STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345063	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Park at Wilson	**1804 Forest Hills Road W , Wilson, North Carolina, 27893**

(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 An unannounced recertification and complaint investigation survey was conducted on 6/1/26 through 6/3/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 233924-H1.	E0000		06/09/2026
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 6/1/26 through 6/3/26. Event ID# 233924-H1. The following intakes were investigated: 823288, 823290, 2562885, 2592392, 2718936, 2960587, 2991741, and 3017625. 12 of the 12 complaint allegations did not result in deficiency.	F0000		06/09/2026
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification.	F0641	Resident #8's Admission Minimum Data Set (MDS) assessment dated 5/12/2026 was reviewed and corrected by the Minimum Data Set Coordinator to accurately reflect the administration of hypoglycemic medications during the assessment look-back period. The corrected assessment was submitted to CMS on June 2, 2026. An audit of all MDS assessments completed within the previous 30 days will be conducted by the Director of Nursing to identify residents who received hypoglycemic medications during the assessment look-back period and verify accurate coding of medications in Section N of MDS. Any identified assessment inaccuracies will be corrected and modified as appropriate in accordance with CMS RAI guidelines. On 6/5/26 the MDS Coordinator received re-education by the Nursing Home Administrator regarding accurate completion of MDS assessments to include CMS Resident Assessment Instrument (RAI) Manual requirements for Section N, medications; verification of physician orders, Medication Administration Records (MARs), and	06/12/2026

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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F0641 SS = D	Continued from page 1 §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is NOT MET as evidenced by: 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 5/7/2026 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 5/12/2026 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	F0641	Continued from page 1 supporting diagnoses prior to completion of MDS coding and the processes for interdisciplinary review to ensure assessment accuracy prior to submission. The Director of Nursing, Assistant Director of Nursing or designee will conduct audits to validate accurate coding of Section N- Medications, of three completed MDS assessments weekly for eight weeks. Any issuers identified will be immediately corrected with additional education provided by the Regional Director of Clinical Reimbursement as needed. The Director of Nursing, Assistant Director of Nursing or designee will present the audit results in the facility's Performance Improvement (QAPI) Meeting monthly for two months. The QAPI Committee will review the audits and make recommendations to assure compliance is sustained ongoing.	06/12/2026

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F0641 SS = D	Continued from page 2 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.	F0641		06/12/2026