

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(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 Cypress Pointe Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2006 South 16th Street Wilmington, NC 28401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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. Diagnoses included arteriovenous (AV) fistula, end stage renal disease, dialysis, and peripheral vascular disease.Resident #5's quarterly Minimum Data Set (MDS) assessment dated [DATE] 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 nursing staff to follow physician orders, remove the dressing, and assess the site for signs and symptoms of infection.</p>

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.

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