

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345572</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>09/10/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>The Cardinal at North Hills</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 Garden at North Hills Street , Raleigh, North Carolina, 27609</b>	
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E0000	Initial Comments  An unannounced recertification and complaint investigation survey was conducted on 09/08/25 through 09/10/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1D5BDE-H1	E0000		
F0000	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted from 09/08/25 through 09/10/25. Event ID# 1D5BDE-H1. The following intake was investigated incident #888966. 1 of the 1 complaint allegation resulted in deficiency.	F0000		
F0609 SS = D	Reporting of Alleged Violations  CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the	F0609		

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 reverse for further 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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F0609 SS = D	<p>Continued from page 1 alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to report an allegation of injury of unknown origin to local law enforcement and Adult Protective Services (APS) for Resident #3 and also failed to complete the Investigation Report within the required five-day time frame to the State Agency (SA) for 1 of 1 resident reviewed for injury of unknown origin (Resident #3).</p> <p>The findings included:Resident #3 was admitted to the facility on 01/09/2025 with diagnoses including dementia, hypertension, arthritis, and a history of kidney stones.</p> <p>The admission Minimum Data Set (MDS) on 1/15/2025, revealed Resident #3 required full assistance with showering, bathing, and other daily activities. The resident was not able to complete the interview to assess cognitive patterns. The Staff Assessment for Mental Status determined that Resident #3 had long-term and short-term memory impairment and had severely impaired cognitive skills for daily decision making.</p> <p>The Initial Allegation Report submitted by the facility for an injury of unknown origin dated 01/30/2025 was completed by the previous Administrator. The report indicated that on 1/30/2025 around 7:45 AM to 8:00 AM, Nurse Aide (NA) #1 found the resident had six unidentified markings on her inner right forearm. The markings/skin tears were described as open, red and bloody. The affected areas were evaluated by the Nurse #1 on 01/30/2025, and the markings/skin tears were cleaned, and patched with appropriate dressings. The report did not include evidence that local law enforcement or Adult Protective Services (APS) had been notified, as required.</p> <p>Nurse Aide #1's written statement dated 1/30/25 indicated on 1/30/25 at 7:50am Nurse Aide #1 went into Resident #3's to provide care. As Nurse Aide #1 began to give care, six skin tears were found on Resident #3's upper right arm. The unidentified skin tears on the inner right forearm were open cuts that were described as red, and bloody in appearance. Nurse Aide #1 indicated that resident #3 was unable to get out of bed without assistance. Nurse Aide #1 also indicated that at 7:55am, Nurse #1 was notified of the injury. The affected areas were reportedly evaluated by the Nurse #1, cleaned, and patched with appropriate</p>	F0609		

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F0609 SS = D	<p>Continued from page 2 dressings.</p> <p>Nurse #1's written statement dated 1/30/25 indicated on 1/30/25 at 8:00am, Nurse Aide #1 asked Nurse #1 to observe Resident #3's right arm. Nurse #1 observed four skin tears on Resident #3's right arm and indicated that the Resident #3's fingernails had no evidence of blood, and the sleeping area contained no objects that could have caused injury. The statement also noted that Nurse #1 notified the previous Administrator.</p> <p>A telephone interview with NA #1 was attempted on 09/09/2025 at 1:50 PM but was not successful.</p> <p>A telephone interview with Nurse #1 was attempted on 09/09/2025 at 1:55 PM but was not successful.</p> <p>There was no evidence that an Investigation Report was submitted for Resident #3's injury of unknown origin.</p> <p>On 09/09/2025 at 1:21 PM, an attempt was made to contact Resident #3's responsible party (RP) regarding the incident. There was no response to the voice mail that was left requesting a return call.</p> <p>On 09/09/2025 at 1:26 PM, Resident #3's arms were observed. No signs of bruising or open wounds were noted. An attempt was made to interview Resident #3 regarding the injuries during the observation and Resident #3 was unable to provide information about the incident.</p> <p>An interview was completed with the Director of Nursing (DON) on 09/10/2025 at 2:13 PM. The DON revealed that she was not aware of the injury of unknown origin involving Resident #3, as she had only recently been hired. The DON further revealed that she could not obtain additional information because NA #1 and Nurse #1 were no longer employed at the facility, and their contact information was unavailable.</p> <p>An interview with the Social Worker (SW) on 09/10/2025 at 2:45 PM revealed that she was unaware of the injury of unknown origin involving Resident #3, explaining that she works at the facility only on Wednesdays. She explained that she typically received reports of alleged abuse from the DON or Administrator, and her role in the allegation was to interview residents who were alert and oriented, as well as any individuals involved. The SW indicated final reporting decisions were made by the DON or Administrator.</p> <p>During an interview on 09/09/2025 at 1:59 PM, the Administrator revealed that he was not aware of the</p>	F0609		

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F0609 SS = D	Continued from page 3 injury of unknown origin involving Resident #3, as he had recently been hired. He confirmed that the Administrator in place at the time of the injury was no longer employed at the facility and her contact information was unavailable. The Administrator was unable to explain why the Investigation Report for the injury of unknown origin was not available for review, why APS and local law enforcement had not been notified, or why he was unable to locate any of the facility's abuse Investigation Reports. He stated that allegations of abuse were required to be reported to the State Agency within 24 hours, with the Investigation Report submitted within five days.	F0609		
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary  CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements.  The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.  (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.  (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.  (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.  This REQUIREMENT is NOT MET as evidenced by:  Based on observation and staff interviews, the facility failed to label, and date repackaged and opened food items in 2 of 2 reach-in freezers and on a preparation station. This deficient practice had the potential to affect food served to residents.  The findings included:	F0812		

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F0812 SS = F	<p>Continued from page 4</p> <p>On 9/8/2025 at 11:02 AM an initial tour of the free standing second-floor kitchen included Dietary Aide #1, Administrator, and Executive Chef. The second-floor kitchen was used to serve residents on that floor, and the tour revealed several food items stored in the reach-in freezer ready for use without an open date.</p> <p>a. On 9/8/25 at 11:31 AM the following were observed in reach-in freezer #1 not labeled with an open date:Two bags of carrots stored in plastic zipped bags. Shaved coconut in a plastic zipped bag.Three plastic zipped bags containing chicken tenders. One opened bag of hamburger sliders stored in a plastic zipped bag. On 9/8/2025 at 11:44 AM Administrator advised Dietary Aide #1 to throw the items, without a date in reach-in freezer #1 into the trash.</p> <p>On 9/8/2025 at 11:49 AM the Executive Chef stated the food items should have been dated.</p> <p>An additional observation of reach-freezer #1 on 9/10/25 at 11:15 AM with Dietary Aide #2 present revealed an opened bag of frozen potato chips without an open date. Dietary Aide #2 was interviewed during the observation and stated the bag was recently opened. Dietary Aide #2 stated she opened them because they were serving them for lunch. She stated that she should have dated the bag when she opened them.</p> <p>On 9/10/25 at 11:25 AM the Administrator instructed Dietary Aide #2 to throw the remaining frozen potato chips away and to throw away the cooked chips in the deep fryer. The Administrator instructed the Dietary Aide to get a new unopened bag from first floor kitchen.</p> <p>On 9/10/25 at 12:00 PM an interview with Dietary Aide #2 revealed she was disappointed she forgot to date the frozen potato chips. She stated it was one of her responsibilities to make sure opened items in the freezer were dated.</p> <p>b. On 9/8/25 at 11:37 AM an observation of reach-in freezer #2 occurred with Dietary Aid #1 and the Administrator revealed two opened 5-gallon buckets of ice cream that were not dated when opened.</p> <p>c. On 9/8/25 at 11:41 AM observation of a kitchen preparation station with the Administrator and Executive Chef present revealed two plastic grocery bags that were tied shut containing thick sliced bread that was heavily buttered with no open date. Executive Chef stated during the observation it was going to be served that day.</p>	F0812		

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F0812 SS = F	<p>Continued from page 5</p> <p>On 9/8/25 at 11:43 AM the Administrator instructed Executive Chef to throw the bread away.</p> <p>Interview with the Executive Chef on 9/10/2025 at 3:11 PM revealed the food items in the reach-in freezers should have been dated with the date the item was opened. The Executive Chef indicated he worked primarily in the first-floor kitchen, and the second-floor kitchen was run primarily by the Dietary Aides. He stated that staff were trained to label food items with an open date before storing them in the freezer.</p> <p>On 9/10/2025 at 4:00 PM interview with the Administrator revealed the kitchen staff should have dated any food that was opened and stored in the freezer. He stated he understood that the food was often removed from its original container and sent up to the second-floor kitchen from the first-floor kitchen, but staff should still make sure they label and date.</p>	F0812		