| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345063 | A. Building<br>B. Wing | 06/03/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Harmony Park at Wilson | 1804 Forest Hills Road W<br>Wilson, NC 27893 |

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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to accurately code a Minimum Data Set (MDS) in the area of medications for 1 of 26 residents reviewed for MDS accuracy (Resident #8).Findings included:Resident #8 was admitted to the facility on [DATE] with diagnoses that included Type 2 diabetes mellitus.Review of physician orders revealed active orders for hypoglycemic medications (medication used to lower blood sugar) including Insulin Aspartame (rapid acting insulin) administered with meals ordered 5/8/2026 and Insulin Glargine (long-acting insulin) 20 units ordered 5/8/2026 to 5/11/2026 and 24 units ordered 5/11/2026 to 5/18/2026.Review of the Medication Administration Record (MAR) revealed Resident #8 received Insulin Aspartame 100 unit/ml subcutaneously with meals per sliding scale on 5/8/2026, 5/9/2026, 5/10/2026, 5/11/2026 and Insulin Glargine 20 units subcutaneously 5/8/2026, 5/9/2026 and 5/10/2026.The admission MDS dated [DATE] revealed, Resident #8 was coded as not receiving a hypoglycemic medication during the look-back period.On 6/4/2026 at 2:36 pm, an interview was conducted with the MDS Coordinator. The MDS Coordinator stated residents receiving insulin during the assessment look-back period should be coded on the MDS when a supporting diagnosis was documented in the medical record. The MDS Coordinator confirmed Resident #8 was receiving insulin during the assessment period. The MDS Coordinator stated that it was an error on her part and that MDS assessment should have been coded for Resident #8 receiving hypoglycemic medication (including insulin).On 6/4/2026 at 3:30 pm, an interview was conducted with the Administrator. The Administrator stated her expectation was that MDS assessments were completed accurately and reflected the residents' diagnoses, medications, treatments, and services received. |

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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