STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345145	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Carrolton of Williamston	119 Gatling Street Williamston, NC 27892

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to accurately code a Minimum Data Set Assessment (MDS) for dialysis services for 1 of 5 residents reviewed for accuracy of assessments (Resident #2).The findings included: Resident #2 was readmitted to the facility on [DATE] with diagnoses including end-stage renal disease requiring dialysis.Review of Resident #2's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had end-stage renal disease but did not reflect that dialysis services were being provided. During an interview with the MDS nurse on 1/7/26 at 9:14 am, she stated the former MDS nurse should have indicated Resident #2 was receiving dialysis services and acknowledged the error. She confirmed that the MDS assessment was inaccurate and that the MDS should have been coded correctly by the former MDS nurse. An attempt was made to interview the former MDS nurse by telephone on 1/7/26 at 11:57 am with no return call. During an interview with the Administrator on 1/7/26 at 1:00 pm, he stated the expectation was for all MDS assessments to be accurately coded.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345145	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Carrolton of Williamston	119 Gatling Street Williamston, NC 27892

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to ensure a resident receiving dialysis had a physician's order for dialysis for 1 of 1 resident reviewed for dialysis (Resident #2).The findings included: A review of the hospital Discharge summary dated [DATE] revealed that Resident #2 was hospitalized on [DATE] due to shortness of breath and progressive renal failure. A permacath (a soft flexible tube used for long-term dialysis access) was placed for the initiation of dialysis, and dialysis was initiated on 8/19/25. Subsequent treatments were scheduled on Tuesday, Thursday, and Saturday outpatient dialysis schedule.Resident #2 was readmitted to the facility on [DATE] with diagnoses including end-stage renal disease requiring dialysis.Upon readmission to the facility on 8/26/25, the physician's orders did not include dialysis services.The resident's care plan, updated on 8/27/25, documented the need for dialysis related to renal failure with interventions which included checking and changing dressing daily at the access site, monitoring the access site daily and as needed for signs of infection, redness, swelling, warmth or drainage and encourage resident to go for the scheduled dialysis appointments three times a week.Review of Resident #2's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident as having end-stage renal disease. Resident #2 was not coded for receiving dialysis services.During an interview on 1/6/26 at 11:36 am, Nurse #2 stated Resident #2 was at dialysis and would return to facility between 12:15 pm and 12:30 pm. The Director of Nursing (DON) was interviewed on 1/6/26 at 2:20 pm and reported she was unaware that the dialysis order was missing and acknowledged staff likely failed to enter the order upon Resident #2's readmission.In an interview on 1/7/26 at 1:00 pm, the Administrator stated the dialysis order should have been entered into the computer system when the resident returned from the hospital.