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
	FCL011198	A. BUILDING: _____ B. WING _____	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN LIVING HOME #13	353 FAMILY RIDGE ROAD LEICESTER, NC 28748

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey January 7, 2026.	C 000		
C 415	10A NCAC 13G .1201 (a) Resident Records 10A NCAC 13G .1201 Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Health Service Regulation and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable; (2) Resident Register; (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and rates; (B) house rules as specified in Rule .0704(a)(2) of this Subchapter; (C) Declaration of Residents' Rights (G.S. 131D-21); (D) the home's grievance procedures; and (E) civil rights statement; (4) resident assessment and care plan; (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation; (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based	C 415	See last page	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 1/21/26

Recieved and acknowledged LMJ 01/23/26

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C 415	Continued From page 1 on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to maintain resident records in the family care home that were readily available for review for 3 of 3 sampled residents (Resident's #1, #2, and #3). The findings are: Observation on 01/07/26 at 9:52am revealed no resident records were kept in the facility. 1. Review of Resident #1's current FL2 dated 10/29/25 revealed diagnoses included dementia with behaviors, lumbago (lower back pain), and vitamin D-3 deficiency. Review of Resident #1's Resident Register revealed an admission date of 07/28/23. Refer to the interview with the medication aide (MA) on 01/07/26 at 9:20am. Refer to the interview with the Administrator on 01/07/26 at 10:16am. 2. Review of Resident #2's current FL2 dated 10/29/25 revealed diagnoses included	C 415		

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C 415	Continued From page 2 schizophenia, hallucinations, dementia, depression with behaviors, osteoporosis, high blood pressure, gastic reflux, and chronic venous insufficiency. Review of Resident #2's Resident Register revealed an admission date of 11/03/15. Refer to the interview with the MA on 01/07/26 at 9:20am. Refer to the interview with the Administrator on 01/07/26 at 10:16am. 3. Review of Resident #3's current FL2 dated 09/17/25 revealed diagnoses included mild cognitive impairment, chronic lower back pain, thoracic myelopathy, paraparesis, chronic obstructive pulmonary disease, hypertension, and dementia. Review of Resident #3's Resident Register revealed an admission date of 09/11/25. Refer to the interview with the MA on 01/07/26 at 9:20am. Refer to the interview with the Administrator on 01/07/26 at 10:16am. Interview with the MA on 01/07/26 at 9:52am revealed: -She called the Administrator to bring the residents' medical records to the facility. -The resdients records were all kept in the main office and not in the facility. Interview with the Administrator on 01/07/26 at 10:16am revealed: -She felt safer having the residents' medical	C 415		

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C 415	Continued From page 3 records at the office and not in the facility. -She kept all resident's medical records in the office because it was easier for her to keep up with the paperwork. -Staff would come to the office to document in the records. -She was aware that records needed to be kept in the house the Resident resided in.	C 415	Resident chart keep in the house the resident resided in ongoing	1/21/26