

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2026
NAME OF PROVIDER OR SUPPLIER Longleaf Neuro-Medical Treatment Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4761 Ward Boulevard Wilson, NC 27893	
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident interview and staff interviews, the facility failed to ensure safe wheelchair transport for one resident reviewed for accident prevention. Staff transported the resident in a wheelchair without leg rests attached, resulting in the resident's left leg dragging on the floor and becoming caught underneath the wheelchair, causing minor injury to the resident's knee. This practice occurred for 1 of 3 residents reviewed for supervision to prevent accidents (Resident #2). The findings included: Resident #2 was admitted on [DATE] with diagnoses including functional quadriplegia, cerebral palsy, right arm pain and localized edema. Review of the care plan dated 7/25/2025 revealed Resident #2 required extensive assistance with activities of daily living related to cerebral palsy. The care plan indicated the resident participated in activities of daily living (ADL's) by alerting staff to needs and performing limited hygiene tasks with setup and supervision. The annual Minimum Data Set (MDS) dated [DATE] revealed the resident was cognitively intact. The assessment indicated the resident utilized a wheelchair for mobility and was dependent on staff for upper body dressing, lower body dressing, footwear application, personal hygiene, rolling left and right, and chair-to-bed transfers. Sit-to-stand, lying-to-sitting, sitting-to-lying, and toilet transfers were not attempted due to medical condition or safety concerns. The resident was also coded as incontinent of bowel and bladder. On 6/17/26 at 12:30 pm an interview with Resident #2 revealed that on 6/4 she was going out to an appointment and she needed to be in a manual wheelchair. She stated that she normally used the motorized wheelchair that she was currently sitting in, but when she went out to appointments, she used a manual wheelchair. Staff got her into the manual wheelchair, but one of the leg rests was broken. It did not have the pad part that she rests her leg on. She stated that she sat in the manual wheelchair while they looked for different leg rests. Eventually, a man, she thinks he was maintenance, brought them the different leg rests. The man said that she had to get out of the chair in order for him to put them on. The Health Care Tech (HCT) asked if she was ready to go back to her room and she stated yes. The HCT started pushing her to her room without the leg rests and her left leg was dragging. Her leg got caught under the chair and she felt pain in her knee. Resident #2 stated that she yelled out my knee and the HCT stopped immediately and asked if she was ok. Resident #2 says she stated that she was fine and the HCT then pulled her backwards into her room. She stated that no HCT tried to hold her legs up while pushing her to her room. Resident #2 stated that she does not have any permanent injury or pain from the incident. She could not remember the name of the HCT pushing her. On 6/17/2026 at 3:38 pm HCT #1 stated that she got Resident #1 up and into her wheelchair morning of 6/4/2026. She could not remember the exact time but states that it was early as she got off at 7:00 am. She stated that her and HCT #2 got Resident #2 up to the manual wheelchair using the mechanical sit to stand lift. This was the regular time that they usually get resident up but they put her in the manual wheelchair because they knew she was going to an appointment. The manual wheelchair was already in the room and but there were no leg rests. She stated that she did not know when resident last used the manual wheelchair or when it was left in the room. She and HCT #2 proceeded to put resident in the manual wheelchair and Resident #2 (continued on next page)		

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: 345192	If continuation sheet Page 1 of 3

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