STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345002	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cypress Pointe Rehabilitation Center	**2006 South 16th Street , Wilmington, North Carolina, 28401**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 05/04/26 through 05/07/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 23092B-H1.	E0000		05/10/2026
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 05/04/26 through 05/07/26. Event ID# 23092B-H1. The following intakes were investigated: #2995655, #747906, #2990164, #2792651, #2631265, #747913, #747908, and #747905. 16 of the 16 complaint allegations did not result in deficiency.	F0000		05/10/2026
F0698 SS = D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is NOT MET as evidenced by: Based on observations, record review, and resident, staff, and Physician interviews, the facility failed to remove a dressing and visually assess a resident's dialysis fistula (an arteriovenous (AV) fistula is a surgical connection between an artery and a vein, usually in the forearm or upper arm created to provide reliable access for dialysis) as ordered by the physician for 1 of 2 residents reviewed for dialysis (Resident #5). The findings included: Resident #5 was admitted to the facility 11/16/2023.	F0698	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. F698 - Dialysis There was no harm to resident #5. Resident#5's left arm dialysis site was evaluated on 5/4/2026 by Nurse #1. The dressing was removed by Nurse #1 on 5/5/2026. Notification was made to the MD by the Director of Nursing (DON) with no new orders received on 5/5/2026. Identification of others:	05/10/2026

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

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

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F0698 SS = D	Continued from page 1 Diagnoses included arteriovenous (AV) fistula, end stage renal disease, dialysis, and peripheral vascular disease. Resident #5's quarterly Minimum Data Set (MDS) assessment dated 2/7/2026 revealed he was cognitively intact and was receiving dialysis. Resident #5's physician orders dated 2/2/2026, revealed an order to remove dressing to AV fistula on night of dialysis, to avoid skin breakdown and damage to AV fistula, in the evening every Monday, Wednesday, and Friday. The Care Plan for Resident #5 dated 11/29/2023 and updated on 2/27/2026 revealed a plan of care for dialysis. Interventions included checking and changing the dressing to AV fistula as ordered and to observing the site for signs and symptoms of infection. An observation and interview with Resident #5 were completed on 5/5/2026 at 11:08 AM. Resident #5 was observed to have a gauze dressing secured with tape to left upper arm AV fistula. Resident #5 stated the dressing was applied to his left upper arm AV fistula yesterday by the dialysis nurse after he completed treatment. An interview was conducted with Nurse #1 on 5/5/2026 at 3:37 PM. Nurse #1 stated she was the nurse assigned to care for Resident #5 on 5/4/2026 during the 3:00 PM to 11:00 PM shift. She stated she was supposed to remove the dressing from Resident #5's left arm AV fistula after he returned from dialysis but forgot because she was busy with another resident. She acknowledged she knew she was required to remove the dressing when the resident returned from dialysis and assess the site for complications. An interview with the Physician occurred on 5/6/2026 at 8:57 AM. The Physician stated that it was important for Resident #5 to have his dressing removed and his AV fistula assessed by the nursing staff after dialysis because he had significant vascular disease and had experienced complications with hypotension and falls after dialysis. He indicated the nursing staff needed to check his AV fistula because it was literally his "lifeline". An interview with the Director of Nursing (DON) was completed on 5/6/2026 at 1:15 PM. The DON stated that nursing staff usually removed the dressing and assessed the AV fistula site after Resident #5 returned from dialysis. She stated she expected	F0698	Continued from page 1 A body audit was completed on all residents who receive dialysis on 5/8/2026 by the DON/designee to ensure dressings were removed per MD order and an evaluation of the site was completed. No other residents were identified. Systemic Change: Education was provided by the Staff Development Coordinator (SDC)/Director of Nursing (DON) to the staff nurses regarding following physician orders related to the removal of dialysis site dressings. Education was also provided by the SDC/DON to the center nurses regarding evaluating the dialysis AVF site after removal of the dressing. All newly hired nurses will receive this education during orientation. Monitoring: All residents receiving dialysis will be observed by the DON/designee to ensure that MD orders are followed regarding removal of dressings and evaluation of dialysis AVF site 3 x's a week for 4 weeks, then weekly for 8 weeks. Results will be tracked and trended and submitted to QAPI team by the DON/Designee monthly for 3 months unless determined otherwise by the Center's Quality Assurance Team.	05/10/2026

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F0698 SS = D	Continued from page 2 nursing staff to follow physician orders, remove the dressing, and assess the site for signs and symptoms of infection.	F0698		05/10/2026
F0842 SS = A	Resident Records - Identifiable Information CFR(s): 483.20(f)(5),483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical	F0842		05/10/2026

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F0842 SS = A	Continued from page 3 examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is NOT MET as evidenced by: Based on observations, record reviews, and staff interviews, the facility failed to maintain an accurate Treatment Administration Record (TAR) for 1 of 27 records reviewed for accurate medical documentation (Resident #5). The findings included: A physician order dated 2/2/2026 directed staff to remove the dressing to the AV fistula on the night of dialysis in order to avoid skin breakdown and potential damage to the fistula. The order was scheduled for the evenings on Monday, Wednesday, and Friday.	F0842		05/10/2026

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F0842 SS = A	Continued from page 4 Review of Resident #5's May 2026 TAR revealed Nurse #1 documented she removed the dressing as ordered on 5/4/26 (Monday). An observation conducted on 5/5/2026 (Tuesday) at 11:08 AM showed Resident #5 with a gauze dressing secured with white tape over the left upper-arm AV fistula. An interview with Nurse #1 was completed on 5/5/2026 at 3:37 PM. Nurse #1 stated she had been assigned to care for Resident #5 on 5/4/2026 during the 3:00 PM to 11:00 PM shift. She reported that she was supposed to remove the dressing from the AV fistula after the resident returned from dialysis but forgot because she was busy with another resident. She acknowledged she should not have documented removing the dressing before completing the task and confirmed she had not accurately documented Resident #5's TAR. An interview with the Director of Nursing (DON) was completed on 5/6/2026 at 1:15 PM. The DON stated that Nurse #1 should not have documented on the TAR that the AV fistula dressing had been removed until the task was completed. She stated she expected nursing staff to maintain accurate medical records for all residents.	F0842		05/10/2026