

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2025
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF GREENTREE RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 70 SWEETEN CREEK ROAD ASHEVILLE, NC 28803		
(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	
E 000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 4/21/25 through 4/24/25. The survey team investigated a new complaint intake remotely on 5/6/25 through 5/7/25 therefore, the exit date was changed to 5/7/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #VXK911.	E 000			
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 4/21/25 through 4/24/25. The survey team investigated a new complaint intake remotely on 5/6/25 through 5/7/25 therefore, the exit date was changed to 5/7/25. Event ID# VXK911. The following intakes were investigated NC00221515 and NC00230044.	F 000			
F 758 SS=D	4 of the 4 complaint allegations did not result in deficiency. Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a	F 758		5/7/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/12/2025

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2025
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF GREENTREE RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 70 SWEETEN CREEK ROAD ASHEVILLE, NC 28803		
(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
F 758	<p>Continued From page 1</p> <p>resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record reviews, staff and Physician Assistant interviews, the facility failed to ensure an as needed (PRN) psychotropic medication,</p>	F 758	<p>F758:</p> <p>The facility will continue to ensure that all</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2025
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF GREENTREE RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 70 SWEETEN CREEK ROAD ASHEVILLE, NC 28803		
(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	
F 758	<p>Continued From page 2</p> <p>Lorazepam, prescribed for anxiety had a stop date 14 days or less for 1 or 5 residents (Resident #17) reviewed for unnecessary medications.</p> <p>Findings included:</p> <p>Resident #17 was admitted to the facility on 6/09/23 with diagnoses which included anxiety.</p> <p>A Physician's order dated 1/07/25 read in part for Lorazepam (anxiety medication) 0.5 milligrams (mg) by mouth every 12 hours as needed for anxiety.</p> <p>Review of the Psychotherapy Comprehensive Clinical Reassessment dated 1/30/25 read in part current medications included Ativan 0.5 mg by mouth every 12 hours as needed.</p> <p>Resident #17's annual Minimum Data Set assessment dated 3/15/25 revealed she was moderately cognitively impaired. She was independent with most activities of daily living. She was coded as receiving anxiety medication.</p> <p>Resident #17's care plan, last revised on 4/21/25 read in part; Resident #17 had the potential for fluctuations in mood related to anxiety with frequent crying. Interventions included to administer medications as ordered, observe and report acute changes in mood or behavior to physician as indicated.</p> <p>Review of Resident #17's Medication Administration records revealed she received Lorazepam 0.5 mg as follows:</p>	F 758	<p>PRN psychoactive medications include stop dates.</p> <p>Resident #17 had an order change completed on 4.22.25 for their PRN anxiolytic to include a stop date for 5.22.25. No negative outcome was identified relating to this observation.</p> <p>Current residents prescribed psychoactive medications have the potential to be affected. All current residents prescribed as needed (PRN) psychoactive medications were audited on 4.23.25 by the Director of Nursing (DON) to ensure stop dates were included on all PRN psychotropic medications. No negative outcomes were identified relating to these observations.</p> <p>The Medical Director, Physician Assistants and Nurse Practitioners were educated by the DON on 4.25.25 on the facility policy for ensuring PRN psychoactive medications have a stop date. All licensed nurses were inserviced by the Assistant DON (ADON) as of 4.28.25 on the facility policy for ensuring PRN psychoactive medications have a stop date.</p> <p>A QA monitoring tool will be utilized to ensure ongoing compliance by the DON/designee. Beginning 4/29/25, he DON or designee will audit 3 residents prescribed psychoactive medication weekly x 12 weeks to ensure that stop dates are in place. Variances will be corrected the auditor at the time of</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2025
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF GREENTREE RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 70 SWEETEN CREEK ROAD ASHEVILLE, NC 28803		
(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	
F 758	Continued From page 3 January 2025 - 8, 9, 14, 16, 18, 20, 21, 23, 29, & 30 - total of 10 doses February 2025 - 1, 2, 4, 5, 8, 9, 11, 12, 13, & 23 - total of 10 doses March 2025 - 5, 10, 11, 16, 21, 22, 23, 27 & 30 - total of 9 doses April 1- 23, 2025 - 4, 12, 18, 19, & 20 - total of 5 doses An interview on 4/22/25 at 4:03 PM with the Physician's Assistant (PA) revealed he was aware of the PRN psychotropic medication stop date requirement. He had no explanation for why there was no stop date included in the order. He stated he believed it was an order entry error that the stop date was not added due to recent changes in the electronic health software. An interview on 4/23/25 at 10:30 AM with the Administrator revealed he was aware of the requirement for PRN psychotropic medications to have a stop date and did not know why Resident #17's PRN Lorazepam did not have a stop date.	F 758	observation and additional education or corrective action provided when indicated. Observation results will be reported to the Administrator weekly for the next 3 months beginning on 4/29/25 and concerns will be reported to the Quality Assurance (QA) Committee. Continued compliance will be monitored through random audits and through the facility's Quality Assurance Program. Compliance will be monitored by the QA Committee for 3 months or until resolved and additional education and/or training will be provided for any issues identified. Date of compliance: 05/07/2025		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable	F 812		5/7/25	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2025
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF GREENTREE RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 70 SWEETEN CREEK ROAD ASHEVILLE, NC 28803		
(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	
F 812	<p>Continued From page 4</p> <p>safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to discard food items that were beyond the manufacturer's expiration date in 2 of 2 walk-in coolers (cooler #1 and cooler #2) in the kitchen and 1 of 1 dry food storage areas. These deficient practices had the potential to affect food served to residents.</p> <p>The findings included:</p> <p>1. An initial tour of the kitchen occurred on 4/21/25 at 9:30 AM with the Dietary Manager. The initial observation of the walk-in cooler and dry food storage areas revealed the following:</p> <p>a. The cold food storage had food items that were stored for use beyond the manufacturer's expiration date.</p> <ul style="list-style-type: none"> - two bags of shredded lettuce with a manufacturer expiration date of 4/20/25 was observed in cooler #1 - one box of mixed lettuce with a manufacturer expiration date of 4/13/25 was observed in cooler #1. - two containers of egg salad with a manufacturer expiration date of 4/14/25 was observed in cooler #2 <p>b. The dry food storage area had food items that were stored for use beyond the manufacturer's</p>	F 812	<p>F812:</p> <p>The facility will continue to ensure that all foods used for residents are dated, labeled and properly stored.</p> <p>Expired items were disposed of at the point of discovery. No negative outcome was identified relating to this observation.</p> <p>All dietary staff were inserviced by the Certified Dietary Manager (CDM) and Administrator on the facility policies regarding food storage. This education was completed as of 4/21/25. All new dietary employees hired after 4/21/25 will be educated on the same policy during their orientation.</p> <p>A Quality Assurance (QA) monitoring tool will be utilized by the Administrator or designee beginning 4/22/25 to ensure perishable foods are adequately stored, labeled and used in compliance with the facility policy. The Administrator or designee will randomly inspect perishable foods in both walk-in coolers, and the dry storage area 5 times per week for 4 weeks, then 3 times per week for 4 weeks then weekly for 4 weeks to ensure that it</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2025
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF GREENTREE RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 70 SWEETEN CREEK ROAD ASHEVILLE, NC 28803		
(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	
F 812	<p>Continued From page 5</p> <p>expiration date. -three packs of hotdog buns with a manufacturer expiration date of 4/10/25.</p> <p>An interview was conducted with the Dietary Manager (DM) on 4/21/25 at 9:45 AM. The DM stated food items should be discarded if they were expired, and food storage areas should be checked daily for expired food items. She reported she checked the dry food storage and cold food storage areas daily for expired food items when she was at the facility. The DM said the Cooks should be responsible for checking the food storage areas for expired items on the weekends and when she was not at the facility. The DM explained she had just hired two new Cooks, and they had been working this past weekend. She stated she had not told the new cooks specifically they needed to check the food storage areas, and they had not known they needed to check the food storage areas for expired items. The DM reported she had been out of town last week and the two new Cooks had been working over the weekend and thought that was why the food storage areas had not been checked and had expired food items.</p> <p>An interview was conducted with the Administrator on 4/24/25 at 10:49 AM. The Administrator stated food storage areas should be checked daily for expired items and if there was something expired it should be discarded. He reported the DM had been out of town last week and there had been new kitchen staff working and said he thought that was why the food storage areas had not been checked and had expired food times.</p>	F 812	<p>is adequately labeled and within expiration dates. Variances will be corrected at the time of observation and additional education provided when indicated.</p> <p>Observation results will be reported to the Administrator weekly for the next 3 months and will be reported to the QA Committee during its regularly scheduled meeting.</p> <p>Continued compliance will be monitored through random audits and through the facility's Quality Assurance Program.</p> <p>Compliance will be monitored by the QA Committee for 3 months or until resolved and additional education and/or training will be provided for any issues identified.</p> <p>Date of compliance: 05/07/2025</p>		