

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345170	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER Crystal Bluffs Rehabilitation and Health Care Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 4010 Bridges Street Extension Morehead City, NC 28557	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on record review, observations and staff interviews, the facility failed to post a nurse staffing sheet for 1 of 4 days of the recertification survey (1/4/25).The findings included:During the initial tour on Sunday 1/4/26 at 11:30 AM the staffing sheet posting on the wall by the South nursing station was observed to be dated Friday 1/2/26.On 1/7/26 a review of the facilities daily posted nursing sheets from 1/1/26 through 1/6/26 was completed and no issues were found.During an interview on 1/7/26, at 8:15 AM, the Staffing Coordinator explained that the Scheduler prepared the nurse staffing sheets, and the Staffing Coordinator verified them. The Staffing Coordinator explained at the end of each day, the Scheduler placed the staffing information in the staffing book at the South side nursing station for the night shift nurse to post each night around midnight. For the weekends, the Scheduler placed the staffing information for Saturday, Sunday, and Monday in the staffing book at the South side nursing station on Friday before the Scheduler left for the weekend. The Staffing Coordinator further revealed either licensed nurse scheduled for the South side was able to exchange the staffing information for the next day and it was considered part of the night shift nursing duties. The Staffing Coordinator further indicated that on Sunday 1/4/26 she exchanged the staffing information and noted the one hanging was dated for Friday 1/2/26.An interview with Nurse #1 on 1/7/26, at 10:00 AM indicated that she worked the nightshift on 1/2/26. She further indicated she was not used to working on Fridays and typically worked Monday through Thursday. Nurse #1 indicated it was a busy Saturday morning, and she forgot to post the new staffing information for Saturday 1/3/26. An interview with Nurse #2 on 1/7/26 at 11:27 AM revealed that she had worked the night shift on 1/3/26. She further revealed she had intended to update the staffing information on Sunday (1/4/26) around 12:00 AM, however she was interrupted to assist with care and forgot to do it.An interview with the Director of Nursing (DON) on 1/7/26, at 8:25 PM confirmed the night shift nurse was expected to hang the nurse staffing information for the next day around midnight as part of their nursing duties. The DON further revealed that he had completed spot checks to ensure the correct staffing information was posted in the past and had not had any issues.An interview with the Administrator on 1/7/26 at 9:03 AM indicated there had not been an issue with the nurses remembering to change the posting sheets in the past, he stated he had spoken with both of the nurses, and they had simply forgotten to do it. He further indicated that the staffing sheets were to be changed every night.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 345170	If continuation sheet Page 1 of 1