

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2026
NAME OF PROVIDER OR SUPPLIER  The Graybrier Nursing and Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  116 Lane Drive Trinity, NC 27370	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and staff interviews, the facility failed to code the Minimum Data Set (MDS) assessment accurately in the areas of accidents (Resident #37) and urinary catheter (Resident #25) for 2 of 19 residents whose MDS assessments were reviewed (Resident #37 and Resident #25). The findings included:</p> <p>1) Resident #37 was admitted to the facility on [DATE] with diagnoses that included muscle weakness, history of a left hip fracture and mild cognitive impairment.</p> <p>A review of Resident #37's medical record showed that she experienced three falls since the last quarterly MDS assessment dated [DATE]: a fall with major injury on 8/1/25, a fall with no injury on 8/9/25, and a fall with minor injury on 10/19/25.</p> <p>The quarterly MDS assessment dated [DATE] indicated that Resident #37 was cognitively intact and was coded as having had one fall with minor injury since the previous assessment of 7/24/25.</p> <p>On 1/22/26 at 12:31 PM, an interview occurred with the MDS Coordinator who reviewed Resident #37's 10/23/25 MDS assessment and medical record. She confirmed the resident had experienced three falls since the previous assessment dated [DATE]. She acknowledged that the 10/23/25 MDS should have been coded to reflect one fall with no injury and one fall with major injury, in addition to the fall that was already coded with a minor injury. She stated an as needed MDS nurse completed that portion of the MDS assessment and felt the omission was an oversight.</p> <p>An interview with the Director of Nursing on 1/22/26 at 1:25 PM indicated that it was her expectation that MDS assessments be coded accurately for accidents.</p> <p>2) Resident #25 was admitted to the facility on [DATE] with diagnoses that included neuromuscular dysfunction of the bladder and neurogenic bladder.</p> <p>Resident #25's physician orders included an order dated 4/21/25 to flush the suprapubic catheter with 60 cubic centimeters (cc) of normal saline (NS) every shift and an order dated 4/21/25 to provide urinary catheter care every shift.</p> <p>The care plan initiated 4/30/25 revealed Resident #25 had an indwelling suprapubic catheter.</p> <p>A review of Resident #25's December 2025 and January 2026 Medication Administration Records (MARs) revealed that nurses documented Resident #25's suprapubic catheter was flushed every shift with 60cc of NS from 12/27/25 through 1/2/26.</p> <p>(continued on next page)</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: 345330	If continuation sheet Page 1 of 2

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #25's December 2025 and January 2026 Treatment Administration Records (TARs) revealed nurses documented Resident #25 received urinary catheter care every shift from 12/27/25 through 1/2/26.</p> <p>Resident #25's most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #25 was cognitively intact and did not have an indwelling urinary catheter.</p> <p>An interview was conducted on 1/22/26 at 3:50 PM with MDS Coordinator. She reviewed Resident #25's quarterly MDS assessment dated [DATE] and verified Resident #25 was coded as not having an indwelling urinary catheter. The MDS Coordinator indicated an as needed MDS Nurse coded the Bladder and Bowel Section of Resident #25's MDS and felt it was coded incorrectly in error. The MDS Coordinator revealed Resident #25 had a suprapubic catheter present when the assessment was completed and should have been coded as such.</p> <p>During an interview on 1/22/26 at 3:57 PM with the Director of Nursing (DON), she stated she expected the MDS assessments to be coded accurately for each resident.</p>		