

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/11/2026
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NAME OF PROVIDER OR SUPPLIER PruittHealth-Carolina Point	STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road , Durham, North Carolina, 27705
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E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted from 02/08/26 through 02/11/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1E34F3-H1.	E0000		
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 02/08/26 through 02/11/26. Event ID #1E34F3-H1. The following intakes were investigated: 809278, 809280, 809282, 809283, 809286, 809295, 809298, 2596740, 2573282, 2661700, 2637038, and 2584006. The following intakes were withdrawn and are unable to be unlinked from the survey: 809309 and 2690758. 5 of the 27 complaint allegations resulted in deficiency.	F0000		
F0638 SS = A	Qrtly Assessment at Least Every 3 Months CFR(s): 483.20(c) §483.20(c) Quarterly Review Assessment A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to complete a quarterly Minimum Data Set (MDS) assessments no later than 92 days from previous assessment for 1 of 2 residents reviewed for resident assessment (Residents #106). Findings included: Resident #106 was admitted to the facility on 4/14/25. Review of Resident #106's Electronic Medical Record	F0638		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0638 SS = A	Continued from page 1 (EMR) revealed a quarterly MDS assessment with an Assessment Reference Date (ARD, the last day of the look-back period) of 9/30/25 and signed by the nurse as completed on 10/12/25. The next quarterly MDS observed in Resident #106's EMR had an ARD of 1/21/26 and signed by the nurse as completed on 2/2/26. During an interview on 2/10/26 at 10:50 AM, MDS Nurse #1 stated resident assessments should be completed quarterly and no later than 92 days from the previous assessment. MDS Nurse #1 indicated Resident #106's quarterly assessment dated 1/21/26 had been completed late and was unable to explain what happened. During an interview on 2/10/26 at 12:02 PM, the Administrator indicated the MDS staff had been newly hired and had been in training which had caused a delay in the completion of the assessment. The Administrator further stated MDS staff have been trained to complete and transmit assessments within the required time frames. He indicated there were no other assessments that were late.	F0638		
F0640 SS = A	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System	F0640		

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F0640 SS = A	<p>Continued from page 2 information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.</p> <p>§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. <p>§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record reviews and staff interviews, the facility failed to transmit a discharge return not anticipated Minimum Data Set (MDS) assessment into the Internet Quality Improvement and Evaluation System (IQIES) Centers for Medicare and Medicaid Services (CMS) database within the regulated time frame for 1 of 2 resident reviewed for Resident Assessment (Resident #50).</p> <p>Findings included:</p> <p>Resident #50 was admitted on 8/28/25.</p> <p>On 2/10/26 review of Resident #50's Electronic Medical</p>	F0640		

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F0640 SS = A	Continued from page 3 Record (EMR) revealed a completed discharge return not anticipated MDS assessment dated 9/17/25. The assessment had not been transmitted to iQIES. During an interview on 2/10/26 at 10:53 AM MDS Nurse #1 stated that Resident #50 had been transferred from a skilled nursing bed into an assisted living bed in the same facility. After reviewing Resident #50's discharge MDS dated 9/17/25 MDS Nurse #1 stated it had been completed and signed but not transmitted. She explained they had 14 days from the date of completion to transmit the assessment. MDS Nurse #1 further explained that transmitting the resident's discharge assessment was accidentally missed. During an interview on 2/10/26 at 12:02 PM, the Administrator indicated that there had been a glitch in the software and the assessment did not appear in the batch for transmission. As a result, the staff was not aware that the MDS assessment had not been transmitted.	F0640		
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on record review, observations, and staff interviews, the facility failed to provide nail care for Resident #137 who required staff assistance for personal hygiene. This deficient practice affected 1 of 8 dependent residents reviewed for activities of daily living (Resident #137). The findings included: Resident #137 was admitted to the facility on 10/29/25 with diagnoses of recent partial amputation of right little finger and right ring finger on 1/18/26, end stage renal disease, Type 2 diabetes mellitus, and cerebrovascular accident. The admission Minimum Data Set (MDS) dated 11/5/25 showed Resident #137 was cognitively intact. He required substantial assistance for toileting hygiene and set up/clean up assistance with personal hygiene.	F0677		

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F0677 SS = D	<p>Continued from page 4 Resident #137's care plan dated 2/6/26 had a focus for Activities of Daily Living self-care deficit with interventions that included check nails and ensure they are clean and have neat appearance and provide showers per schedule.</p> <p>During an observation and interview with Resident #137 on 2/8/26 at 3:00 PM, all nails on his left hand were observed to have smooth edges and extended approximately a quarter inch beyond the fingertips with thick black matter under each nail. Resident #137 stated he had not asked staff to trim or clean his nails but stated he did not like them long and dirty and wished the staff would cut them and clean them.</p> <p>During an observation of Resident #137 on 2/9/26 at 9:17 AM, all nails on his left hand were observed to have smooth edges and extended approximately a quarter inch beyond the fingertips with thick black matter under each nail.</p> <p>During an observation of Resident #137 on 2/10/26 at 9:34 AM, all nails on his left hand were observed to have smooth edges and extended approximately a quarter inch beyond the fingertips with thick black matter under each nail.</p> <p>A review of the bath/shower schedule revealed Resident #137 was scheduled for a bath on Thursdays and Saturdays on the 7:00 PM to 7:00 AM shift. There were no shower and personal hygiene sheets for Resident #137 for November 2025 through February 2026.</p> <p>An interview was conducted on 2/10/26 at 5:59 AM with Nurse Aide (NA) #7 and NA #9 who worked night shift (7:00 PM to 7:00 AM) and were assigned to Resident #137 on the scheduled shower/bath day. Nurse Aide #7 stated each resident was assigned a bath day and this was posted on the unit shower schedule. When the bath was completed the nurse aide would initial the Bath Check List if fingernails were cut or needed to be cut/trimmed, the resident refused bath care, or if anything was not able to be completed. Nurse Aide #7 stated she would notify the nurse if nails needed to be done because a resident might have diabetes and nail care would need to be completed by the nurse. Nurse Aide #7 and NA #9 both stated they did not notice the condition of Resident #137's fingernails.</p> <p>An interview was conducted on 2/11/26 at 1:00 PM with NA #4 who stated she had completed a bed bath for</p>	F0677		

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F0677 SS = D	<p>Continued from page 5 Resident #137 earlier that day. She stated she had not observed any personal care issues that should be reported to the nurse. She stated she did not recall his nails being long or dirty.</p> <p>An interview was conducted on 2/10/26 at 6:12 AM with Nurse #12 who was assigned to Resident #137. She was unaware of Resident #137's need for nail care. Nurse #12 stated no nurse aide had reported he required nail care and she did not observe the condition of his nails. She stated as Resident #137 had diabetes the nurse aide could provide hand washing assistance but not nail trimming. Nurse #12 did not know if he could clean his own nails and trim them if provided set up.</p> <p>An interview was conducted on 2/9/26 at 2:00 PM with the Unit Manager (Nurse #11) who stated when a resident was scheduled for a bath/shower it was expected that nail care, hair care, and shaving would be done. She stated the NA would let the nurse know if a resident needed nail care so the nurse could check if the resident had diabetes in which case the nurse would be responsible for providing nail care. Nurse #11 stated she had not looked at Resident #137's nails and was unaware if he was dependent on staff for nail care. She did not know why there were no shower/bath sheets for Resident #137.</p> <p>On 2/11/26, at 3:12 PM, an interview was conducted with the Director of Nursing (DON), who stated that when a resident was scheduled for a bath, the service included shaving, hair care, and nail care. She stated after completion of the bath or shower the nurse aide would complete the skin care sheet that stated, "by signing this I agree that that shaving, hair, and nail care has been done." She further stated if the nurse aide noted long or dirty nails this would be reported to the nurse who would check if the resident had diabetes. If a resident had diabetes, the nurse would be responsible for cutting and cleaning of the nails. The DON indicated it was the Unit Manager's responsibility to complete a weekly audit to validate findings on the bath sheets. She stated clean and neat nails were an expectation and she did not know why no bath sheets were completed for Resident #137.</p> <p>The Administrator was interviewed on 2/22/26 at 5:32 PM. He stated it was unacceptable for residents to have dirty fingernails. He stated it was the responsibility of the Nursing Department to provide personal care, and</p>	F0677		

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F0677 SS = D	Continued from page 6 the nursing staff should ensure residents have neat and clean nails.	F0677		
F0687 SS = D	<p>Foot Care</p> <p>CFR(s): 483.25(b)(2)(i)(ii)</p> <p>§483.25(b)(2) Foot care.</p> <p>To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:</p> <p>(i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and</p> <p>(ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record reviews, and resident and staff interviews, the facility failed to provide podiatry services to 1 of 1 residents with diabetes who were reviewed for foot care (Resident #104).</p> <p>Findings included:</p> <p>Resident #104 was admitted to the facility on 8/11/25 with a diagnosis of type 2 diabetes with neuropathy, other circulatory complications, hemiplegia (loss of the use of the affected side of the body, and hemiparesis (weakness of the affected side of the body) following a nontraumatic subarachnoid hemorrhage (bleeding into the brain) affecting the left non-dominant side.</p> <p>The care plan dated 12/12/25 indicated impaired physical mobility and deconditioning related to recent hospitalization for hemiplegia, and a decline in activities of daily living related to stroke.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 12/13/25 indicated that Resident #104 had moderately impaired cognition and required substantial to maximum assistance with activities of daily living.</p> <p>Nurse's progress notes from 12/1/25 to 2/9/26 did not indicate any notes regarding Resident #104's long toenails or an appointment for the podiatrist.</p>	F0687		

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F0687 SS = D	<p>Continued from page 7</p> <p>A review of the shower book over the past three months (December 2025 to present) did not indicate that Resident #104 had her toenails trimmed or that they needed trimming.</p> <p>A review of the nurses' weekly skin assessments, (December 2025 to present), did not indicate that Resident #104 needed her toenails cut. The skin assessment sheets that are attached to the shower sheets were not checked for Resident #104 needing a nail trim.</p> <p>A review of the podiatry lists for the past six months (July 2025 and December 2025) did not indicate that the resident had been placed on any of them by the social worker. The Podiatrist next visit would be 2/12/26.</p> <p>An interview and observation with Resident #104 were done on 2/8/26 at 3:10 PM. The resident called out, "Hey, can you help me?" and indicated that her toes hurt. When observing Resident #104's toenails, it was noted that she was not wearing socks; her great toenails were long, thick, and jagged. The remaining toenails were also thick, long, and jagged.</p> <p>An interview with Nurse Aide (NA)4 on 2/9/26 at 11:38 AM indicated that she could not cut Resident #104's toenails; the nurse needed to do that. When asked how the nurse was informed when the toenails needed to be cut, she said the nurse aide told them, or sometimes the residents told the nurse themselves. Nurse Aide #4 was asked whether she had told the nurse that Resident #104's toenails needed to be cut during that day's care; she said no. Nurse Aide #4 indicated that Resident #104 had diabetes, and the nurse should have noticed that her toenails needed cutting during the skin assessment.</p> <p>An interview with the Charge Nurse on 2/9/26 at 2:48 PM indicated that she had not cut Resident #104's toenails, and the resident had not asked for her toenails to be cut.</p> <p>An interview on 2/10/26 at 11:25 AM with the social worker indicated that Resident #104 had not been identified as needing to see the podiatrist. It was further indicated that when the nurse conducts the skin assessment and determines that the resident needs to be seen by the Podiatrist, the nurse will inform the social worker that the resident needs to be added to the podiatrist's list. The podiatrist's list is sent when he informs the facility he will be coming on a specific date.</p>	F0687		

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F0687 SS = D	<p>Continued from page 8</p> <p>An interview on 2/10/26 at 11:40 AM with Nurse Aide #5 regarding the policy for cutting toenails indicated that the aide was to tell the nurse if the resident needed their toenails cut. If the resident could not tell the nurse, or if the resident had diabetes, the resident had to be seen by the foot doctor.</p> <p>An observation and interview on 2/10/26 at 1:00 PM revealed that Resident #104's toenails had not been cut. She was asked if she would like to go to the foot doctor to have them cut, and she said yes.</p> <p>An interview on 2/10/26 at 10:18 AM with the Director of Nursing (DON) indicated that the residents with diabetes had their nails cut by podiatry. She then said she was not familiar with the resident and would make sure she was put on the podiatry list. She further stated that the nurses should have been assessing the residents' feet and either cutting them or having them placed on the podiatry list.</p> <p>An interview on 2/10/26 at 2:30 PM with the Administrator indicated that he was not sure why Resident #104 had not been on the podiatrist list and was unaware that she had needed to be seen by podiatry. The Administrator further stated that he would ensure Resident #104 was added to the list. The Administrator further indicated that he expected residents' toenails to be trimmed and that, if any issues arose, podiatry would be consulted. He further indicated that the nurses were responsible for ensuring the social worker received a current list of residents who needed to see the podiatrist, and that the social worker would ensure all residents were added to the next visit.</p>	F0687		
F0812 SS = E	<p>Food Procurement,Store/Prepare/Serve-Sanitary</p> <p>CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements.</p> <p>The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility</p>	F0812		

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F0812 SS = E	<p>Continued from page 9 gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>F812 -E</p> <p>Based on observations and staff interviews, the facility failed to label, date, seal and/or remove expired food items stored for use in 1 of 1 walk-in cooler, the dry goods storage room, and 1 of 1 of 1 walk-in freezer and failed to ensure food service equipment was clean. These practices had the potential to affect food being served to residents.</p> <p>The findings included:</p> <p>a. An initial tour was conducted with the Dietary Manager on 2/8/26 at 10:17 AM. Observations made at the time of the initial tour identified the following concerns in the walk-in cooler:</p> <ul style="list-style-type: none"> - Two crates of chocolate milk cartons (48) with the expiration date 2/7/26 remained in the refrigerator to be served. One 5-pound plastic bag of partially used shredded cheddar cheese was observed left open to air (not sealed). The bag was dated as opened on 2/5/26. An interview with the Dietary Manager on 2/8/26 at 10:17 AM during the tour indicated that she was new to the position and was working to get the staff on track by ensuring dates were checked each morning before serving breakfast and removing expired items before any food preparation. b. An observation made on 2/8/26 at the time of the initial tour (10:17 AM) identified the following concern in the dry food storage room: <ul style="list-style-type: none"> - An undated bag of rice, in a plastic bag left open to air. <p>An interview with the Dietary Manager on 2/8/26 during the initial tour indicated that she had told the dietary staff to make sure all dry goods were tied up or sealed and dated with an open date to prevent contamination and keep bugs out.</p>	F0812		

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F0812 SS = E	<p>Continued from page 10</p> <p>c. Additional observations were made during the initial tour with the Dietary Manager on 2/8/26 of the walk-in freezer, which identified the following concerns:</p> <ul style="list-style-type: none"> - An open cardboard box containing 10 pounds of frozen chicken breast patties dated 2/7/26. The plastic bag inside the box was observed to be open to air (not sealed). The chicken breast patties appeared to have light edges, which may indicate freezer burn. - Three 5-pound rolls of frozen ground beef were placed on the wire rack and not dated. <p>An interview with the Dietary Manager during the initial tour on 2/8/26 reported food items placed in the freezer should be dated by the date they were placed in the freezer and sealed. She further stated she would make sure ground beef was placed on a tray and dated when being frozen.</p> <p>d. Observations made during the initial tour with the Dietary Manager on 2/8/26 at 10:30 AM identified concerns with the cleanliness of equipment used within the Dietary Department. These included:</p> <ul style="list-style-type: none"> - The free-standing rack for cutting boards was observed to have a dark brown buildup of debris between the sections where the cutting boards were placed. Some of the cutting boards were noted to be touching the dark brown debris. One side of the stove/oven was observed to have a dark brown, sticky grease buildup. - The bottom edge of the free-standing refrigerator had thick dust and debris built up at the bottom edges of the door. - The utility cart that held condiments and silverware was visibly soiled with dried debris, and crumbs were in between the individual compartments and outside edges. <p>An interview with the Dietary Manager (DM) during the initial tour on 2/8/26 revealed that staff had not been checking to ensure each station was cleaned due to a lack of guidance after the previous dietary manager left suddenly. The DM further indicated that areas such as prep tables, coffee/condiment carts, and equipment needed more attention when cleaned by staff after use. An interview was conducted on 2/11/26 at 4:55 PM with the facility's Regional Director of Dietary Services. At that time, the findings of the Dietary Department's</p>	F0812		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER PruittHealth-Carolina Point			STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road , Durham, North Carolina, 27705	
(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
F0812 SS = E	Continued from page 11 initial and follow-up tours were shared. Upon inquiry, the Regional Director reported that she would expect all food containers to be sealed and properly dated with open and expiration dates, and the Dietary Department should be cleaned, and any concerns identified during the observations should have been cleaned in accordance with the cleaning schedule and/or caught by the daily rounds of the department.	F0812		