Except	t when waived under					
	paragraph (f) of this s	section, the facility must					
		nurse to serve as a charge					
	nurse on each tour of	•					
		Γ is not met as evidenced					
	by:					007	
	Based on record review, Medical Director and staff interviews, the facility failed to have sufficient				Resident #335, #338, #336, #333, #		
		administer medications as			have expired. Resident #339 discha from the facility. Resident #56, #20,	•	
	· ·	all/unit for 17 of 24 residents			#63, #19, #11, #45, #13, #26, #29 at		
		ion administration (Resident			remain in the facility. The facility Me		
		, Resident #20, Resident			Director was notified of the 24 500 F		
		Resident #38, Resident #63,			residents not receiving their medicat		
		ent #336, Resident #333,			due to staffing. The Facility Medical		
		ent #13, Resident #45,			Director conducted a general survey	of	
	Resident #26, Reside	ent #29, Resident #337,			the 500 Hall Residents in review of a		
	Resident #8).				high-risk medications. The Facility		
					Medical Director concluded there we	ere no	
	Finding included:				adverse findings or outcomes due to		
					lack of staff. Since 12.08.2024, there		
	This tag is crossed re	eferenced to:			been adequate staffing for the 500 H	lall.	
	F658: Based on reco	rd review, staff and Medical			All facility residents have the potenti	al to	
		le facility failed to administer			be affected by the deficient practice.		
	scheduled medication	-			The facility Medical Director conduct		
		residents (Resident #339,			general sweep of the affected hall of		
		dent #20, Resident #13,			residents (500) to review any high-ri		
		ent #8, Resident #11) on the			medications. The Medical Director		
	500 hall reviewed for	medication administration.			concluded the affected residents mis	•	
					a single dose or two of medication, i		
	This tag is cross refe	renced to:			many chronic conditions, would not		
	5700 B				did not result in decomposition or ad		
	⊢760: Based on reco	rd review, staff and Medical			outcomes. The Medical Director also)	
	Discrete start 1 11	e facility failed to administer			conducted a general sweep of the of	ul	

Facility ID: 080171

If continuation sheet Page 18 of 34

TATEMENT (OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION		<u>D. 0938-03</u> SURVEY	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G	COM	PLETED	
			5.14/11/0			С	
		345566	B. WING			/12/2025	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	PCODE		
PRUITTHE	EALTH-UNION POINTE			3510 WEST HIGHWAY 74 MONROE, NC 28110			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN		(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE TO THE APPROPRIATE	COMPLETIC	
F 725	Continued From page	e 18	F 72	25			
	scheduled medication			resident halls in review of	of missed ordered		
		residents (Resident #339,		medications. For those id	dentified to have		
	Resident #335, Resid	lent #20, Resident #56,		missed ordered medicati	ions, he		
		lent #38, Resident #63,		concluded these residen			
		ent #336, Resident #333,		and did not result in deco			
		ent #13, Resident #45,		adverse outcomes. The			
		ent #29, Resident #337, 500 hall when there was no		Services will provide edu Licensed Nurses and the			
		minister medication. This		Leadership Team, which	, ,		
		ignificant medication errors.		Assistant Director of Nur			
		0		Minimum Data Set Coord	-		
	Nurse Supervisor #1	was interviewed on 5/8/2025		Clinical Competency Co	ordinator, Unit		
		aled when nurses called out		Manager, Unit Coordinat			
		call the Staffing Coordinator		Supervisors by 06.10.20			
	or the Administrator.			advises immediate notific Director of Health Servic			
	An interview was con	ducted with Unit Manager #1		required. Licensed nurse	•		
		AM. She revealed when the		to receive this education			
	facility was short staff	fed, she was able to adjust		will be in-serviced prior to	o the start of their		
		ould call off duty nursing staff		next scheduled shift. Ad			
	-	ne Staffing Coordinator,		hired Licensed Nurses a			
		when she was unable to		Nurses will be provided v			
	get additional staff to	was short staffed the Unit		education during the Nev Orientation.	W Hire General		
		or should take a cart to pass		Onentation.			
	medication.			Systemically, when licen	sed nurse staffing		
				is deemed insufficient to	•		
		ducted with the Staffing		medication, the Director			
		025 at 8:33 AM. She stated		or Designee will notify th			
		s notified there was a call		Administrator and make	•		
	-	call off duty nurses to come er stated she informed the		adjustments to help ensu staffing is sufficient. Adju			
		ection Preventionist who		include modifying staff pa	•		
		erim DON the facility was		assignments by unit, utili			
		he further stated she did not		licensed staff, or offering			
		to get additional nurses to		bonuses to assist with m	edication		
	come in to work.			administration. The Facil	•		
				Director will also be notif			
				guidance when licensed	nurse statting		

Facility ID: 080171

If continuation sheet Page 19 of 34

	-	ID HUMAN SERVICES MEDICAID SERVICES	_		FOR	D: 07/01/20 MAPPROVE O. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		345566	B. WING			6/12/2025
NAME OF PR	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE		
PRUITTHE	ALTH-UNION POINTE			3510 WEST HIGHWAY 74		
-				MONROE, NC 28110		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 725	Continued From page	e 19	F 72	25 has been deemed insufficient a	u d affa ata	
				 medication administration. To monitor the performance of the systemic change, the Director of Services will review all licensed staffing assignments to help enablicensed nurse staffing is sufficient administer medications. These be conducted three times a week weeks. Thereafter these audits conducted twice a week for four and then weekly for four weeks results of the audits will be share Facility Administrator and Direct Health Services weekly. The Director of Health Services on the analysis of the audits to Quality Assurance and Perform Improvement Committee month substantial compliance is achier Quality Assessment and Perform 	this of Health I nurses sure ent to audits will ek for four will be r weeks, . The red with the tor of s will report the Facility ance aly until ved. The	
				Improvement meets monthly; th Director attends quarterly.		
F 760 SS=E	Residents are Free o CFR(s): 483.45(f)(2)	f Significant Med Errors	F 76	Date of Alleged Compliance: 06	0 10 2020	6/13/25
	medication errors.	ure that its- nts are free of any significant ⁻ is not met as evidenced				
	Based on record revi Director interviews the scheduled medication	iew, staff and Medical e facility failed to administer n as ordered by the residents (Resident #339,		Resident #335, #338, #336, #3 have expired. Resident #339 di from the facility. Resident #56, ; #63, #19, #11, #45, #13, #26, #	scharged #20, #38,	

Event ID: B9UD11

Facility ID: 080171

If continuation sheet Page 20 of 34

		MEDICAID SERVICES				NO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ° ′	LE CONSTRUCTION	· · · ·	ATE SURVEY MPLETED
			A. BUILDING	3		
		345566	B. WING			С
		345566	B. WING			05/12/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE	
PRUITTH	EALTH-UNION POINTE			3510 WEST HIGHWAY 74 MONROE, NC 28110		
				,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE
F 760	Continued From page	e 20	F 76	0		
	-	dent #20, Resident #56,	170	remain in the facility. The facility	acility Medical	
		dent #38, Resident #63,		Director was notified of the	•	
		ent #336, Resident #333,		residents not receiving thei		
		ent #13, Resident #45,		due to staffing. The Facility		
		ent #29, Resident #337,		Director conducted a gene		
		500 hall when there was no		the 500 Hall Residents in r	•	
	nurse assigned to ad	minister medication. This		high-risk medications. The	Facility	
	practice resulted in si	ignificant medication errors.		Medical Director concluded	I there were no	
				adverse findings or outcom		
	The findings included	l:		lack of staff. Adequate staf	fing for the 500	
				Hall Residents since the da	ate of this	
		s admitted to the facility on		incident.		
		ignosis that included atrial				
		apid heart rate), congestive		All facility residents have the		
	heart failure and hype	ertension.		be affected by the deficient The facility Medical Directo	•	
	Physician order dated	d 10/17/2024 revealed an		general sweep of the affect		
	order to administer R			residents (500) to review a		
		illigrams (mg) two times a		medications. The Medical I		
	day.	inigrame (mg) the times a		concluded the affected resi		
				a single dose or two of me	•	
	Physician order dated	d 10/29/2024 revealed an		many chronic conditions, w		
	-	esident #339 Metoprolol		did not result in decomposi		
	Tartrate (used to treat	t chest pain and		outcomes. The Medical Dir	ector also	
	hypertension) 50 mg	two times a day.		conducted a general swee	o of the other	
				resident halls in review of r		
		ation Administration Record		medications. For those ide		
		of December 2024 indicated		missed ordered medication	•	
		ot receive Eliquis 2.5 mg at		concluded these residents		
		olol Tartrate 50 mg at 9:00		and did not result in decom adverse outcomes. The Di	•	
	PM on 12/7/2024.					
	B Resident #335 way	s admitted to the facility on		Services will provide educa Licensed Nurses on followi		
		osis that included essential		Orders by 06.10.2025. Edu		
	tremors.			immediate notification to th		
				Practitioner and Director of		
	Physician order dated	d 5/22/2024 revealed an		Services is required when		
	order to administer R			Nurses are unavailable or		
		(combination drug to treat		administer ordered medica		

Facility ID: 080171

If continuation sheet Page 21 of 34

		ID HUMAN SERVICES MEDICAID SERVICES			FORI	D: 07/01/202 MAPPROVE D. 0938-039
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345566	B. WING			C / 12/2025
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C		
				3510 WEST HIGHWAY 74		
PRUITIHE	ALTH-UNION POINTE			MONROE, NC 28110		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 760	Continued From page	a 21	F 76	30		
1 100	Continued From page 21 symptoms of Parkinson's disease) 25-100 mg two times a day.			nurses who are unable to r education by 06.10.2025 w in-serviced prior to the star	ill be	
	(MAR) for the month Resident #335 did no	ation Administration Record of December 2024 indicated t receive 25-100 mg at 8:00 PM.		scheduled shift. Additional Licensed Nurses will be pro education during the New H Orientation.	ly, newly hired ovided with this	
	C. Resident #20 was 5/15/2020 with a diag hypertension.	admitted to the facility on nosis that included		Systemically, when license are unavailable or unable to medication, the Nurse in Cl Designee will notify the Phy	o administer harge or	
	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.			Practitioner, and Director o Services. The Licensed Nu providers on-call service step communication metho	f Health rse will call the as a second d. The on-call	
	(MAR) for the month	ation Administration Record of December 2024 indicated receive Coreg 6.25 mg at 4.		service will then contact the text, of which, provider is o respond. To monitor the performance systemic change, the Assis	bligated to e of this stant Director of	
		admitted to the facility on osis that included type 2		Health Services will review Medication Administration F missed medications when I are unable or unavailable to medication. These audits w	Record for icensed nurses o administer	
	order to administer R	d 10/24/2024 revealed an esident #56 Lantus Insulin 25 units once a morning.		conducted three times a we weeks. Thereafter these au conducted twice a week for and then weekly for four we	udits will be r four weeks, eeks. The	
	(MAR) for the month Resident #56 did not	ation Administration Record of December 2024 indicated receive Lantus Insulin 25 2/8/2024. Per the MAR on		results of the audits will be Facility Administrator and D Health Services weekly.		
	12/7/2024 the medica given.	ation was not initialed as		The Director of Health Serv on the analysis of the audit Quality Assurance and Per	s to the Facility formance	
		s admitted to the facility on nosis that included type 2		Improvement Committee m substantial compliance is a		

Facility ID: 080171

If continuation sheet Page 22 of 34

TATEMENT (OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIF	PLE CONSTRUCTION		<u>D. 0938-039</u> E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	· · /	3	Сом	PLETED
		345566	B. WING			C / 12/2025
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (12/2025
PRUITTHI	EALTH-UNION POINTE			3510 WEST HIGHWAY 74 MONROE, NC 28110		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE
F 760	 (nerve pain) and rest Physician order dated order to administer R (used to treat neurop syndrome) 300 mg tw Physician order dated order to administer R (used to treat restless bedtime. Review of the Medica (MAR) for the month Resident #338 did no mg at 9:00 PM and R on 12/7/2024. F. Resident #38 was 10/14/2024 with a dia diabetes mellitus and Physician order dated order to administer R (anticonvulsant drug disorder) 1500 mg at Physician order dated order to administer R (rapid-acting insulin) meals and at bedtime Physician order dated Order to administer R (rapid-acting insulin) 	a diabetic nephropathy less legs syndrome. d 11/4/2024 revealed an esident #338 Gabapentin athy and restless legs vo times a day. d 11/22/2024 revealed an esident #338 Ropinirole s legs syndrome)1.5 mg at ation Administration Record of December 2024 indicated at receive Gabapentin 300 copinirole 1.5 mg at 9:00 PM admitted to the facility on agnosis that included type 2 bipolar disorder. d 11/7/2024 revealed an esident #38 Depakote used to treat bipolar bedtime. d 11/2/2024 revealed an esident #38 Novolog Insulin per sliding scale before	F 76	Quality Assessment and P Improvement meets month Director attends quarterly. Date of Alleged Compliance	nly; the Medical	

		D HUMAN SERVICES //EDICAID SERVICES				FORM): 07/01/2025 APPROVED 0. 0938-0391
STATEMENT OF DEFI	CIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345566	B. WING		_	C 05/12/202	
NAME OF PROVIDE	R OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
PRUITTHEALTH	-UNION POINTE			3510 WEST HIGHWAY 74 MONROE, NC 28110			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
 (MAR Residuat 9:0 9:00 12/7/ G. R 10/2⁻ hype neural Physiordel to tree Physiordel mg a Revia (MAR Residuation Physiordel mg a Revia (MAR Residuation Physiordel mg a Revia (MAR Residuation Physiordel 9:00 12/7/ H. Ra 8/14/ hype diabel vasc and a throm Physiordel physiordel two times 	dent #38 did not n 00 PM, Novolog I PM and Seroque /2024. esident #63 was a 7/2023 with a diag ertension, diabeter opathy and chron sician order dated r to administer Re eat hypertension) sician order dated r to administer Re at bedtime. ew of the Medica R) for the month of dent #63 did not n PM and Gabaper /2024. esident #19 was a /2023 with a diag ertension, type 2 c etic chronic kidne ular disease, ven embolism (blood nbus. sician order dated r to administer Re sician order dated r to administer Re	23 of December 2024 indicated receive Depakote 1500 mg nsulin per sliding scale at 1 50 mg at 9:00 PM on admitted to the facility on gnosis that included is mellitus with diabetic ic pain syndrome. 11/9/2023 revealed an esident #63 Carvedilol (used 25 mg two times a day. 4/11/2024 revealed an esident #63 Gabapentin 100 tion Administration Record of December 2024 indicated receive Carvedilol 25 mg at ntin 100 mg at 9:00 PM on admitted to the facility on nosis that included liabetes mellitus with y disease, peripheral ous thrombosis (blood clot) vessel blockage)-apical 8/14/2023 revealed an esident #19 Eliquis 2.5 mg 8/14/2023 revealed an esident #19 Entresto 24-26	F 76	D			

If continuation sheet Page 24 of 34

		ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 07/01/2025 MAPPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	(X2) MULTIPLE CONSTRUCTION A. BUILDING				SURVEY PLETED
		345566	B. WING _			_		C 1 2/2025
NAME OF PI	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PRUITTHE	EALTH-UNION POINTE				010 WEST HIGHWAY 74 ONROE, NC 28110			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	mg two times a day. Physician order dated order to administer Re (long-acting insulin) 1 Review of the Medica (MAR) for the month of Resident #336 did no 8:00 PM, Entresto 24: 12/7/2024 and Lever AM on 12/8/2024. I. Resident #336 was 11/1/2024 with a diag hypertension, type 2 diabetic neuropathy a Physician order dated order to administer Re 13 units at bedtime. Physician order dated order to administer Re 12.5 mg two times a d Physician order dated order to administer Re 12.5 mg two times a d Physician order dated order to administer Re 12.5 mg two times a d Review of the Medica (MAR) for the month of Resident #336 did no units at 9:00 PM, Met Novolog Insulin per sli	re and treats heart failure) 4 11/23/2023 revealed an esident #19 Levemir Insulin 6 units every 12 hours. tion Administration Record of December 2024 indicated t receive Eliquis 2.5 mg at -26 mg at 8:00 PM on hir Insulin 16 units at 6:00 admitted to the facility on nosis that included diabetes mellitus with and atrial fibrillation. 4 11/15/2024 revealed an esident #336 Lantus Insulin 4 11/15/2024 revealed an esident #336 Metoprolol	F7	760				

If continuation sheet Page 25 of 34

		D HUMAN SERVICES				FORM): 07/01/2025 MAPPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING		OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		345566	B. WING		_		C 12/2025
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
				3510 WEST HIGHWAY 74			
PRUITINE	EALTH-UNION POINTE			MONROE, NC 28110			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	9:00 PM on 12/7/2028 and 4:30 PM doses w	25 ugar (BS) on the MAR at 5, the 6:30 AM, 11:30 AM rere not given per sliding	F 760	ס			
	9/28/2022 with a diag hypertension, type 2 of schizophrenia and de Physician order dated order to administer Ro Insulin (long-acting in Physician order dated order to administer Ro mg two times a day. Physician order dated order to administer Ro (antipsychotic medical	diabetes mellitus, mentia. I 12/3/2024 revealed an esident #333 Basaglar sulin) 4 units at bedtime. I 9/21/2024 revealed an esident #333 Metoprolol 50 I 12/5/2024 revealed an esident #333 Risperidone tion used to treat					
	 (MAR) for the month of Resident #333 did no units at 9:00 PM, Met and Risperidone 0.25 12/7/2024. K. Resident #11 was 7/2/2020 with a diagn generalized anxiety d disorder, factitial dern self-inflicted skin injur chronic pain, pain in r and joints of left foot. 	tion Administration Record of December 2024 indicated t receive Basaglar Insulin 4 oprolol 50 mg at 9:00 PM mg at 9:00 PM on admitted to the facility on osis that included isorder, major depressive natitis (intentional y), rheumatoid arthritis, ight hip, pain in left ankle					
	Physician order dated	l 11/8/2024 revealed an					

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED 0. 0938-0391	
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		345566	B. WING				C 12/2025	
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
					3510 WEST HIGHWAY 74			
PRUITTHEALTH-UNION POINTE					MONROE, NC 28110			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE	
F 760	(prescribed for factitia times a day. Physician order dated to administer Resider Hydrocodone-Acetam reliever) 5-325 mg two Review of the Medica (MAR) for the month at 8:00 PM and Hydro 5-325 mg at 8:00 PM L. Resident #13 was a 10/15/2024 with a dia left knee, pain in left h Physician order dated order to administer Re (anticonvulsant) 300 m Physician order dated order to administer Re (anticonvulsant) 250 m Review of the Medica (MAR) for the month Resident #13 did not at 9:00 PM and Primid M. Resident #45 was 11/8/2023 with a diag schizophrenia, epilep	esident #11 Divalproex al dermatitis) 125 mg two 4 4/9/2024 revealed an order at #11 hinophen (narcotic pain o times a day. tion Administration Record of December 2024 indicated receive Divalproex 125 mg boodone-Acetaminophen on 12/7/2024. admitted to the facility on ignosis that included pain in hand and seizures. d 10/15/2024 revealed an esident #13 Gabapentin mg two times a day. d 10/15/2024 revealed an esident #13 Primidone ng at bedtime. tion Administration Record of December 2024 indicated receive Gabapentin 300 mg done 250 mg at 9:00 PM. admitted to the facility on nosis that included sy and anxiety disorder. d 8/15/2024 revealed an	F	76				
	order to administer R	l 8/15/2024 revealed an esident #45 Lorazepam , insomnia and epilepsy) 0.5						

	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES					FORM): 07/01/2025 MAPPROVED). 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345566	B. WING			_		C 12/2025
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, ST	ATE, ZIP CODE		
PRUITTHE	EALTH-UNION POINTE				10 WEST HIGHWAY 74 ONROE, NC 28110			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD B ICED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
F 760	Continued From page mg three times a day.		F 76	60				
		l 8/15/2024 revealed an esident #45 Risperidone 3						
	order to administer Re	l 12/6/2024 revealed an esident #45 Tegretol nood stabilizer) 100 mg two						
	order to administer Re	l 8/15/2024 revealed an esident #45 Trazodone times prescribed as a sleep e.						
	(MAR) for the month of Resident #45 did not in at 9:00 PM, Risperido	00 PM and Trazodone 50						
	11/11/2024 with a diag unspecified convulsion movement disorder (ir	ns, extrapyramidal and nvoluntary movement often n), bipolar disorder and						
	order to administer Re	l 11/11/2024 revealed an esident #26 Benztropine ramidal and movement nes a day.						
	-							

If continuation sheet Page 28 of 34

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		345566	B. WING				C / 12/2025
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
PRUITTHI	EALTH-UNION POINTE				3510 WEST HIGHWAY 74 MONROE, NC 28110		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 760	Continued From page	28	F	760			
	order to administer Re (antipsychotic medica disorder) 1 mg at bed Review of the Medica (MAR) for the month Resident #26 did not 9:00 PM, Divalproex Risperidone 1 mg at 9 O. Resident #29 was 4/20/2022 with a diag depressive disorder, I dyskinesia (involuntation)	ation Administration Record of December 2024 indicated receive Benztropine 2 mg at 500 mg at 9:00 PM and 9:00 PM on 12/7/2024. admitted to the facility on nosis that included major Parkinson's disease with ry movements of the face, , essential tremor, anxiety a, delusional disorder,					
	order to administer R (antianxiety medication Physician order dated	d 8/12/2024 revealed an esident #29 Buspirone on) 15 mg three times a day. d 8/12/2024 revealed an esident #29 Gabapentin 100					
	order to administer R	d 10/18/2024 revealed an esident #29 Lorazepam on) 0.5 mg at bedtime.					
	order to administer R	d 8/12/2024 revealed an esident #29 Pramipexole ms of Parkinson's disease)					
	Review of the Medica	tion Administration Record					

CENTER	S FOR MEDICARE &	ID HUMAN SERVICES MEDICAID SERVICES				FORM OMB NC	0: 07/01/2025 APPROVED 0: 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION			SURVEY LETED
		345566	B. WING		_		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
PRUITTH	EALTH-UNION POINTE			3510 WEST HIGHWAY 74 MONROE, NC 28110			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	Resident #29 did not 9:00 PM, Gabapentin Lorazepam 0.5 mg at 0.25 mg at 9:00 PM o P. Resident #337 was 1/24/2022 with a diag diabetes mellitus with (damage to multiple p generalized anxiety d depression, restlessn Physician order dated order to administer Re every 8 hours (atypica schizophrenia, bipola depressive disorder). Physician order dated order to administer Re Insulin (fast-acting ins before meals and at b Physician order dated order to administer Re (atypical antipsychotic schizophrenia, bipola depressive disorder) Review of the Medica (MAR) for the month o Resident #337 did no per sliding scale at 9: at 9:00 PM, Divalproe 12/7/2024 and Divalp 12/8/2024. According	of December 2024 indicated receive Buspirone 15 mg at 100 mg at 9:00 PM, 9:00 PM and Pramipexole in 12/7/2024. a admitted to the facility on nosis that included type 2 diabetic polyneuropathy beripheral nerves), isorder, dementia, ess and agitation. A 12/2/2024 revealed an esident #337 Divalproex mg al antipsychotic used to treat r disorder, and major A 11/26/2024 revealed an esident #337 Humalog sulin) per sliding scale bedtime. A 11/22/2024 revealed an esident #337 Quetiapine c used to treat r disorder, and major 100 mg at bedtime. tion Administration Record of December 2024 indicated t receive Humalog Insulin 00 PM, Quetiapine 100 mg ex 250 mg at 10:00 PM on roex 250 mg at 6:00 AM on to the MAR there was no 7/2024 of the 6:30 AM or	F 760				

Facility ID: 080171

If continuation sheet Page 30 of 34

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	APPROVED 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		X3) DATE S COMPL	URVEY ETED
		345566	B. WING				C 05/1	2/2025
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
PRUITTHEALTH-UNION POINTE					3510 WEST HIGHWAY 74 MONROE, NC 28110			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	E	(X5) COMPLETION DATE
F 760	Continued From page	e 30	F	76	0			
	12/29/2022 with a dia hypertension, chronic	dmitted to the facility on gnosis that included pain, neuralgia (nerve pain) sing inflammation of the						
		l 12/4/2024 revealed an esident #8 Doxazosin (used 4 mg at bedtime.						
	-	1 10/15/2024 revealed an esident #8 Gabapentin 100						
	order to administer R	l 2 /3/2024 revealed an esident #8 Hydralazine nsion) 50 mg every 8 hours.						
	order to administer R	l 10/26/2024 revealed an esident #8 Oxycodone)10 mg two times a day.						
	(MAR) for the month Resident #8 did not re 8:00 PM, Gabapentin	tion Administration Record of December 2024 indicated eceive Doxazosin 4 mg at 100 mg at 10:00 PM, 10:00 PM and Oxycodone 12/7/2024.						
	#4 on 5/8/25 at 8:46 A 12/7/2024 she was as 7:00 AM. She indicate were only two nurses the facility to administ nor Nurse #5 wanted taking an additional a	was conducted with Nurse AM. Nurse #4 stated on ssigned a shift of 7:00 PM to ed after 10:30 PM there (Nurse #5 and herself) in ter medications. Nurse #4 to take responsibility for ssignment when Nurse #6 to only having two Nurses						

Facility ID: 080171

If continuation sheet Page 31 of 34

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & I					FORM): 07/01/2025 APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	345566	B. WING		_	C 05/12/2025	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PRUITTHEALTH-UNION POINTE			3510 WEST HIGHWAY 74 MONROE, NC 28110			
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
communicate she did medication cart keys f would be responsible medications to the em Nurse #4 stated she r medication to the 500 residents not receiving An interview was atten 5/8/2025 at 11:26 AM returned. An interview was atten 5/8/2025 at 11:28 AM message could not be attempted with Nurse after the surveyor intro- disconnected. At 1:15 attempt was made to answer and her mailb could be left. The infection Preventi 5/8/25 at 1:23 PM. SI was acting as the inte Preventionist stated s contacted by the Adm regarding there not be administer medication about the staffing con into the facility to cove medications were adm physician orders.	acted the Administrator to not feel safe taking the for the 500 hall because she for administering tire unit (400 and 500 halls). nor Nurse #5 administered hall resulting in the g medications as ordered. mpted with Nurse #6 on . The phone call was not mpted with Nurse #5 on , her mailbox was full and a e left. Another call was #5 on 5/8/2025 at 1:14 PM, oduced herself the call was 5 PM on 5/8/2025 a final call Nurse #5 back with no ox was full and no message ionist was interviewed on he revealed on 12/7/24 she erim DON. The Infection he did not recall being inistrator or nursing staff eing a nurse assigned to ns. Had she been contacted cern she would have come	F 760				

Facility ID: 080171

If continuation sheet Page 32 of 34

			000			<u>D. 0938-039</u>
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	E SURVEY PLETED
			A. BUILDING	G		С
		345566	B. WING			/12/2025
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		12/2025
				3510 WEST HIGHWAY 74		
PRUITTHE	EALTH-UNION POINTE			MONROE, NC 28110		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC	CTION SHOULD BE	(X5) COMPLETION DATE
				DEFICIEN	NCY)	
F 760	Continued From page	× 22	F 76	20		
1700			F / 0	50		
		ut did not recall the exact				
		lled there was no delay in				
	his notification and im	iplementation of all				
	affected residents to e					
	significant change in	ication. He conducted a				
		e affected hall (500) to				
		nedications. He stated in				
	general missing a sin	-				
		hronic conditions would not				
	result in decompensa	tion or adverse outcomes.				
	An interview was con	ducted on 5/8/2025 at 7:49				
		rator. During the interview he				
		4 (time unknown) he was				
	informed by Nurse #4	, , , , , , , , , , , , , , , , , , ,				
	-	:00 PM to 7:00 AM shift. He				
		lay shift Nurse #6 to stay				
		g the facility with two nurses				
		#5 after 11:00 PM. After				
		se #4 she was not going to				
	administer medication					
		other nurses to cover the				
	-	I when he arrived at the				
		igh there was sufficient staff.				
	-	ntacted the Medical Director				
		medications had not been				
		ents on the 500 hall due to				
		he Administrator stated the				
	-	sted medication times and				
	residents were asses					
	outcomes.	-				
	An additional interview	w with the Administrator was				
		25 at 10:43 AM. He stated				
		e nurses was to ensure all				
		eir medication. He further				
			1			1

Facility ID: 080171

If continuation sheet Page 33 of 34

		ID HUMAN SERVICES MEDICAID SERVICES				PRINTED: 07/01/2025 FORM APPROVED OMB NO. 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		345566	B. WING			C 05/12/2025
NAME OF PI	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, S	TATE, ZIP CODE	••••
PRUITTHE	EALTH-UNION POINTE			3510 WEST HIGHWAY 74		
	STINWARY ST	ATEMENT OF DEFICIENCIES			S PLAN OF CORRECTION	(75)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)	
F 760	1.0		F 70	50		
		the unit to get report from nd take the medication cart				
		edication to the residents.				

Facility ID: 080171

If continuation sheet Page 34 of 34