

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

PRINTED: 05/20/2025
FORM APPROVED
OMB NO. 0938-0391

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 C 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		
(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 000	INITIAL COMMENTS A complaint investigation survey was completed on 05/01/2025. Event ID #U2ES11. The following intake was investigated: NC00229775. 3 of the 3 complaint allegations but did not result in deficiency.	F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance	F 842			5/14/25

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.

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F 842	<p>Continued From page 1</p> <p>with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to ensure an accurate Medication Administration Record (MAR) when staff</p>	F 842	<p>F842 Resident Records-Identifiable Information</p> <p>On 5/1/2025, the Director of Nursing</p>		

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F 842	<p>Continued From page 2</p> <p>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 12/16/2024. 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</p>	F 842	<p>clarified the order for labs for resident #2. Labs were drawn per physician order and the electronic medication record (eMAR) was updated.</p> <p>On 5/9/2025, the Director of Nursing (DON) initiated an audit of all lab orders from 4/10/25 – 5/9/25. This audit is to ensure that the lab orders were transcribed to the electronic medication record (eMAR) accurately and that labs were drawn per physician order. The Director of Nursing addressed all concerns identified during the audit to include but not limited to order clarification with the physician when indicated, obtaining labs per physician order and education of staff. The audit will be completed by 5/14/2025.</p> <p>On 5/9/25, the Staff Facilitator initiated an in-service with all nurses regarding Transcribing MD orders and documentation on the electronic medication record (eMAR) with emphasis on 1) transcribing orders accurately on the electronic medication record (eMAR) to include frequency or duration of order 2) documenting accurately on the electronic medication record (eMAR) when completed. The in-service will be completed by 5/14/2025. After 5/14/2025, any nurse who has not worked or completed the in-service will complete it at the next scheduled work shift. All newly hired nurses will be in-serviced during orientation by SDC.</p> <p>The Unit Managers will review all newly</p>		

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F 842	<p>Continued From page 3 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>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>	F 842	<p>added lab orders to ensure that lab orders are transcribed to the electronic medication record (eMAR) accurately and that labs are drawn per physician order 5 x a week x 4 weeks then monthly x 1 month utilizing Lab Audit Tool. The Director of Nursing will address all concerns identified during the audit to include but not limited to order clarification with the physician when indicated, obtaining labs per physician order and education of staff. The Director of Nursing (DON) and/or Administrator will review the Lab Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all concerns are addressed.</p> <p>The DON and/or Administrator will forward the findings of the Lab Audit Tool to the Quality Assurance Performance Committee (QAPI) monthly for 2 months for review to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>		