

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

PRINTED: 05/15/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/02/2024
NAME OF PROVIDER OR SUPPLIER THE CARROLTON OF FAYETTEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD FAYETTEVILLE, NC 28306		
(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 An unannounced complaint investigation was conducted on 04/02/2024. The following intakes were investigated: NC00215274, NC00215169, NC00214055, NC00211958. Event #ONZ511.	F 000			
F 602 SS=D	3 of 12 complaint allegations resulted in a deficiency. Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on record reviews, and staff interviews, the facility failed to protect a resident's right to be free from misappropriation of property when a staff member (Floor Technician #1) took money from a Resident's pants pocket while he was in bed without the resident's consent. The deficient practice was for 1 of 3 residents reviewed for misappropriation of resident property (Resident #2). The findings included: Resident #2 was admitted to the facility on 12/11/2023 with diagnoses including other orthopedic conditions. The admission Minimum Data Set (MDS) dated	F 602	Past noncompliance: no plan of correction required.		

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

TITLE

(X6) DATE

Electronically Signed

04/16/2024

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 602	<p>Continued From page 1</p> <p>12/20/2023 revealed Resident #2 was cognitively intact.</p> <p>The Facility Reportable Incident reported dated 02/26/2024 completed by the Administrator was reviewed. On 02/26/2024 staff notified the Social Worker (SW) and Director of Nursing (DON) that Resident #2 was lying in bed with his head covered, when a staff member (Floor Technician #1) came in the room and took money out of his pocket.</p> <p>A review of the police report dated 02/27/2024 revealed there was a theft at the facility, and the victim (Resident #2) requested no police involvement at that time.</p> <p>An interview with the police officer was attempted by phone but was not successful.</p> <p>A review of the written statement from Floor Technician #1 dated 02/26/2024 revealed he was pulling trash from Resident #2s room and seen some money sticking out the Residents pocket. He took \$1.00, was startled by Resident as he woke up, so he exited the room. He apologized for his mistake.</p> <p>An interview with Floor Technician #1 was attempted by phone but was not successful.</p> <p>An interview with Resident #2 was conducted on 04/02/2024 at 9:41 AM. The Resident stated he was in bed and felt someone take money out of his pants pocket and run out of the room. He saw the guy and was able to identify him but did not know his name (Floor Technician #1). He was missing around \$25.00 dollars. The police came and he did not want to press charges against the</p>	F 602			

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F 602	<p>Continued From page 2</p> <p>guy (Floor Technician #1). The Resident also stated he felt safe in the facility, and this had never happened before.</p> <p>An interview with the Social Worker (SW) on 04/02/2024 at 9:50 AM revealed the Director of Nursing (DON) notified her that someone came into Resident #2's room and took his money out of his pocket while he was in bed with his head covered with his blanket. The Resident did not know the person but had seen him in the facility. He also stated some money was missing. The DON continued the investigation while the SW went and called the resident's mother, and the Administrator called the police. The detective arrived and she escorted him to the resident's room. The resident told the detective the employee stole money out of his pocket while he was in bed and ran. The detective asked if he wanted to press charges and Resident #2 refused.</p> <p>An interview with the Director of Nursing (DON) was conducted on 04/02/2024 at 10:03 AM. The DON stated Resident #2 reported a staff member (Floor Technician #1) came into his room and took about \$25.00 dollars out of his pocket while he was in bed. DON and SW began the investigation. The police were called, and they came but the Resident refused to press charges. The DON escorted the staff member out of the facility, and he was terminated. The initial report was filed, and they reimbursed the Resident \$25.00. They also educated the staff what misappropriation of Residents' property was and who, when, how to report it. They had alert and oriented Residents and Residents Responsible Parties (RP) fill out a questionnaire concerning misappropriation of property and no other</p>	F 602			

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F 602	<p>Continued From page 3</p> <p>Resident or RP voiced concerns. They audited the grievances and incidents for and there were no other incidents of misappropriation of property found. It was also included in their Quality Assurance and Performance Improvement (QAPI) committee that meets quarterly.</p> <p>The facility provided the following Plan of Correction (POC) with a compliance date of 04/01/2024: Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Law enforcement was called on 02/26/2024. A statement received on 02/26/2024 from Resident #2 revealed he did not want to press charges against Floor Technician #1 and felt safe in the facility. Upon interview with the DON on 02/27/2024, Floor Technician #1 confessed to taking a dollar bill from the resident's pocket. Floor Technician #1 was terminated and escorted out of the facility. Interviews with staff conducted by the DON on 02/27/2024 that were assigned to the resident's hall were conducted. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected. On 02/26/2024 through 03/05/24 statements were obtained from all facility employees and questionnaires were obtained from all alert and oriented residents and the Residents Responsible Parties (RPs) for residents who were not alert and oriented. The staff were asked if they were aware of any residents that reporting missing money. The questionnaires asked if they had any money missing at the facility. This was completed by the Social Worker. No concerns were</p>	F 602			

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F 602	<p>Continued From page 4 identified.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: 100 % of staff was in serviced from 02/27/2024 and completed on 03/05/2024 by the DON for Misappropriation of Resident Property. All new hires will continue to receive education on misappropriation of property by DON. This education started on 02/27/24 and was completed on 03/05/24.</p> <p>All new staff are educated on Misappropriation of Property on hire and this process will continue.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: The Administrator or DON will monitor grievance and incidents weekly in March with the Social Worker to ensure no further incidents of misappropriation have occurred. The DON will present to the Quality Assurance Performance Improvement (QAPI) results of the completed monitoring to the senior team via morning meetings, and to the next quarterly QAPI for the next 2 quarters.</p> <p>Corrective action completion date: 04/01/2024</p> <p>On 04/02/2024 the facility's plan of correction was validated by the following: Audits conducted by the facility were reviewed and were found to be completed according to the plan of correction. Auditing started 02/26/2024 and was completed 03/27/2024. Staff interviews and verified education were provided on misappropriation of property and staff were able to express verbal understanding of education. The training in-service dated</p>	F 602			

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F 602	Continued From page 5 02/26/2024 to 03/05/2024 content titled Misappropriation of property was signed by staff members. The Interim Director of Nursing (DON) stated she conducted the training for misappropriation of property of the staff at the facility on 02/27/2024 and provided the education via telephone to the staff members that were not in the facility. All staff were educated by 03/05/2024. The DON stated she was responsible for this POC and ensured all new hires would be in-serviced on misappropriation of property. They have audited the grievances for the month of March and there were no other incidents of misappropriation of resident's property. The March audit tool revealed the SW completed the audits of the grievances and incidents without any new complaints of any misappropriation of resident's property. On 04/02/2024 sampled residents and family members were interviewed concerning misappropriation of property and there were no concerns voiced. A review of a receipt dated 03/04/2024 revealed \$25.00 was given to Resident #2 for missed money. The Risk Management/Quality Assurance Committee revealed the issue was addressed in QAPI. The facility's plan of correction was validated to be completed as of 04/01/2024.	F 602			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- \$483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced	F 760			

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F 760	<p>Continued From page 6</p> <p>by:</p> <p>Based on record review, and staff interviews, the facility failed to ensure the facility was free of medication errors due to a missed dose of Intravenous (IV) Therapy. The deficient practice was for 1 of 4 residents reviewed for medication errors (Resident #4).</p> <p>The findings included:</p> <p>Resident #4 was admitted to the facility on 03/26/2024 with diagnoses including infection and inflammatory reaction due to wound infection.</p> <p>The admission Minimum Data Set (MDS) dated 03/26/2024 revealed Resident #4 was severely cognitively impaired.</p> <p>The care plan dated 03/26/2024 had focus of IV Antibiotic Medications related to wound infection.</p> <p>Record review of active medications revealed an order dated 03/20/2024 that read Piperacillin-Tazobactam in Dextrose Intravenous (IV) Solution (an antibiotic to clear infections) 3-0.375 grams (GM)/50 milliliters (ML). Use 50 ml intravenously every 8 hours for wound infection for 23 Days.</p> <p>The Medication Administration Record (MAR) for March 2024 revealed Piperacillin-Tazobactam in Dextrose IV had not been documented as administered as ordered for the 2:00 PM scheduled dose on 03/30/2024 by Nurse #1.</p> <p>A telephone interview with Nurse #1 was conducted on 04/02/2024 at 1:33 PM. The Nurse stated she recalled Resident #4, and she was supposed to administer the IV medication on</p>	F 760	Past noncompliance: no plan of correction required.		

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F 760	<p>Continued From page 7</p> <p>03/30/2024 because the Medication Aides cannot administer IV medications. It was missed due to an oversight while working with another resident at that time. The Nurse also stated the next day, she had been educated on the importance of administering the medications as ordered and would be more cautious in the future.</p> <p>An interview with the interim Director of Nursing (DON) on 04/02/2024 at 1:40 PM revealed she received a report on 03/31/2024 that stated Resident #4 did not receive her 2:00 PM dose of IV antibiotics on 03/30/2024. The DON stated after the report, she reviewed Resident #4's MAR and the 2:00 PM dose of IV antibiotic was not documented as administered. She spoke with Nurse #1 that worked with Resident #4 on 03/30/2024 during the missed dose and Nurse #1 informed the DON of the missed 2:00 PM dose due to working with another resident at the time and overlooked Resident #4's medication. A Plan of Correction began then with assessing Resident #4 and calling the family and physician. The Resident was not in distress and had received the next doses as ordered. The DON educated all Nurses in person and by phone, of the importance of administering medications as ordered. All Residents that were on IV therapy and had the potential to be affected were audited. The review of the medications did not reveal any other missed doses of medications. All MARs and Treatment Administration Records (TAR) are now audited daily to ensure all medications are being administered. The DON stated their Quality Assurance Committee meets quarterly and this issue was addressed in the last meeting on 04/01/2024.</p> <p>A telephone interview with the Ombudsman was</p>	F 760			

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F 760	<p>Continued From page 8</p> <p>conducted on 04/02/2024 at 2:04 PM. The Ombudsman stated he had meetings with the family of Resident #4 and was told there was a missed dose of IV therapy on 03/30/2024. The facility was informed, and they completed a POC for the staff there. The Ombudsman also stated the family did not voice any concerns about any effects of missing the medication but was concerned that it was missed.</p> <p>The facility provided the following plan of correction (POC):</p> <p>Problem: 03/30/2024, 2:00 PM dose of IV antibiotics missed on Resident #4.</p> <p>Immediate actions taken for the residents found to have been affected include: The MD was contacted about the missing dose of antibiotic. Orders were given to add another dose to the end of the administration time. Family aware of the missing dose and MD recommendations. The next dose was given as ordered.</p> <p>Identification of other residents having the potential to be affected was accomplished by review of the Matrix to identify all other residents on IV antibiotics. The Medication Administration Records (MAR) and Treatment Administration Records (TARS) were reviewed for all residents on IV antibiotics.</p> <p>Actions taken and systems put into place to reduce the risk of future occurrence include: The Interim DON met with nursing staff on 03/31/2024 and discussed the following items: The importance of giving medications as ordered by the physician. The importance of increased communication between the nurse and medication aide. The importance of reporting any missed</p>	F 760			

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F 760	<p>Continued From page 9</p> <p>medications or med errors as soon as identified. How the corrective actions will be monitored to ensure the practice will not recur:</p> <p>The Corporate Facility Nurse Consult review MARs and TARS daily to ensure all medications and treatments are completed as ordered. Unit managers/Charge nurses will review the audit and take appropriate actions for any missed doses.</p> <p>Audit results will be reviewed by the Risk Management/Quality Assurance Committee during the quarterly meetings until such a time consistent substantial compliance has been achieved as determined by the committee.</p> <p>Corrective action completion date: 04/01/2024</p> <p>On 04/02/24 the facility's plan of correction was validated by the following:</p> <p>Audits conducted by the facility were reviewed and were found to be completed according to the plan of correction.</p> <p>Auditing started 03/31/2024 and is ongoing with a system in place to review all MARs and TARS daily.</p> <p>Staff interviews with nurses verified education was provided on the importance of giving medications as ordered by the physician.</p> <p>The staff signed in-service training content included: Medication Administration/ Medication Errors were verified for the Nurses.</p> <p>The interim Director of Nursing (DON) stated she conducted the training of the nurses at the facility on 03/31/2024 and provided the education via telephone to the nurses that were not in the facility.</p> <p>The training check-off sheets were noted to have DON's signature as the instructor. In-service for all facility staff started 03/31/2024 and was completed on 03/31/2024.</p>	F 760			

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F 760	<p>Continued From page 10</p> <p>The DON stated she was responsible for this POC and ensured all new hires will be in-serviced on medication administration errors. The Medication Administration Records (MAR) and Treatment Administration Records (TAR) were being audited daily by the Corporate Facility Nurse and the unit managers are to review the audit for any missed doses.</p> <p>The audit tool revealed the Corporate Facility Nurse, and the Unit Managers were completing the audits.</p> <p>On 04/02/2024 sampled residents were reviewed, and their medications were documented as administered. There were no complaints of missing medications from other sampled residents. The staff Nurses that were interviewed, were able to express understanding of the education.</p> <p>The Risk Management/Quality Assurance Committee revealed the issue was addressed in QAPI.</p> <p>An interview with the Corporate Facility Nurse was conducted on 04/02/2024 at 1:52 PM. The Nurse stated she oversees auditing the MARs and TARs daily to make sure the nurses are administering all medications as ordered. The Nurses are completing medications administrations as ordered. The Nurse also stated if there are any discrepancies then the charge nurse will be notified, and actions will be taken immediately.</p> <p>The facility's plan of correction was validated to be completed as of 04/01/2024.</p>	F 760			