STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011288	A. BUILDING: _____ B. WING _____	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN LIVING HOME #12	352 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 8, 2026.	C 000		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .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 observation, record review, and interviews, the facility failed to ensure the accuracy of the medication administration record (MAR) for 1 of 3 sampled residents (#3). The findings are: Review of Resident #1's current FL2 dated	C 342	**The inaccurate documentation identified on Resident #1's January 2026 Medication Administration Record (MAR) was reviewed and corrected on 1/8/2026 by the Administrator and Medication Aide (MA) in accordance with physician orders. A Medication Error Report was completed on 1/8/2026 and placed in the resident#1's chart.** **On 1/9/2026, the MA conducted an audit of Evergreen Living Home #12 residents' MARs to ensure accuracy, completeness, and consistency with physician orders. No additional discrepancies were identified.** **Corrective measures implemented include:** **- Medication aides are required to document medications immediately after administration and not before or at a later time.** **- Weekly MAR audits will be completed by the MA to ensure accuracy, completeness, and compliance with physician orders and will be documented on the file.** **- Identified medication administration error will result in immediate correction, staff re-education, and follow-up monitoring with the MA to ensure ongoing compliance.** **01/15/2026**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X8) DATE: 1/21/26

Recieved and acknowledged LMJ 01/23/26

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
	FCL011288	A. BUILDING: _____ B. WING _____	01/08/2026

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EVERGREEN LIVING HOME #12	352 FAMILY RIDGE ROAD LEICESTER, NC 28748

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C 342	Continued From page 1 10/29/25 revealed diagnoses included Alzheimer's disease, osteoporosis, polyarthritis, and vitamin D deficiency. Review of Resident #1's physician's orders dated 10/29/25 revealed an order for olanzapine (used to treat anxiety and agitation) 5mg daily, acetaminophen (used to treat pain) 500mg three times a day, citalopram (used to treat anxiety and agitation) 10mg ½ tablet every night at supper, and trazodone (used to treat anxiety and insomnia) 50mg every night. Review of Resident #1's MAR for January 2026, at 10:30am revealed: -There was an entry for olanzapine 5mg daily at 7:30am. -There was documentation the olanzapine 5mg daily at 7:30am was administered on 01/09/26. -There was an entry for acetaminophen 500mg three times daily at 7:30am, 12:30pm, and 5:30pm. -There was documentation the acetaminophen 500mg scheduled dose on 01/08/26 at 12:30pm was administered prior to 10:30am on 01/08/26. -There was an entry for citalopram 10mg ½ tablet every night at 5:00pm. -There was documentation the citalopram 10mg ½ tablet was administered for five of the seven 5:00pm doses. -There was an entry for trazodone 50mg daily at 8:00pm. -There was documentation that the trazodone 50mg was administered for five of the seven 8:00pm doses. Observation of Resident #1's medications on hand on 01/08/26 at 11:14am revealed olanzapine, acetaminophen, citalopram, and trazodone were available for administration.	C 342		

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
	FCL011288	A. BUILDING: _____ B. WING _____	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN LIVING HOME #12	382 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
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN LIVING HOME #12	362 FAMILY RIDGE ROAD LEICESTER, NC 28748

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C 342	Continued From page 2 Interview with the medication aide (MA) on 01/08/26 at 10:53am revealed she did not notice she had documented incorrectly on the January 2026 MAR. Interview with a second MA on 01/08/26 at 10:58am revealed: -He reviewed the MARs at the beginning of the month for the previous month. -He was not aware of the errors for the month of January because he would not review the January MAR until the beginning of February. Interview with the Administrator on 01/08/26 at 11:07am revealed: -MA reviewed the MARs at the beginning of the month for the previous month. -No concerns with the MAR accuracy had been reported to her. -She had not been checking the MAR's every month, but had another MA complete this task. -The MAs should be documenting medication administration immediately after administering the medication to the resident.	C 342		