STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345340	A. Building B. Wing	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Greens at Maple Leaf	1101 Maple Care Lane Statesville, NC 28625

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment for 1 of 5 residents reviewed for unnecessary medications (Resident #1) and 1 of 1 resident (Resident #22) reviewed for anticoagulant medication. The findings included: 1. Resident #1 was admitted to the facility on [DATE] with diagnoses that included diabetes mellitus. Review of Resident #1's physician orders revealed orders dated 05/15/23 for gabapentin (an anticonvulsant) 100 milligrams (mg) by mouth twice a day for diabetic neuropathy (nerve damage) and metformin (a hypoglycemic) 500 mg by mouth once a day for diabetes mellitus dated 05/09/23. Review of Resident #1's Medication Administration Record for 04/01/25 through 04/30/25 revealed the Resident received gabapentin 100 mg by mouth twice a day and metformin 500 mg by mouth once a day as ordered. Review of Resident #1's quarterly MDS assessment dated [DATE] revealed the MDS was not coded as receiving an anticonvulsant or a hypoglycemic medication. On 07/03/25 at 10:08 AM an interview was conducted with MDS Nurse #1 who reviewed Resident #1's quarterly MDS dated [DATE] and acknowledged the MDS was coded as not receiving an anticonvulsant or a hypoglycemic medication and stated she did not know why she miscoded the MDS but agreed the MDS was coded in error. On 07/03/25 at 11:00 AM an interview was conducted with the Administrator who stated she expected the MDS assessments to be completed accurately. 2. Resident #22 was admitted to the facility on [DATE] with diagnoses that included atrial fibrillation. Review of Resident #22's physician orders for 06/10/25 revealed the Resident was not prescribed an anticoagulant (blood thinner) medication. Review of Resident #22's Medication Administration Record for 06/01/25 through 06/30/25 revealed the Resident did not receive an anticoagulant medication. (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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #22's quarterly MDS assessment dated [DATE] revealed the MDS was coded as receiving an anticoagulant medication. On 07/03/25 at 10:08 AM an interview was conducted with MDS Nurse #2 who reviewed Resident #22's 06/15/25 quarterly MDS and acknowledged the MDS was miscoded as receiving an anticoagulant medication and stated she coded the MDS in error. On 07/03/25 at 11:00 AM an interview was conducted with the Administrator who stated she expected the MDS assessments to be completed accurately.

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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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to submit a request for an evaluation for an updated Preadmission Screening and Resident Review (PASRR) determination for a resident who was admitted to the facility with mental health disorders for 1 of 2 residents reviewed for PASRR (Resident #33). Findings included: A PASRR Determination Notification letter dated 09/23/20 revealed Resident #33 had a Level I PASRR with no expiration date. Resident #33 was admitted to the facility on [DATE] with diagnoses that included bipolar disorder, anxiety disorder and dementia without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety. Review of Resident 33's electronic medical record revealed the following active physician orders: *04/28/25: Quetiapine fumarate (antipsychotic) 100 milligrams (mg) in the evening for bipolar disorder. *04/28/25: Sertraline (antidepressant) 100 mg at bedtime for bipolar/depression. *04/28/25: Trazodone (antidepressant) 100 mg at bedtime for restlessness. The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #33 was not currently considered by the state Level II PASRR process to have a serious mental illness or intellectual disability. Resident #33 received antipsychotic and antidepressant medications during the MDS assessment period. A North Carolina Medicaid Uniform Screening Tool (NC MUST) inquiry document provided by the facility on 07/02/25 revealed Resident #33 had a Level I PASRR effective 09/30/20. There were no requests for a PASRR reevaluation submitted or completed since 09/30/20. During an interview on 07/02/25 at 3:02 PM, the Social Worker (SW) revealed Resident #33's request for a PASRR reevaluation was overlooked. The SW explained she was not always informed when a resident admitted with mental health diagnoses and had she been aware, she would have submitted a request for a Level II PASRR reevaluation for Resident #33. During an interview on 07/03/25 at 8:07 AM, the Administrator revealed the SW was responsible for submitting PASRR reevaluation requests when needed. The Administrator stated she had completed a PASRR audit on 04/16/25 that was reviewed with the SW to determine if there were any PASRR reevaluation requests that needed to be submitted. The Administrator explained that a request for a Level II PASRR reevaluation should have been submitted for Resident #33 but hers was overlooked due to her admitting to the facility after the PASRR audit had been completed.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on manufacturer guidelines, observations and staff interviews, the facility failed to remove loose and unsecured pills of various shapes, sizes and colors from 2 of 6 medication carts (100 and 200 Hall) and failed to label DuoNeb solution (inhalation breathing solution) with a open date and store DuoNeb solution according to the manufacturer's guidelines for 1 of 6 medication carts (200 Hall) reviewed for medication storage. The findings included: 1a. An observation was made of the 100 hall medication cart on 07/02/25 at 10:45 AM accompanied by Medication Aide (MA) #1. The cart yielded 20 loose pills of various shapes, colors and sizes in the bottom of the medication cart drawers. An interview conducted with MA #1 on 07/02/25 at 10:45 AM. The MA explained that it was every MA's responsibility to keep the carts clean, but he did not know if it was a rule or not. b. An observation was made of the 200 hall medication cart on 07/02/25 at 10:55 AM accompanied by MA #2. The cart yielded 41 loose pills of various shapes, colors and sizes in the bottom of the medication cart drawers. An interview was conducted with MA #2 on 07/02/25 at 10:55 AM. The MA explained that it was the MA's responsibility to keep the medication carts clean and orderly, but she did it most of the time. On 07/02/25 at 12:00 PM an interview was conducted with the Unit Manager who explained that it was each MA's responsibility to keep the carts clean and orderly and at one time they had vacuums to use to clean the carts, but she did not know if they had them anymore. An interview was conducted with the Director of Nursing (DON) on 07/03/25 at 11:00 AM. The DON explained that it was the MA's responsibility to keep the medication carts clean and she had an extra nurse to work third shift on 07/01/25 with the only responsibility to clean the medication carts. The DON stated it was her expectation that the medication carts be neat, clean and orderly. 2. Review of the manufacturer's guidelines for DuoNeb solution revealed the solution should be stored in the foil pouch to protect from light. After opening the foil pouch: Individual vials of DuoNeb should be used within 7 days once removed from the foil pack. Unused vials removed from the pouch should be protected from light and used within one week. On 07/02/25 at 11:40 AM an observation was made of the 200 Nurse medication cart accompanied by Nurse #1. The cart yielded 5 DuoNeb inhalation vials loosely stored in a plastic cup. The vials were not in a foil package or dated when they were removed from the foil pack. An interview was conducted with Nurse #1 on 07/02/25 at 11:40 AM. The Nurse explained that she did not know who the DuoNeb solution belonged to, nor did she know how the solution should be stored. The Nurse stated that the solution should be dated when opened. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/02/25 at 12:00 PM an interview was conducted with the Unit Manager who explained that it was each nurse's responsibility to keep the carts clean and orderly. The Unit Manager stated the DuoNeb solution should be kept in the foil pouch and dated when opened. An interview was conducted with the Director of Nursing (DON) on 07/03/25 at 11:00 AM. The DON explained that it was the MA's responsibility to keep the medication carts clean and she had an extra nurse to work third shift on 07/01/25 with the only responsibility to clean the medication carts. The DON stated it was her expectation that the medication carts be neat, clean and orderly and the DuoNeb solution should be dated when open and stored in the foil pouch.