STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345221	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Greens at Weaverville	78 Weaver Boulevard Weaverville, NC 28787

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and staff, Primary Care Physician (PCP), facility Physician, Nurse Practitioner (NP), assisted living Director of Nursing, and Consultant Pharmacist interviews, the facility failed to provide an accurate medication list on an FL-2 to an assisted living facility for a resident who was discharged home from the facility while waiting on assisted living placement. The allergies listed were also incorrect. This deficient practice occurred for 1 of 3 residents reviewed for discharge (Resident #1). Findings included: Resident #1 was admitted to the facility on [DATE] with diagnoses which included an encounter for orthopedic aftercare following surgical amputation of right second toe, Alzheimer's dementia, essential hypertension, and hyperlipidemia. Resident #1's discharge instructions dated 3/18/26 revealed he was discharged home on 3/18/26 with his correct current medication summary list. This list of medications was signed by the Responsible Party (RP), dated 3/18/26 and included the following medications: Acetaminophen 325 milligrams (mg) 2 tablets by mouth three times a day for painDonepezil 10 mg 1 tablet by mouth at bedtime for dementiaEscitalopram 10 mg 1 tablet by mouth one time a day for mood symptomsFamotidine 20 mg 1 tablet by mouth one time a day for stomach acidFenofibrate 145 mg 1 tablet by mouth one time a day for cholesterolLosartan 50 mg 1 tablet by mouth in the morning for hypertensionMelatonin 3 mg 1 tablet by mouth every 24 hours as needed for insomnia for 14 daysMemantine 10 mg 1 tablet by mouth two times a day for dementiaNystatin powder apply to groin and scrotum topically every day and evening for yeast for 14 daysResident allergies were listed as hydrochlorothiazide and tricor An FL-2 (The Adult Care Home FL2 Form is a document signed by a physician or nurse practitioner which contained medical diagnoses, medications, functional limitations, and care needs required to qualify for Medicaid coverage or facility admission) with Resident #1's name and date of birth was completed by the facility Social Worker (SW), signed by the NP on 3/18/26, and emailed to the assisted living facility by the SW. The FL-2 with Resident #1's name and date of birth on 3/18/26 included the following information: Anastrozole 1 mg 1 tablet by mouth one time a day (female hormone medication used to treat/prevent breast cancer in postmenopausal women)Apixaban 5 mg 1 tablet by mouth two times a day (blood thinner)Aspirin 81 mg 1 tablet by mouth one time a day (heart attack prevention)Atorvastatin 80 mg 1 tablet by mouth at bedtime (cholesterol inhibitor)Bupropion 300 mg 1 tablet by mouth one time a day (antidepressant/mood stabilizer)Diazepam 2 mg 1 tablet by mouth two times a day (antianxiety)Furosemide 40 mg 1 tablet by mouth one time a day (diuretic)Metoprolol 50 mg 2 tablets by mouth one time a day (blood pressure)Sacubitril-Valsartan 24-26 mg 1 tablet by mouth two times a day (chronic heart failure)Tramadol 50 mg 1 tablet by mouth every 4 hours as needed (opioid pain)Acetaminophen 500 mg 1 tablet by mouth two times a day (pain)Vitamin B12 500 micrograms (mcg) by mouth one time a day (supplement)Vitamin D3 25 mcg 1 tablet by mouth one time a day (supplement)The block title additional information had handwritten hydrochlorothiazide, flagyl per medical review-attached and signed. The attached medication order summary was for Resident #2, not Resident #1. An interview with the Social Worker (SW) on 6/09/26 at 9:05AM revealed Resident #1 was on the waiting list for an assisted living facility prior to admission to the (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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