STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345380	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Village Green Health and Rehabilitation	**1601 Purdue Drive , Fayetteville, North Carolina, 28304**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000	Initial Comments The survey team entered the facility on 05/04/26 to conduct a recertification and complaint investigation survey and exited on 05/07/26. The survey team returned to the facility on 05/13/26 to investigate a new complaint intake and exited on 05/13/26. Therefore, the exit date was changed to 05/13/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 230903-H1.	E0000		05/21/2026
F0000	INITIAL COMMENTS The survey team entered the facility on 05/04/26 to conduct a recertification and complaint investigation survey and exited on 05/07/26. The survey team returned to the facility on 05/13/26 to investigate a new complaint intake and exited on 05/13/26. Therefore, the exit date was changed to 05/13/26. Event ID# 230903-H1. The following intakes were investigated: 3013193, 3009455, 3005744, 2980388, 2982081, 2789701, 2716475, 761426, 761423,761422 and 761421. 32 of the 32 complaint allegations did not result in deficiency.	F0000		05/22/2026
F0645 SS = D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental	F0645	On 5/7/26 it was identified that the facility failed to submit a request for a Level II PASARR evaluation for Resident #1 that admitted to the facility with a serious mental health disorder for 1 of 3 residents that were reviewed for PASARR requirements. On 5/7/26, the facility immediately reviewed the medical record of Resident # 1 to determine PASRR requirements. The interdisciplinary team, including admissions staff, social services, and nursing administration, reviewed the resident's diagnosis and admission documentation to ensure all PASRR requirements are met moving forward. On 5/8/2026 the facility Social Worker, Administrator, and Director of Nursing completed a 100% audit of all residents to identify any residents with	05/12/2026

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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F0645 SS = D	Continued from page 1 condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental	F0645	Continued from page 1 newly diagnosed mental disorders, or intellectual disabilities to ensure that they had an appropriate PASARR for their diagnosis listing. Any additional findings were corrected at this time. On 5/8/26, the Administrator educated the Social Worker and the Discharge Planner on resident assessments and the requirements for PASARR screenings prior to a resident's admission or a new diagnosis that requires a new PASARR screening. A three-step identification process was implemented on 5/8/26 to ensure all new admission residents will be reviewed to ensure they have a correct PASARR. The three-step process includes the following: 1. Admissions Coordinator will review new admit PASARRs to ensure they are correct or need to be referred for a new diagnosis, 2. The Social Worker will monitor all residents receiving psych visits and physician visits for new diagnosis and ensure admit PASARRs have the correct listed diagnosis, 3. MDS will notify the Social Worker of all significant change MDS assessments which includes significant change assessment, residents receiving visits from psych services, or diagnosis of mental disorders, intellectual disabilities, or related conditions will be audited and a new PASARR screening will be conducted if applicable. To ensure continued compliance The Social Worker will conduct an audit of all residents receiving psych services and newly admitted residents to ensure there is an appropriate PASRR level for their listed diagnosis. The audits will be completed as follows: weekly for 4 weeks, then every 2 weeks for 4 weeks, and then monthly for 1 month. The Administrator will bring audits to the Quality Assurance Performance Improvement (QAPI) Committee monthly for 3 months. The QAPI Committee will evaluate the effectiveness of training to determine if continued auditing is necessary to maintain compliance.	05/12/2026

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F0645 SS = D	Continued from page 2 disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to submit a request for a Level II Preadmission Screening and Resident Review (PASRR) evaluation for a resident who was admitted to the facility with a serious mental health disorder for 1 of 3 residents reviewed for PASRR (Resident #1). Findings included: Resident #1's Hospital Course and Treatment Encounter Note dated 2/21/26 indicated Resident #1's chronic conditions included post-traumatic stress disorder (PTSD) which was monitored during that hospitalization. A PASRR Determination Notification letter dated 2/26/26 revealed Resident #1 had a Level I PASRR with no expiration date. A North Carolina Medicaid FL2 Level of Care Screening Tool (a medical document completed by a physician which certifies a patient's need for a specific level of care in a long-term care facility) signed by the hospital Social Worker on 3/19/26 and submitted to the facility did not include a diagnosis of PTSD. Resident #1 was admitted to the facility on 3/24/26 with diagnoses that included chronic obstructive pulmonary disease (COPD) and PTSD. Resident #1's care plan had a care focus area initiated on 3/25/26 that indicated that he was at risk for impairments or complications due to a history of PTSD with the goal for Resident #1 to feel safe and secure in his environment. Interventions included approach in a calm and respectful manner, avoid triggers/actions that can cause relapses or crisis, build a trusting relationship with the resident, obtain psychiatric referral as needed and include resident in decision making regarding care. An admission Minimum Data Set (MDS) assessment dated 3/30/26 revealed Resident #1 was not currently considered by the state Level II PASRR process to have a serious mental illness or intellectual disability. Resident #1's active	F0645	Continued from page 2 Compliance Date 5/12/2026	05/12/2026

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F0645 SS = D	Continued from page 3 psychiatric/mood disorder diagnoses included (PTSD). He received an antidepressant medication during the MDS assessment review period. During an interview on 5/5/26 at 3:29 PM with the facility Social Worker (SW), she revealed that she was responsible for submitting requests for Level II PASRR evaluations. She stated that Resident #1 had a diagnosis of PTSD which was not included on the FL2 that was submitted by the hospital. The SW stated that she completed her audits on a quarterly basis where she reviewed the admission paperwork to include hospital records and the MDS to identify the diagnoses that required submission for PSARR evaluations. She reported that she was in the process of completing audits for PASRR screening and was getting ready to submit them including one for Resident #1. An interview was conducted on 5/6/26 at 3:24 PM with the Administrator. She stated that the Social Worker should have submitted a request for a Level II PASRR evaluation for Resident #1 with all the diagnoses to include PTSD when he was admitted to facility. The Administrator explained that the Social Worker was supposed to review the admission diagnoses and those that triggered in the MDS and request a Level II PASRR evaluation within a month of admission or new diagnosis and not on a quarterly basis to ensure requests were submitted in a timely manner.	F0645		05/12/2026
F0640 SS = A	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment.	F0640		05/22/2026

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F0640 SS = A	Continued from page 4 §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to complete a discharge Minimum Data Set (MDS) for 1 of 24 residents whose MDS assessments were reviewed (Resident #99). Findings included: Resident #99 was admitted to the facility on 12/5/25. A nursing note dated 12/16/25 at 11:37 AM indicated Resident #99 was discharged home accompanied by	F0640		05/22/2026

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F0640 SS = A	Continued from page 5 his wife and sister-in-law. Discharge instructions were reviewed with Resident #99 and his wife, and all personal belongings were sent home. Review of Resident #99's medical record did not reveal a discharge Minimum Data Set (MDS) assessment had been completed. During an interview on 5/5/26 at 3:11 PM with the MDS Nurse, she stated that Resident #99 was discharged home on 12/16/25 and a discharge MDS should have been completed but it was missed. The MDS Nurse indicated the discharge MDS should have been completed the day he was discharged home or the next day and then transmitted within 14 days. During an interview on 5/7/26 at 8:52 AM with the Administrator, she stated that the MDS Nurse should have completed and transmitted a discharge MDS when Resident #99 was discharged home.	F0640		05/22/2026