

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345366	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2025
NAME OF PROVIDER OR SUPPLIER  Greendale Forest Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 SE Second Street Snow Hill, NC 28580	

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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50404</p> <p>Based on record review and staff interviews, the facility failed to ensure an accurate Medication Administration Record (MAR) when staff documented a scheduled blood draw (a procedure in which a needle is used to take blood from a vein, usually for laboratory testing) was completed twice a week instead of once a week for 1 of 3 residents reviewed for blood draws (Resident #2).</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility on [DATE]. His diagnosis included myelodysplastic syndromes (a group of blood cancers where the bone marrow does not produce enough healthy blood cells), anemia and diabetes.</p> <p>The April 2025 MAR revealed a scheduled CBC blood draw order for every Thursday one time a day for monitoring with a start date of 12/19/2024. It also showed a CBC blood draw order every Wednesday for monitoring with a start date of 3/26/2025. The CBC blood draw was marked as completed on Wednesday, April 2, 2025, Thursday, April 3, 2025, Wednesday, April 9, 2025, Thursday, April 10, 2025, Wednesday, April 16, 2025, Thursday, April 17, 2025, Wednesday, April 23, 2025, Thursday, April 24, 2025, and Wednesday, April 30, 2025.</p> <p>The May 2025 MAR revealed a scheduled CBC blood draw order every Thursday one time a day for monitoring with a start date of 12/19/2024. It also showed a CBC blood draw order every Wednesday for monitoring with a start date of 3/26/2025. The CBC blood draw was marked as completed on Thursday May 1, 2025.</p> <p>The laboratory report dated 03/10/25 through 04/18/25 revealed a CBC blood draw was completed once a week.</p> <p>A telephone interview was conducted with Nurse #1 on 5/1/25 at 3:10 PM. She stated she gives the lab slip to the phlebotomist and then signs off on the MAR that the task has been completed.</p> <p>An interview with Medication Aide #1 on 5/1/25 at 12:35 PM revealed she would not have drawn the blood. She stated on 4/10/25 she must have marked the MAR in error.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345366	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2025
NAME OF PROVIDER OR SUPPLIER  Greendale Forest Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1304 SE Second Street Snow Hill, NC 28580	
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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the Phlebotomist on 5/1/25 at 12:55 PM. She stated the blood draws should be completed every Wednesday. In the past she pulled them on Thursdays, and it was changed to Wednesdays in March.</p> <p>An interview was held with the Director of Nursing (DON) on 5/1/25 at 1:05 PM. The DON revealed her expectation would be the nurse completes a laboratory slip and gives it to the phlebotomist. When the phlebotomist brings the blood sample back to the nurse, the nurse would then sign off on the MAR that the task had been completed. She went on to say the 12/19/24 order should have been discontinued when the new order was entered with a start date of 3/26/24.</p> <p>An interview was held with the Administrator on 5/1/25 at 3:30 PM, she revealed her expectation was the task on the MAR is only marked as completed when the task is completed.</p>		