STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345566	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth-Union Pointe	3510 West Highway 74 Monroe, NC 28110

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and staff interviews, the facility failed to have a medication error rate of less than 5% as evidenced by 3 medication errors out of 25 opportunities, resulting in a medication error rate of 12% for 1 of 3 residents observed for medication administration (Resident #307). The findings included: Resident #307 was admitted to the facility on [DATE] with diagnoses that included type II diabetes with diabetic autonomic neuropathy (a complication of diabetes where high blood sugar damages the nerves that control involuntary bodily functions), vascular dementia, epilepsy, and other depressive episodes. A review of Resident #307's active physician orders revealed the following: An order dated 4/30/26 for carbidopa-levodopa tablet extended release; 50-200 milligrams (mg). Give 1 tablet by mouth 3 times daily. This medication is used to manage severe movement disorders such as tremors, stiffness, and slowness. An order dated 4/30/26 for duloxetine capsule, delayed release;30 mg. Take 30 mg by mouth two times daily. This medication is an antidepressant primarily used to treat depression, anxiety, fibromyalgia, and chronic nerve or musculoskeletal pain. An order dated 5/1/26 for metoprolol succinate tablet extended release 24 hour; 25 milligrams (mg); amount 0.5 tablet by mouth once a day. This medication is a once-daily, extended-release medication used to treat high blood pressure. It slows the heart rate and relaxes blood vessels to reduce strain on the heart. An observation and interview were conducted with Nurse #1 on 6/24/26 at 9:51 AM during medication administration for Resident #307. Nurse #1 explained she had received verbal report during shift change that morning that Resident #307 was supposed to take her medications crushed in applesauce and showed the surveyor a printed list of 300-hall residents with the initials CAS (Nurse #1 explained this meant crushed in applesauce) next to Resident #307's name. Nurse #1 then crushed the carbidopa-levodopa and metoprolol succinate tablets and mixed them into applesauce then opened the duloxetine capsule and sprinkled the contents over the applesauce and administered the medications to Resident #307. A follow-up interview was conducted with Nurse #1 on 6/24/26 at 11:10 AM. Nurse #1 stated she should have recognized extended-release medications should not have been crushed before administration and should have clarified with the Nurse Practitioner before crushing. An interview was conducted with the Nurse Practitioner (NP) on 6/24/26 at 11:16 AM. The NP stated extended-release medication being crushed would cause the medication to break down faster, but she did not anticipate Resident #307 would have an adverse reaction to receiving carbidopa-levodopa crushed or duloxetine capsules being opened. The NP stated by administering metoprolol succinate in crushed form, side effects might present as a faster heart rate and lower blood pressure. The NP stated due to the potential side effects, she felt crushing the metoprolol succinate posed a potential for Resident #307 to experience more significant side effects. On 6/24/26 at 1:33 PM Pharmacist #1 was interviewed and stated carbidopa-levodopa should not be crushed because it would cause Resident #307 to receive the full dosage of the medication at once and not be spread out for the extended-release timeframe the medication would have been effective for if taken whole. Although the pharmacist indicated the resident would receive a more concentrated level of the medication at once, she did not perceive any adverse effects from crushing carbidopa-levodopa. The pharmacist explained she did not perceive any ill effects from opening the capsule of duloxetine if it (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was sprinkled in the applesauce and not crushed even though it would cause the resident to receive a more concentrated dose all at once. The pharmacist further stated metoprolol succinate was designed for once daily administration due to its time delayed release that would last 24 hours. The pharmacist stated Resident #307 was taking a very small dose of metoprolol succinate at only 12.5 mg which would be unlikely to cause any adverse effects. An interview was conducted with the Director of Nursing (DON) on 6/25/26 at 11:10 AM who stated to prevent the medication errors, Nurse #1 should not have relied on the shift change verbal report or relied on the shift change paper but should have followed proper procedure and read Resident #307's orders in the chart and compared them to the medication administration record.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews with the Nurse Practitioner, pharmacist, and staff, the facility failed to administer scheduled medications in the correct form when the nurse crushed 2 tablets and opened 1 capsule of extended-release and delayed-release medications for 1 of 3 residents reviewed for significant medication errors (Resident #307). The findings included: Resident #307 was admitted to the facility on [DATE] with diagnoses that included type II diabetes with diabetic autonomic neuropathy (a complication of diabetes where high blood sugar damages the nerves that control involuntary bodily functions), vascular dementia, epilepsy, and other depressive episodes. Resident #307 had a physician's order dated 5/1/26 for metoprolol succinate tablet extended release 24 hour; 25 milligrams (mg); amount 0.5 tablet by mouth once a day. Metoprolol succinate is a once-daily, extended-release medication used to treat high blood pressure. It slows the heart rate and relaxes blood vessels to reduce strain on the heart. Resident #307 also had a physician order dated 4/30/26 for carbidopa-levodopa tablet extended release; 50-200 milligrams (mg). Give 1 tablet by mouth 3 times daily. This medication is used to manage severe movement disorders such as tremors, stiffness, and slowness. Resident #307 also had a physician's order dated 4/30/26 for duloxetine capsule, delayed release;30 mg. Take 30 mg by mouth two times daily. This medication is an antidepressant primarily used to treat depression, anxiety, fibromyalgia, and chronic nerve or musculoskeletal pain. An observation and interview were conducted with Nurse #1 on 6/24/26 at 9:51 AM during medication administration for Resident #307. Nurse #1 explained she had received verbal report during shift change that morning that Resident #307 was supposed to take her medications crushed in applesauce and showed the surveyor a printed list of 300-hall residents with the initials CAS (Nurse #1 explained this meant crushed in applesauce) next to Resident #307's name. Nurse #1 then crushed the metoprolol succinate as well as the carbidopa-levodopa tablets then opened the duloxetine capsule, without crushing, and added all medications into applesauce then administered the medication to Resident #307. A record review and medication reconciliation for Resident #307 was completed after the medication administration and revealed an order dated 4/30/26 that read: May use alternate dosage form of ordered drug if necessary and appropriate. An order dated 6/6/26 read: Resident takes medication whole and takes them orally. A follow-up interview was conducted with Nurse #1 on 6/24/26 at 11:10 AM. She stated she typically worked on a different hall but had been assigned to the 300-hall that day. Nurse #1 indicated she was not familiar with the residents on the 300-hall and relied on the verbal shift change report instead of reading Resident #307's orders. Nurse #1 stated she overlooked Resident #307's order to take medication whole. Nurse #1 also stated she should have recognized extended-release medications should not have been crushed, and the capsule should not have been opened before administration. Nurse #1 stated she should have clarified with the Nurse Practitioner before crushing and opening the medications. An interview was conducted with the Nurse Practitioner (NP) on 6/24/26 at 11:16 AM who stated she was not overly concerned that Resident #307 received her medication crushed in applesauce that morning. According to the NP, Resident #307 had a difficult time taking her medications due to her advanced dementia and level of alertness. The NP stated extended-release medication being crushed or opened would cause the medication to break down faster. The NP stated by administering metoprolol succinate in crushed form, side effects might present as a faster heart rate and lower blood pressure. The NP stated due to the potential side effects, she felt crushing the metoprolol succinate posed a potential for Resident #307 to experience more significant side effects. According to the NP, the carbidopa-levodopa being crushed and the duloxetine being opened would result in a more concentrated dosage at once instead of spreading throughout the extended-release period if the medications had not been crushed or opened. The Nurse Practitioner stated she was unaware any nurses were crushing Resident #307's medications and would have ordered a different form of the medication or changed the order if she (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	had known Resident #307 could not take the medication whole. The Nurse Practitioner followed up her interview on 6/24/26 at 12:25 PM and explained she had assessed Resident #307 who had not exhibited any adverse reactions to her medication that morning. She stated Resident #307's blood pressure remained at 121/60 (within normal limits), and her heart rate remained at 90 beats per minute which were her typical readings. On 6/24/26 at 1:33 PM Pharmacist #1 was interviewed by phone, and stated metoprolol succinate was designed for once daily administration due to its time delayed release that would last 24 hours. According to Pharmacist #1, metoprolol succinate had the potential to cause more significant side effects by being crushed for administration. The pharmacist further stated Resident #307 was taking a very small dose of metoprolol succinate at only 12.5 mg which would be unlikely to cause any adverse effects. The pharmacist explained that the carbidopa-levodopa being crushed and the duloxetine capsule being opened, without crushing, would result in the resident receiving the full dosage of the medications at once instead of being spread out for the delayed-release period. The pharmacist stated she did not expect Resident #307 would experience significant side effects from the carbidopa-levodopa being crushed or the duloxetine being opened and added to applesauce. An interview was conducted with the Director of Nursing (DON) on 6/25/26 at 11:10 AM who stated Nurse #1 should not have relied on the shift change verbal report or relied on the shift change paper but should have followed proper procedure and read Resident #307's orders in the chart and compared them to the medication administration record.