

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

PRINTED: 07/02/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/31/2024
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NAME OF PROVIDER OR SUPPLIER THE CARROLTON OF DUNN	STREET ADDRESS, CITY, STATE, ZIP CODE 711 SUSAN TART ROAD DUNN, NC 28335
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F 000	INITIAL COMMENTS A complaint investigation survey was conducted from 05/29/24 through 05/31/24. Event ID# QDL611. The following intakes were investigated NC00214893, NC00216856, NC00217120, NC00217502, NC00217506, NC0021508, NC00217509, and NC00217619. 1 of the 9 complaint allegations resulted in deficiency.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State	F 609		6/28/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/28/2024
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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 609	<p>Continued From page 1</p> <p>Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to report allegations of abuse and neglect to Adult Protective Services (APS). This deficient practice was for 3 of 4 residents reviewed for abuse. (Resident #1, Resident #4, and Resident #6).</p> <p>The findings were:</p> <p>a. Review of the Initial Allegation Report for an allegation of abuse submitted on 3/20/2024 revealed the facility became aware of an incident on 3/20/2024 at 11:20 a.m. for Resident #1. The allegation details revealed Resident #1 alleged that a staff member was verbally abusive and intimidating towards the resident. The initial report indicated local law enforcement was notified on 3/20/24 at 11:47 a.m. The initial report did not indicate whether APS was notified.</p> <p>Review of the facility Investigation Report completed on 3/27/24 for the 3/20/24 incident concerning Resident #1 did not indicate that APS was notified. The notification area was blank.</p> <p>b. Review of the Initial Allegation Report for an allegation of neglect submitted on 5/24/2024 revealed the facility became aware of an allegation on 5/24/2024 at 6:18 p.m. for Resident #6. The allegation details revealed Resident #6 alleged the facility was neglecting the resident causing her to have skin breakdown. The initial report indicated local law enforcement was notified on 5/24/24 at 7:03 p.m. The initial report</p>	F 609	<p>The Carrolton Facility Management (CFM) Chief Clinical officer, Chief Operating Officer and Facility Nurse Consultant met with the facility administrator to discuss the findings from the 5/29-5/31/24 complaint survey, including F609, failure to report the alleged allegations of abuse, neglect or mistreatment to the county DSS/APS. The facility administrator called the county DSS/APS to report all recent alleged allegations of abuse, neglect or mistreatment, including the allegations for residents 1, 4 and 6.</p> <p>The facility has determined that all residents have the potential to be affected.</p> <p>An in-service education program was conducted by the Facility Nurse Consultant on June 25, 2024, with all staff responsible for reporting alleged violations including the Director of Nursing Services and the Administrator.</p> <p>This in-service addressed the following:</p> <ul style="list-style-type: none"> • Circumstances that require reporting • Appropriate timeframes • Agencies to report alleged violations, including APS <p>Any new staff responsible for reporting alleged allegations will be trained as a part of facility orientation.</p>		

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F 609	Continued From page 2 did not indicate whether APS was notified. Review of the facility Investigation Report completed on 6/2/24 for the 5/24/24 incident concerning Resident #6 did not indicate that APS was notified. The notification area was blank. c. Review of the Initial Allegation Report for an of abuse submitted on 5/24/2024 revealed the facility became aware of an incident on 5/24/2024 at 6:14 p.m. for Resident #4. The allegation details revealed Resident #4 alleged she had been neglected by staff by not receiving hygiene and incontinent care for longer than 6 hours. The initial report indicated local law enforcement was notified on 5/24/24 at 7:03 p.m. The initial report did not indicate whether APS was notified. Review of the facility Investigation Report completed on 6/2/24 for the 5/24/24 incident concerning Resident #4 did not indicate that APS was notified. The notification area was blank. In an interview on 5/31/24 at 5:42 p.m., the Administrator said APS was not notified of the allegations. She said she was not aware that she needed to notify APS and thought she only needed to notify the local police.	F 609	The Administrator or designee will audit all facility reported incidents weekly for four (4) consecutive weeks, then monthly for one (1) month. These incidents will be audited using the "Alleged Allegation Audit Tool" to ensure that all alleged violations are properly investigated and reported to the appropriate authorities. These audits will be monitored by the CFM Facility Consultant and the facility QAPI team until such time consistent substantial compliance has been met.		
F 925 SS=E	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews, and record reviews, the facility failed	F 925	The dresser drawers for residents #6 and #3 were cleaned and sanitized.	6/28/24	

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F 925	<p>Continued From page 3</p> <p>to maintain an effective pest control program to prevent mice from entering the facility for 2 of 4 halls (200 and 300 halls).</p> <p>The findings were:</p> <p>Review of Resident #2's Minimum Data Set (MDS) dated 5/3/24 revealed she was cognitively intact, she was undersood and understood others, and did not have a diagnosis of dementia.</p> <p>In an interview on 5/29/24 at 9:43 AM, Resident #2 reported she had seen mice on the 300 hall recently as one week prior.</p> <p>Review of Resident #6's MDS dated 4/30/24 revealed she was cognitively intact, she was undersood and understood others, and did not have a diagnosis of dementia.</p> <p>In an interview and observation on 5/31/24 at 3:13 PM, Resident #6, whose room was on the 200 hall, gave permission to look in her dresser. In the bottom drawer of her dresser, near an open package of clean briefs, were small black pellets.</p> <p>Review of Resident #3's MDS dated 5/1/24 revealed she was cognitively intact, she was undersood and understood others, and did not have a diagnosis of dementia.</p> <p>In an interview and observation on 5/31/24 at 4:43 PM, Resident #3 reported the facility had a problem with mice and has had problems for the past year. She said she saw them in her room on the 200 hall around a plastic container she used to store food. The facility had put down glue traps on the floor (date unknown) and three mice had</p>	F 925	<p>The facility maintenance director contacted the exterminator again to evaluate the mice problem in the building. As a result, new glue boards and bait were placed in each resident's room.</p> <p>The facility has determined that all residents have the potential to be affected.</p> <p>The exterminator added new bait boxes in mechanical rooms on the 200, 300, and 400 halls. Twelve new bait boxes were also added to the exterior of the facility. The exterminator visits were increased to weekly. These visits will include checking for any mice activity, including new sightings.</p> <p>The exterminator will coordinate all efforts to maintain an effective pest control program, including preventing mice in the building, with the facility administrator and the maintenance director.</p> <p>The Maintenance Director, or designee, will conduct a weekly random audit of four (4) residents (one per hall) for four (4) consecutive weeks to ensure that there have been no further sightings of mice in the building. The audit will be conducted by completing resident interviews. Immediate action(s) will be taken to correct any identified problems. This plan of correction and the results of all audits will be monitored during the facility QAPI meetings until consistent compliance has been met.</p>		

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F 925	<p>Continued From page 4</p> <p>already been caught. Resident #3 said an exterminator had put a metal live mouse trap in the bathroom but she was not sure if any had been caught. Resident #3 said she would open her dresser drawers and find mice droppings in the drawer. Resident #3 pointed to a glue trap next to her air conditioning unit. There was a metal trap next to the toilet in the bathroom. Resident #3 gave permission to look behind the bottom drawer of her dresser where a glue trap was observed. Resident #3 said she was still having problems hearing mice and had been reporting it to the Maintenance Supervisor and her family for the past 6 months.</p> <p>In an interview on 5/31/24 at 5:20 PM, Nurse #3 said residents have complained to her about seeing mice. Nurse #3 said she would tell the Maintenance Supervisor when he came into the facility in the morning.</p> <p>Review of facility Pest Control Treatment Logs for 2023-2024 revealed the facility was treated on 7/1/23 for rats and mice in the interior of the facility where 24 soft baits were placed. On 9/7/23, the facility was treated for rats and mice in the interior with an additional 10 soft baits were placed. 10/2/23 with 20 bait stations placed. There was no other documentation of the facility being treated for rats or mice since 10/2/23.</p> <p>In an interview on 5/31/24 at 5:27 PM, the Maintenance Supervisor said the pest control company would put baits outside and glue traps throughout the facility. He said the exterminators had come to the facility since October but had not always documented on visit reports because the exterminator would come as needed. The exterminator had brought the glue traps seen in</p>	F 925			

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F 925	<p>Continued From page 5</p> <p>Resident #3's room as well as more live traps for the exterior grounds. He said the mice have been worse this year than any previous years. The Maintenance Supervisor confirmed the interventions placed in Resident #3's room but said he had not seen any of the mice she had reported. He said staff would verbally report to him when there were complaints of mice but there was not always an official work request put in.</p> <p>In an observation on 5/31/24 at 5:30 PM, Resident #6 gave the Maintenance Supervisor permission to look in her dresser. The Maintenance Supervisor said the small black pellets appeared to him to be mouse droppings and that it appeared there had been a mouse in the dresser drawer.</p> <p>In an interview on 5/31/24 at 5:42 PM, the administrator confirmed there were reports of mice in the facility and said that 2 NAs said they had caught a mouse "the other day." The facility was treating for mice but there were still reports from staff and residents that there were mice.</p>	F 925			