Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074045	A. BUILDING: _____ B. WING _____	R 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR - GREENVILLE	2097 WEST ARLINGTON BOULEVARD GREENVILLE, NC 27834

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 08/14/25 and 08/15/25.	D 000		
D 367	10A NCAC 13F .1004 (j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the accuracy of the medication administration records (MARs) for 1 of 5 sampled residents related to documentation of a medication used to treat dry eyes (#1).	D 367	SEE ATTACHED	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: EXECUTIVE DIRECTOR — (X6) DATE: 9/22/2025

Jamaal Willis Reviewed and Acknowledged 10/08/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074045	A. BUILDING: _____ B. WING _____	R 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR - GREENVILLE	2097 WEST ARLINGTON BOULEVARD GREENVILLE, NC 27834

(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) COMPLETE DATE
D 367	Continued From page 1 The findings are: Review of the facility's medication administration policy dated September 2020 revealed: -Proper documentation of each medication was to be done at the time of administration. -Staff was to ensure there was an adequate supply of medications on hand. -Staff was to order medications according to Pharmacy policies and procedures. -Weekly med cart audits were to be completed to check expiration dates regularly, particularly on as needed (PRN) medications. -Any variance in medication was to be documented on the medication variance report. Review of Resident #1's current FL-2 dated 05/06/25 revealed diagnosis included unspecified systolic (congestive) heart failure. Review of Resident #1's Resident Register revealed she was admitted to the facility on 12/23/24. Review of Resident #1's physician's order dated 06/05/25 revealed an order for Tyrvaya 0.03 mg nasal spray, instill 1 spray in each nostril two times a day for dry eyes. (Tyrvaya is a medication used to treat dry eyes.) Review of Resident #1's July 2025 electronic medication administration record (eMAR) revealed: -There was an electronic entry for Tyrvaya 0.03 mg nasal spray, instill one spray in each nostril two times a day for dry eye syndrome, scheduled for 8:00am and 8:00pm. -On 07/22/25 at 8:00am there was documentation that the medication was not administered because prior authorization was needed. -On 07/22/25 at 8:00pm there was documentation	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074045	A. BUILDING: _____ B. WING _____	R 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR - GREENVILLE	2097 WEST ARLINGTON BOULEVARD GREENVILLE, NC 27834

(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) COMPLETE DATE
D 367	Continued From page 2 that the medication was administered. -On 07/23/25 at 8:00am there was documentation that the medication was not administered because they were waiting for prior authorization. -On 07/23/25 at 8:00pm there was documentation that the medication was not administered because a refill had been requested. -On 07/24/25 at 8:00am there was documentation that the medication was not administered because they were waiting for prior authorization. -On 07/24/25 at 8:00pm there was documentation that the medication was administered. -On 07/25/25 at 8:00am there was documentation that the medication was administered. -On 07/25/25 at 8:00pm there was documentation that the medication was administered. -On 07/26/25 at 8:00am there was documentation that the medication was not administered because they were waiting for prior authorization. -On 07/26/25 at 8:00pm there was documentation that the medication was not administered because they were waiting on pharmacy. -On 07/27/25 at 8:00am there was documentation that the medication was not administered because they were waiting for prior authorization. -On 07/27/25 at 8:00pm there was documentation that the medication was administered. -On 07/28/25 at 8:00am there was documentation that the medication was administered. -On 07/28/25 at 8:00pm there was documentation that the medication was not administered because a refill had been requested. -On 07/29/25 at 8:00am there was documentation that the medication was not administered because they were waiting for prior authorization. -On 07/29/25 at 8:00pm there was documentation that the medication was administered. -On 07/30/25 at 8:00am there was documentation that the medication was not administered because they were waiting for prior authorization.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074045	A. BUILDING: _____ B. WING _____	R 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR - GREENVILLE	2097 WEST ARLINGTON BOULEVARD GREENVILLE, NC 27834

(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) COMPLETE DATE
D 367	Continued From page 3 -On 07/30/25 at 8:00pm there was documentation that the medication was not administered because they were waiting for medication. -On 07/31/25 at 8:00am there was documentation that the medication was not administered with an exception note about prior authorization and refill. -On 07/31/25 at 8:00pm there was documentation that the medication was administered. Review of Resident #1's August 2025 eMAR revealed: -There was an entry for Tyrvaya 0.03 mg nasal spray, instill one spray in each nostril two times a day for dry eye syndrome, scheduled for 8:00am and 8:00pm. -On 08/01/25 at 8:00am there was documentation that the medication was administered. -On 08/01/25 at 8:00pm there was documentation that the medication was not administered because a refill had been requested. -On 08/02/25 at 8:00am there was documentation that the medication was administered. -On 08/02/25 at 8:00pm there was documentation that the medication was not administered because they were waiting on pharmacy. -On 08/03/25 at 8:00am there was documentation that the medication was administered. -On 08/03/25 at 8:00pm there was documentation that the medication was not administered because they were waiting on pharmacy to send. -On 08/04/25 at 8:00am there was documentation that the medication was administered. -On 08/04/25 at 8:00pm there was documentation that the medication was not administered because they were waiting for medication. -On 08/05/25 at 8:00am there was documentation that the medication was administered. -On 08/05/25 at 8:00pm there was documentation that the medication was administered.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074045	A. BUILDING: _____ B. WING _____	R 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR - GREENVILLE	2097 WEST ARLINGTON BOULEVARD GREENVILLE, NC 27834

(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) COMPLETE DATE
D 367	Continued From page 4 Interview with Resident #1 on 08/15/25 at 2:35pm revealed: -She received two nasal sprays with her medications. One was for dry eyes, and the other was for runny nose. -For a couple of weeks there was a problem with her prescription for the nasal spray that treated her dry eyes. -She did not receive that medication during that time. -She received some of the medication in July. -She thought some of the medication might have been brought to this facility following her recent stay at a skilled nursing facility. -She was back on the medication for the past week. -When she did not receive the nasal spray medication her eyes felt dry. Interview with a medication aide (MA) on 08/15/25 at 1:13pm revealed: -Resident #1 did not have her medication for a while because it needed prior authorization. -MA's were to document the reason that medications were not administered. -Cart audits were performed to remove expired medications once a week. -A MA's initials were not be placed on the MAR without administration of the medication. Interview with a second MA on 08/15/25 at 1:22pm revealed: -There was a barcode and scanner process involved in medication administration. -Administration could still be documented without scanning the medication. -She did not catch the error, but the system allowed MA's to make a note or send a message to the supervisor. -It must have been her error in documenting that	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074045	A. BUILDING: _____ B. WING _____	R 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR - GREENVILLE	2097 WEST ARLINGTON BOULEVARD GREENVILLE, NC 27834

(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) COMPLETE DATE
D 367	Continued From page 5 the medicine was given. -It was important to document medications correctly. Interview with the assistant Resident Care Coordinator on 08/15/25 at 1:41pm revealed: -If the medication scanner did not work, then staff could still document medications as administered. -It was important to have an accurate MAR. -Doctors looked at the MAR. Interview with the Resident Care Coordinator (RCC) on 08/15/25 at 1:58pm revealed: -She started working at the facility on 08/05/25. -Medications should be documented immediately after the residents take them. -MAR accuracy was important because Doctors assessed the patients to see if there was improvement based on the medications given. Telephone interview with a Pharmacist from the facility's primary pharmacy on 08/15/25 at 11:10am revealed: -There was a provider order for the medication in June. -There was an issue obtaining insurance authorization for the medication which delayed dispensation of medication until 08/06/25. -The two most recent dispense dates for the medication from this pharmacy were 02/11/25 and 08/06/25 -There were 60 doses in each bottle and two bottles were dispensed at each dispense date. -A bottle of Tyrvaya expired 30 days after opening. Telephone interview with Administrator on 08/15/25 at 2:58pm revealed: -When medications were brought in from an outside source, those that were not repackaged,	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL074045	A. BUILDING: _____ B. WING _____	R 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR - GREENVILLE	2097 WEST ARLINGTON BOULEVARD GREENVILLE, NC 27834

(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) COMPLETE DATE
D 367	Continued From page 6 went directly to the cart. -There was no process in place for documenting receipt of medications that were given as eyedrops and sprays. -A medication variance form should be filled out if medications were not given. -MAR accuracy is important because providers may look at the MAR for reference.	D 367		

Spring Arbor of Greenville

HAL 074-045

It is Spring Arbor's practice to comply with referenced rules and regulations. Our policies and procedures were reviewed, and an immediate urgency was demonstrated in several areas.

D 367 10A NCAC 13F .1004 (j) Medication Administration

Plan of Correction

Training/reeducation for SIC/Med Techs on proper procedures for administration, ordering/reordering, documentation and checking in medications. Communicating any pharmacy discrepancies or medication discrepancies with RCD.

Prevention of Re-occurrence

Ongoing monthly meeting for SIC/Med Techs for training for proper policy and procedures regarding medication administration, missed medication, pharmacy discrepancy issues and proper documentation per facility protocol and state regulations and guidelines.

Monitoring Responsibility & Frequency

RCD, CCC or ED will audit for medication discrepancies during medication administrations three times weekly times four weeks, then weekly until 90% or greater compliance is achieved.

Completion date for Plan of Correction October 6, 2025