

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Carolina Point		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road Durham, NC 27705	
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 0569</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20906</p> <p>Based on staff interviews and record review of resident trust accounts, the facility failed to convey funds within 30 days and forward the balance of funds to the estate of an expired resident for 2 of 3 residents reviewed for personal funds (Resident #281 and Resident #134).</p> <p>The findings included:</p> <p>1. Resident #281 was admitted to the facility on [DATE] and expired on [DATE].</p> <p>Review of the resident trust account for Resident #281 conducted on [DATE] revealed a balance of \$125.22 was not conveyed to the resident's estate within 30 days of her death on [DATE].</p> <p>An interview was conducted on [DATE] at 12:00 PM, in conjunction with a record review with the Financial Counselor who revealed the check had not been sent to the Clerk of Court within the designated 30 days. The Financial Counselor stated that it was not discovered until an audit was done at the end of [DATE] that the funds had not been forwarded to the Clerk of Court. The Financial Counselor further stated after the completion of the audit, the facility did not communicate or correspond with the family that the money in the amount of \$125.22 was available or had been forwarded to the Clerk of Court.</p> <p>A telephone interview was conducted on [DATE] at 1:15 PM with the former Administrator who stated the Financial Counselors were responsible for ensuring financial records for expired residents were reviewed and audited monthly to ensure all refunds dispersed to the proper agency, resident and/or representative in accordance with the federal regulations within 30 days.</p> <p>An interview was conducted on [DATE] at 2:32 PM, in conjunction with a record review with the Area [NAME] President and the Financial Counselor who stated the facility failed to forward the funds to the Clerk of Court and/or resident representative. The Financial Counselor stated the money should have been sent to the Clerk of Court within 30 days of death per policy. The Area [NAME] President stated the discrepancy was not discovered until an audit was done at the end of [DATE]. The Area [NAME] President also stated the monies would be sent out immediately.</p> <p>2. Resident #134 was admitted to the facility on [DATE] and expired on [DATE].</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Carolina Point		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road Durham, NC 27705	

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 0569</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident trust account for Resident #134 conducted on [DATE] revealed a balance of \$2,349.50 was not conveyed to the resident's estate within 30 days of her death on [DATE].</p> <p>An interview was conducted on [DATE] at 12:00 PM, in conjunction with a record review with the Financial Counselor who revealed the check had not been sent out the check to the Clerk of Court within the designated 30 days. The Financial Counselor stated that it was not discovered until an audit was done at the end of [DATE] that the funds had not been forwarded to the Clerk of Court. The Financial Counselor further stated after the completion of the audit, the facility did not communicate or correspond with the family that the money in the amount of \$2,349.50 was available or had been forwarded to the Clerk of Court.</p> <p>A telephone interview was conducted on [DATE] at 1:15 PM with the former Administrator who stated the Financial Counselors were responsible for ensuring financial records for expired residents were reviewed and audited monthly to ensure all refunds dispersed to the proper agency, resident and/or representative in accordance with the federal regulations within 30 days.</p> <p>An interview was conducted on [DATE] at 2:32 PM, in conjunction with a record review with the Area [NAME] President and the Financial Counselor who stated the facility failed to forward the funds to the Clerk of Court and/or resident representative. The Financial Counselor stated the money should have been sent to the Clerk of Court within 30 days of death per policy. The Area [NAME] President stated the discrepancy was not discovered until an audit was done at the end of [DATE]. The Area [NAME] President also stated the monies would be sent out immediately.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Carolina Point		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road Durham, NC 27705	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43222</p> <p>Based on record review, family, Nurse Practitioner, resident and staff interviews, the facility failed to notify the resident and the resident's Responsible Party of a medication change for 1 of 2 sampled residents (Resident #59).</p> <p>Findings included:</p> <p>Resident #59 was admitted to the facility on [DATE] with diagnoses that included stroke and atypical facial pain.</p> <p>The quarterly Minimum Data Set (MDS) dated [DATE] assessed Resident #59 with intact cognition.</p> <p>Review of Resident #59's profile revealed his family member was listed as his Responsible Party (RP).</p> <p>A nursing progress note dated 10/15/24 and recorded as a late entry on 10/16/24 by Nurse #1 revealed Resident #59 complained of increased pain to the left side of his face. Nurse Practitioner (NP) #3 was notified and prescribed 20 milligrams (mg) of Prednisone (steroid) one time followed by 5mg of Prednisone daily for a duration of three days. Also, the acetaminophen order was changed from 325mg every 12 hours to 650mg every 6 hours.</p> <p>A physician order with a start date of 3/13/24 and end date of 10/15/24 read, Acetaminophen 325mg - give 1 tablet by mouth twice daily for pain.</p> <p>A physician order with a start date of 10/15/24 read, Acetaminophen 325mg - give 2 tablets by mouth every 6 hours for pain.</p> <p>A physician order with a start and end date of 10/15/24 read, Prednisone 20mg - give 1 tablet by mouth once daily.</p> <p>A physician order with a start date of 10/15/24 and end date of 10/18/24 read, Prednisone 5mg - give 1 tablet by mouth once daily.</p> <p>During an interview on 10/16/24 at 1:04 PM, Nurse #1 revealed that Resident #59 was in a great deal of pain on 10/15/24, so she contacted NP #3 who then changed the Acetaminophen order and added Prednisone for 3 days. Resident #59 was not his own RP, and she was not able to contact the family because she was occupied with other residents and tasks.</p> <p>Resident #59 was interviewed on 10/15/24 at 9:17 AM. He revealed that his pain medication was changed at 5:00 AM in the morning. Resident #59 stated he was not told beforehand and did not know why it had changed. He indicated he had a great deal of facial pain on 10/15/24, but nothing was discussed about any medication changes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Carolina Point		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road Durham, NC 27705	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 10/16/24 at 12:38 PM, Resident #59's RP stated that he should be notified prior to all medication changes. The RP indicated that he was not told about the addition of Prednisone and the alteration to the Acetaminophen order prior to administration on 10/15/24.</p> <p>NP #3 was interviewed on 10/16/24 at 1:27 PM. She revealed that she was contacted by Nurse #1 on 10/15/24 regarding Resident #59's increased left-sided face pain. NP #3 indicated that Resident #59 was alert and oriented and his own RP. She stated she told Nurse #1 to discuss the changes with Resident #59 on 10/15/24.</p> <p>During an interview on 10/17/24 10:04 AM, the Director of Nursing (DON) revealed that the RP should be notified of any changes with medications. If a resident was considered cognitively intact, then any medication changes should be discussed with them, and nursing staff should inquire if they want their RP to be notified as well. The DON stated that Resident #59 should have been notified prior to the medication changes on 10/15/24 and asked if he wanted the RP to be notified as well.</p> <p>During an interview on 10/17/24 at 10:39 AM, the interim Administrator revealed that Nurse #1 should have notified Resident #59 and his RP of the medication changes that took place on 10/15/24.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Carolina Point		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road Durham, NC 27705	
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 - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35758</p> <p>Based on observations, record reviews and staff interview the facility failed to accurately code the Minimum Data Set (MDS) assessments for Level II Preadmission Screening and Resident Review (PASRR) for 4 of 7 residents reviewed for MDS accuracy (Resident #43, Resident # 45, Resident #58, and Resident #61).</p> <p>Findings included:</p> <p>1. Resident #43 was readmitted to the facility on [DATE].</p> <p>Review of a comprehensive MDS assessment dated [DATE] revealed Resident #43 had no cognitive impairment and was not coded for PASRR Level II or for Level II PASRR screening and conditions as required by the RAI manual (Resident Assessment Instrument).</p> <p>A letter dated 2/2/23 from the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services to the facility revealed Resident #43 had been determined to require a Level II PASRR.</p> <p>An interview with the Case Mix Director conducted on 10/17/24 at 11:59 AM revealed the MDS assessments were coded inaccurately, or the information was not available when coding as required by the RAI, and it was her expectation that all MDS assessments be coded as required by the RAI.</p> <p>An interview with the Administrator on 10/17/24 at 1:07 PM revealed that he expected all MDS assessments be coded correctly as directed by the RAI manual.</p> <p>2. Resident #45 was readmitted to the facility 2/3/22.</p> <p>Review of a comprehensive MDS assessment dated [DATE] revealed Resident #45 had no cognitive impairment and was not coded for PASRR Level II or for Level II PASRR screening and conditions as required by the RAI manual (Resident Assessment Instrument).</p> <p>A letter dated 11/3/21 from the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services to the facility revealed Resident #45 had been determined to require a Level II PASRR.</p> <p>An interview with the Case Mix Director conducted on 10/17/24 at 11:59 AM revealed the MDS assessments were coded inaccurately, or the information was not available when coding as required by the RAI, and it was her expectation that all MDS assessments be coded as required by the RAI.</p> <p>An interview with the Administrator on 10/17/24 at 1:07 PM revealed that he expected all MDS assessments be coded correctly as directed by the RAI manual.</p> <p>3. Resident #58 was readmitted to the facility 12/27/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Carolina Point		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road Durham, NC 27705	
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 - Some</p>	<p>A review of a comprehensive MDS assessment dated [DATE] revealed Resident #58 had no cognitive impairment and was not coded for PASRR Level II or for Level II conditions as required by the RAI manual.</p> <p>A letter dated 6/24/21 from the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services to the facility revealed Resident #58 had been determined to require a Level II PASRR.</p> <p>An interview with the Case Mix Director conducted on 10/17/24 at 11:59 AM revealed the MDS assessments were coded inaccurately, or the information was not available when coding as required by the RAI, and it was her expectation that all MDS assessments be coded as required by the RAI.</p> <p>An interview with the Administrator on 10/17/24 at 1:07 PM revealed that he expected all MDS assessments be coded correctly as directed by the RAI manual.</p> <p>4. Resident #61 was admitted to the facility 4/4/24.</p> <p>A review of a comprehensive MDS assessment dated [DATE] revealed Resident #61 had no cognitive impairment and was not coded for PASRR Level II or for Level II conditions as required by the RAI manual.</p> <p>A letter dated 8/23/21 from the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services to the facility revealed Resident #61 had been determined to require a Level II PASRR.</p> <p>An interview with the Case Mix Director conducted on 10/17/24 at 11:59 AM revealed the MDS assessments were coded inaccurately, or the information was not available when coding as required by the RAI, and it was her expectation that all MDS assessments be coded as required by the RAI.</p> <p>An interview with the Administrator on 10/17/24 at 1:07 PM revealed that he expected all MDS assessments be coded correctly as directed by the RAI manual.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Carolina Point		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road Durham, NC 27705	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43222</p> <p>Based on record review and staff interviews, the facility failed to develop an individualized, person-centered activities of daily living (ADL) care plan that included how much staff assistance was needed to care for a resident who required total assistance with ADL for 1 of 8 sampled residents reviewed for ADL (Resident #49).</p> <p>Findings included:</p> <p>Resident #49 was admitted to the facility on [DATE] with diagnoses that included spondylosis, muscle weakness, lymphedema, and chronic pain syndrome.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #49 had intact cognition and required substantial to maximum assistance with toileting hygiene, personal hygiene, shower/bathing, upper/lower body dressing, putting on and taking off footwear, bed mobility, and transfers.</p> <p>Resident #49's comprehensive care plans, last revised on 7/23/24, did not include a plan that addressed her need for assistance with ADL.</p> <p>An interview with the MDS Coordinator #1 was conducted on 10/16/24 at 2:31 PM. She revealed that MDS updates the nursing care plan for all residents. It was important for ADL assistance to be included in all residents' care plans, so that nursing staff were provided with the appropriate care details. MDS Coordinator #1 thought she remembered adding the ADL assistance plan during Resident #49's admission but could not recall what happened to the focus.</p> <p>During an interview with the Director of Nursing (DON) on 10/17/24 at 10:02 AM, she revealed that every resident should have an ADL care plan focus because of the level of assistance the facility provided.</p> <p>The interim Administrator was interviewed on 10/17/24 at 10:40 AM. He revealed that a focus on ADL assistance should have been included in Resident 49's care plan.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Carolina Point		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road Durham, NC 27705	
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38077</p> <p>Based on observations, record reviews, and interviews with residents and staff, the facility failed to provide a resident with a cream gravy mix on her mechanical soft ground meats as specified on the meal ticket (Resident #68) and failed to provide food cut up into small pieces per the physicians order (Resident #22). This occurred for 2 of 2 sampled residents (Resident #68 and Resident #22).</p> <p>Findings included:</p> <p>1. Resident #68 was admitted to the facility on [DATE] with diagnoses that included dysphagia.</p> <p>Review of the physician's orders for Resident #68 dated 10/5/23 read in part, consistent carbohydrate (CCHO)/ liberalized diabetic diet, and mechanical soft consistency.</p> <p>A review of the Minimum Data Set (MDS) assessment dated [DATE] marked as a quarterly assessment, revealed resident was assessed as severely cognitively impaired and was coded as receiving mechanically altered and therapeutic diet.</p> <p>During a dining observation and resident interview on 10/14/24 from 11:45 AM to 1:05 PM, Resident # 68 was observed sitting in the dining room for her lunch meal. Observation of the resident's meal tray revealed the resident received an alternate meal option. The resident's meal tray consisted of chicken cut in cubes, rice and green peas. The resident was observed to have difficulty swallowing the food and Resident #68 was not eating her lunch. Resident #68 stated to the surveyor that the meat, and rice was too dry to eat. Review of the meal ticket indicated CCHO/liberalized diabetic - mechanical soft diet. The ticket indicated mechanical soft ground for meats and cream gravy mix. There was no gravy provided with her lunch meal.</p> <p>During an interview on 10/14/24 at 12:55 PM, the Nurse Aide (NA) #4 indicated she was unsure why the resident did not receive a soft moist tray. NA #4 stated it was the responsibility of the dietary staff to check the resident's meal tray for accuracy (diet and texture) before sending tray to the residents in the dining room.</p> <p>During a dining observation and resident interview on 10/15/24 from 12:05 PM to 12:30 PM, Resident #68 was observed sitting in the dining room for lunch. Resident was served her lunch tray. Observation of the lunch tray revealed the resident was served ground hamburger patty with a very small dollop of white gravy in the center. Review of the meal ticket had alt written on it, indicating alternate meal option. The resident indicated the hamburger was too dry and not to her liking as it was hard to eat.</p> <p>During an observation and interview on 10/15/24 at 12:30 PM, the Dietary Manager observed the resident's tray and acknowledged the meat was dry. The Dietary Manager stated the dietary staff had not poured adequate gravy on the ground hamburger patty to make it soft. She then went into the kitchen and brought some gravy to be poured over the hamburger to make it soft.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Carolina Point		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road Durham, NC 27705	
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Resident #22 was admitted to the facility on [DATE] with dysphagia, sequelae of cerebral infarction (stroke) and contractures of left elbow.</p> <p>Review of the physician orders dated 8/2/24 read in part Regular diet, regular consistency. Special instructions: cut food into bite size pieces.</p> <p>A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed resident was assessed as cognitively intact. The assessment indicated resident needed set up/ clean up assistance for eating.</p> <p>During a dining observation on 10/14/24 from 11:45 AM to 1:05 PM, Resident #22 was observed sitting in the dining room for lunch. Observation of the resident's meal tray revealed a chicken patty, rice and green peas. Review of the meal ticket revealed there were no instructions to cut food into bite size pieces. The resident was observed consuming her meals slowly and trying to cut the meat with her fork.</p> <p>During a dining observation and resident interview on 10/15/24 from 12:05 PM to 12:30 PM, Resident #22 was observed sitting in the dining room for her lunch meal. Observation of the resident revealed the resident had only one tooth in her mouth. Observation of the resident's meal tray revealed a piece of baked chicken, mexican corn and vegetable blend. The meal ticket indicated no barbeque sauce and there were no instructions on the ticket to cut food into bite size pieces. Resident was observed trying to cut chicken with the fork and consuming small pieces of chicken. The resident indicated the baked chicken was very dry as it had no sauce or gravy on it and was having a hard time eating it. The resident indicated at times the staff cut her meat to bite size pieces. She indicated that she could not have the barbeque sauce.</p> <p>During an observation and interview on 10/15/24 at 12:30 PM, the Dietary Manager observed the resident's tray and she asked the resident if she would prefer some gravy and offered the resident some gravy.</p> <p>During an interview on 10/17/24 at 9:23 AM, the Dietary Manager stated the special instructions entered in the electronic health record (EHR) software do not always translate (transfer) to the dietary meal tracker software that printed the resident's meal tickets. She further stated that the special instructions were entered in the meal tracker software manually in the dietary meal tracker software. The Dietary Manager indicated that it was a human error, and the special instructions were not entered and did not reflect on the meal ticket.</p> <p>During an interview on 10/17/24 at 9:48 AM, the Director of Nursing (DON) indicated the meal tickets should match the physician orders, so that the residents received the diet ordered. She indicated the consistency of food should be checked by the dietary staff prior to being sent out to the dining table. DON stated the dietary staff, and the nursing staff should check the tray for accuracy before serving trays to the residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Carolina Point		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road Durham, NC 27705	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38077</p> <p>Based on observations and interviews, the facility failed to maintain the dry goods storage area clean and failed to label and date food in one of one walk-in refrigerator. The facility also failed to ensure dietary staff facial hair coverings during food preparation in the kitchen. These practices had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>1. During an observation of the dry goods storage area on 10/14/24 at 9:15 AM, there was big white container with wheels. The white container had no lid. The was an opened paper bag inside the box. There was large amount white powdery substance on the floor, around and on the side of the white container.</p> <p>During an interview on 10/14/24 at 9:17 AM, the Dietary Manager indicated the white container contained sugar and added staff had accidentally dropped sugar on the floor during breakfast preparations. The Dietary Manager indicated the area should be cleaned immediately by the staff when any spills were made.</p> <p>2. During an observation of the reach-in refrigerator on 10/14/24 at 9:20 AM, revealed there were three opened 46-ounce cartons of nectar thick tea that were not dated, one opened 46-ounce carton of honey thick tea that was not dated and one clear plastic four-quart container one fourth filled with diced fruit with no label or date on them.</p> <p>Review of the manufacture recommendations for thickened liquids, revealed the beverage should be refrigerated after opening and should be discarded within 72 hours.</p> <p>During an interview on 10/14/24 at 9:23 AM, the Dietary Manager stated the thickened liquids were used during mealtime for residents with physician orders. The diced fruit was fruit cocktail that was used during the previous meal. She indicated opened cartons of thickened liquids should be labeled with an opened date and stored in the refrigerator for 3 day. The Dietary Manager stated all left over food should be labeled with a used by date prior to be placed in the refrigerator.</p> <p>3. During an observation on 10/14/24 at 9:25 AM, Dietary Aide #1 was observed working near the food preparation station. The Dietary Aide was assisting in food preparation for the lunch meal. The staff had facial hair (beard) that was not covered with a beard covering / guard while working in the kitchen.</p> <p>During an interview on 10/14/ 24 at 9:30 AM, the Dietary Aide #1 stated he had just started his shift and forgot to wear a beard covering. He indicated there were beard coverings available in the dietary manager's office.</p> <p>During an interview on 10/14/24 at 9:32 AM, the Dietary Manager stated there were boxes of beard covering available to dietary staff to use as needed. She indicated the staff had just started his shift and must have forgotten to wear one.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth-Carolina Point		STREET ADDRESS, CITY, STATE, ZIP CODE 5935 Mount Sinai Road Durham, NC 27705	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/17/24 at 1:00 PM, the Director of Nursing (DON), indicated all male staff when in kitchen should be wearing a beard covering if they have facial hair. The DON stated all thickened liquids should be dated when opened, placed in the refrigerator and discarded within 72 hours. The DON stated that hairnets and beard guards should be worn by staff while in the kitchen.		