STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345371	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth-Trent	836 Hospital Drive New Bern, NC 28560

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and resident and staff interviews, the facility failed to provide restorative services as outlined in the plan of care for 1 of 3 residents reviewed for rehabilitation and restorative services (Resident #47).Findings included:Resident #47 was admitted to the facility on [DATE] with active diagnoses that included lumbar spinal stenosis with neurogenic claudication (intermittent leg pain from impingement of the nerves emanating from the spinal cord), hypertension, and diabetes mellitus.Resident #47's Minimum Data Set assessment dated [DATE] revealed he was assessed as cognitively intact. He had no functional impairment of range of motion to his upper and lower extremities and no contractures.Review of a restorative communication sheet from therapy dated 4/28/26 indicated Resident #47 required Active Range of Motion and Activeˆ Assisted Range of Motion to both lower extremities six days per week. The documented goal was to reduce the likelihood of functional loss and prevent skin integrity issues. The interventions instructed staff to place the resident on restorative services for rangeˆ ofˆ motion exercises.Resident #47's care plan dated 5/3/26 indicated Resident #47 required Active Range of Motion and Activeˆ Assisted Range of Motion to both lower extremities six days per week. The documented goal was to reduce the likelihood of functional loss and prevent skin integrity issues. The interventions instructed staff to place the resident in the restorative nursing program for rangeˆ ofˆ motion exercises.Resident #47's restorative documentation showed the resident was scheduled to begin restorative programming on 4/29/26 and he received 15 minutes of restorative services on 4/29/26 and another 15 minutes on 5/5/26. No further restorative sessions were documented for Resident #47.During an interview on 5/11/26 at 11:18 AM, Resident #47 stated Restorative Aide #1 currently provided his restorative exercises. He added that he often did not receive restorative care because the aide was assigned to work on the unit and could not come to him. Resident #47 commented that he did not expect to receive restorative care that day because she had another assignment. He reported he did not feel a decline in his range of motion or bed mobility due to the missed sessions.During a follow ˆup interview on 5/12/26 at 3:43 PM, Resident #47 stated he had not received restorative care either that day or the day prior.During an interview on 5/13/26 at 1:50 PM, Restorative Aide #1 stated she was the only restorative aide and was responsible for providing restorative services to Resident #47. Restorative Aide #1 indicated Resident #47 was to get restorative services 6 times a week. She explained she was unable to complete restorative sessions when she was reassigned as a nurse aide, which occurred on 5/11/26 and 5/12/26. She reported she worked on the hall both days and therefore did not conduct restorative programming with Resident #47. She stated the resident began restorative care on 4/29/26 but she could not recall additional dates he may or may not have received services. She added she did not notify anyone when reassigned because management would already know she had been pulled to the floor.During an interview on 5/13/26 at 2:29 PM, the Therapy Director stated therapy added restorative care to Resident #47's care plan requiring services six days per week. She added that a written description of the required restorative activities was provided to the Nurse Navigator, who then distributed the information to the Restorative Aide. She stated it was beneficial (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345371	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth-Trent	836 Hospital Drive New Bern, NC 28560

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	for him to receive continued restorative services to maintain his range of motion. During an interview on 5/13/26 at 2:17 PM, the Nurse Navigator stated that when therapy initiated restorative programming, she received written notification from therapy and therapy also updated the care plan. She explained she created a list for the restorative aide outlining each resident's restorative tasks. She stated Resident #47 should have received restorative services six days per week beginning 4/29/26. She confirmed that the resident had received only two restorative sessions since that date and that he was scheduled to receive care on 5/13/26. She concluded the resident should have received significantly more restorative intervention than what was documented.During an interview on 5/13/26 at 2:34 PM, the Administrator stated restorative care must be delivered according to each resident's plan of care. She reported this situation was an unfortunate miss, as alternate staff could have been reassigned to support restorative services when the restorative aide was unavailable. She stated this issue had not been brought to her attention before the survey.