STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345529	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Perry Creek Health and Rehabilitation Center	5201 Clarks Fork Drive Raleigh, NC 27616

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews with resident, responsible party, and staff, the facility failed to treat residents with dignity and respect when Nurse Aide #1 was watching a video on her cell phone while assisting Resident #72 with eating and Resident #106's clothes were not provided to her for a 3 day period after they were sent to the laundry resulting in the resident having to wear a hospital gown, feeling annoyed, and causing her not to leave her room. A reasonable person would expect Resident #72's caregiver to be focused on them during the provision of care. This deficient practice affected 2 of 4 residents reviewed for dignity (Resident #72 and Resident #106).Findings included: 1. Resident #72 was admitted to the facility on [DATE]. Her active diagnoses included cognitive communication deficit and muscle weakness. Resident #72's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed she was assessed as severely cognitively impaired, required supervision or touching assistance with eating, was able to make herself understood, and she understood others. During observation on 2/11/26 at 9:12 AM Nurse Aide #1 was observed assisting Resident #72 with her breakfast. The nurse aide was sitting next to Resident #72 at the head of the bed with the bedside table in front of her. The bedside table was perpendicular to the resident's bed, and a cell phone was observed on the bedside table, out of view of the resident. A video was playing on the cell phone with closed captioning on and no sound. Nurse Aide #1 was observed watching the video on her phone while she offered the resident bites of food. The nurse aide was glancing back and forth between the video on her phone and the resident. During an interview on 2/11/26 at 9:13 AM Nurse Aide #1 stated no one had indicated she could not watch a show on her phone while providing assistance to residents with their meals. She stated she was watching a series on vampires. During an interview on 2/12/26 at 10:15 AM Resident #72's Responsible Party (RP), he stated it was a disgrace that his family member would be provided assistance with her meal by a nurse aide whose attention was divided between the nurse aide's own entertainment and his mother's care. He stated that when a nurse aide was providing Resident #72 assistance, the nurse aide should be present and 100% involved with the care his family member needed because she was reliant on the other person to ensure her needs were met. He expressed that the nurse aide should not be focused on their own entertainment while assisting the resident. During an interview on 2/11/26 at 9:28 AM the Regional Director of Clinical Services stated she was (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

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