

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>345145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Carrolton of Williamston                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>119 Gatling Street<br>Williamston, NC 27892 |                                                 |
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| F 0580<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, and interviews with resident, staff, the facility's contracted x-ray staff members, Physician, Physician Assistant (PA), and family member, for a resident who suffered from chronic pain the facility 1) failed to ensure the physician was notified when the resident's pain changed in conjunction with the resident reporting trauma to her leg 2) failed to contact the physician prior to entering orders for additional x-rays recommended by an x-ray technician and 3) failed to communicate with the physician when all ordered x-ray views could not be completed due to the resident's pain. This was for one (Resident # 1) of three residents reviewed for notification to physician. The findings included: Resident # 1 was admitted to the facility on [DATE]. Review of Resident # 1's hospital Discharge summary, dated [DATE], revealed Resident # 1 had been hospitalized for diffuse right leg pain, chronic deep vein thrombosis of the popliteal vein of the right lower extremity, acute deep vein thrombosis of right femoral vein, and tibial artery stenosis (narrowing of the arteries in the leg which can lead to pain). The hospital discharge summary also noted Resident # 1 had sustained a fall while hospitalized and complained of hip pain afterwards, but x-rays showed no fracture at that time. Additionally Resident # 1 had diagnoses which included congestive heart failure, peripheral artery disease, cognitive communication deficit, coronary artery disease, diabetes, mild dementia, prior stroke, prior open reduction and internal fixation of a right tibia fracture in 2023, and history of previous deep vein thrombosis in 2022. Resident # 1's quarterly MDS (Minimum Data Set) assessment, dated 4/9/26, coded the resident as cognitively intact and as experiencing pain which occasionally interfered with her daily activities. Resident # 1's orders included the following pain medications: Acetaminophen 1000 (mg) milligrams every eight hours on a scheduled basis, ordered 5/27/26. On the MAR (Medication Administration Record) this was scheduled at 6:00 AM, 2:00 PM, and 10:00 PM) Gabapentin 300 mg twice per day (started 3/17/26) and an additional order for Gabapentin 300 mg (2 capsules) at bedtime (started 3/16/26) Tramadol 50 mg every six hours as needed for pain (started 5/27/26) Menthol topical analgesic gel 5% apply to left knee and hip topically in the morning for discomfort (started 6/6/26) During an interview on 7/10/26 at 12:22 PM with Nurse # 1, Nurse # 1 reported she walked in the room to find the family using a sliding board to transfer the resident on the date of 6/24/26, and the transfer was not being done correctly. Nurse # 1 further reported she intervened to ensure the resident's safety, and the resident did not complain of pain. Review of Resident # 1's electronic record revealed no narrative nursing notes for the date of 6/25/26 (Thursday). Nurse Aide (NA) # 1 was interviewed on 7/8/26 at 4:18 PM and reported the following information. NA # 2 had requested for her to help get Resident # 1 back in bed on 6/25/26 (Thursday) during the 3:00-11:00 PM shift. They lifted her under her arms and by her pants. She had made no noise and did not express pain. She did not hit her leg or fall. NA # 2 was (continued on next page)</p> |                                                                                          |                                                 |

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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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                                                               |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>345145 | Facility ID:<br><br>345145<br><br>If continuation sheet<br>Page 1 of 22 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>interviewed on 7/9/26 at 4:29 PM and reported the following information. She cared for Resident # 1 on the 3:00-11:00 PM shift on 6/25/26 (Thursday). The resident wanted to go to bed because her leg was hurting. She obtained assistance from NA # 1. They lifted Resident # 1 back to bed by lifting her under her arms and by her pants. They did not let Resident # 1 fall, and she did not hit her knee. The pain she was having was not new. Resident # 1 was interviewed on 7/8/26 at 11:37 AM and again on 7/9/26 at 9:00 AM and reported the following information. She could not recall the specific date but there was one day when two girls were putting her back to bed. She asked them to use the sliding board, and they said they did not have time to mess with that. They lifted her under the arms and dropped her. When she fell, she jumped and hit her knee on the iron part of the bedframe underneath the bed. It hurt right away and she yelled, Oh, my knee-Oh my knee, because the pain was so bad. NA # 3 was interviewed on 7/9/26 at 3:50 PM and reported the following information. On 6/25/25 (Thursday) she was the lead Nurse Aide who helped other Nurse Aides. Around 7:00 PM, Resident # 1 heard her (NA # 3's) voice in the hall and called her into the room. Resident # 1 told her that her leg was hurt when she was being put back to bed that evening. She told Nurse # 2 about the resident's complaint. Nurse # 2 said he would get some cream for the resident's leg. Nurse # 2 was interviewed on 7/8/26 at 11:16 PM and again on 7/9/26 at 7:10 AM and reported the following information. He had reported to work at 7:00 PM on 6/25/26 (Thursday) but was not assigned to Resident # 1 at the time. Nurse # 3 was Resident # 1's nurse at the time. He recalled someone saying that Resident # 1 had pain in her leg and he got some Biofreeze and gave it to the Medication Aide to put on Resident # 1's leg. Medication Aide # 1 (MA) # 1, who had cared for Resident # 1 on 6/25/26 (Thursday) from 3:00 PM to 11:00 PM, was interviewed on 7/9/26 at 9:35 PM and again on 7/10/26 at 10:10 AM and reported Resident # 1 was having right knee pain and she applied Biofreeze and gave the resident her regularly scheduled pain medication. MA # 1 reported the resident rested after that. Review of Resident # 1's electronic record revealed no narrative nursing notes for the date of 6/26/26 (Friday). NA # 4, who cared for Resident # 1 on the shift which began at 11:00 PM on 6/25/26 (Thursday) and ended at 7:00 AM on 6/26/26 (Friday), was interviewed on 7/8/26 at 4:26 PM. NA # 4 reported the following information. She routinely cared for Resident # 1 and was very familiar with her. The resident could normally help turn herself without any problem and she moved her legs independently in bed. On her (NA 4's) shift, Resident # 1 could not turn because her right thigh was hurting, and the resident reported she had been dropped. The inability to help turn was a change for the resident. She had told Nurse # 2. Nurse # 2 was interviewed on 7/8/26 at 11:16 PM and again on 7/9/26 at 7:10 AM and reported the following information. He had been assigned to care for Resident # 2 on the 11:00 PM shift which began on 6/25/26 and ended at 7:00 AM on 6/26/26 (Friday). He recalled a Nurse Aide (did not specify which Nurse Aide) telling him that Resident # 1 had knee pain but did not recall the Nurse Aide telling him at the beginning of the shift. She chronically had pain. She additionally had dementia and would see children in the room who were not there, and therefore her confusion would make it difficult to know what was going on with her. Her knee did not look swollen or warm. He gave her the PRN Tramadol Friday (6/26/26) before leaving. He also thought he mentioned to PA (Physician Assistant) # 1 before he left duty that morning about the resident's pain, but then there was another resident around that same time who needed attention and he was unsure what the PA did about it. Review of Resident # 1's June 2026 MAR revealed Nurse # 2 administered Tramadol 50 mg at 5:50 AM on 6/26/26 for a pain level of 10 on a scale of 1 to 10. Nurse # 2 also documented the Tramadol was effective. PA # 1 was interviewed on 7/9/26 at 1:28 PM and reported the following information. She had been in the facility on 6/26/26 (Friday) morning, and no staff member had reported to her that the resident had a difference in her pain or that she had alleged she was dropped. (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>If this had been reported to her, she would have physically assessed the resident while she was at the facility. NA # 6 was interviewed on 7/9/26 at 11:54 AM and reported the following information. She had cared for Resident # 1 on the 7:00 AM to 3:00 PM shift on 6/26/26 (Friday). Resident # 1 was in pain when her right leg was touched. Resident # 1 would grab her thigh and say, It hurts. It hurts when incontinent care was being provided. She had cared for her the previous day, and this was a big change for the resident. Nurse # 4, who had cared for Resident # 1 from 7:00 AM to 3:00 PM on 6/26/26 (Friday), was interviewed on 7/8/26 at 4:55 PM and reported the following information. He did not recall anyone communicating to him about Resident # 1 having a problem on his shift in order that he be able to communicate with the Physician or Physician Assistant. NA # 7, who had cared for Resident # 1 on the 3:00 PM shift to 11:00 PM shift on 6/26/26 (Friday), was interviewed on 7/10/26 at 12:00 PM and reported the following information. When she tried to turn Resident # 1 she would scream in pain. She had told Nurse # 2 and Nurse # 3. MA # 2, who was assigned to care for Resident # 1 from 3:00 PM to 11:00 PM on 6/26/26 (Friday), was interviewed on 7/10/26 at 11:02 AM and reported the following information. The resident reported her right side hurt bad when moved. She gave Resident # 1 her scheduled acetaminophen and she did not recall Resident # 1 complaining of pain after the acetaminophen. Nurse # 3, who was assigned to care for Resident # 1 on the 3:00-11:00 PM shift on 6/26/26 (Friday), was interviewed on 7/8/26 at 4:10 PM and reported the following information. She did not recall Resident # 1 having any different pain when she cared for her or being asked to look at her leg. Therefore, she had not contacted the physician about any change in the resident. NA # 4, who cared for Resident # 1 on the shift which began at 11:00 PM on 6/26/26 (Friday) and ended at 7:00 AM on 6/27/26 (Saturday), was interviewed on 7/8/26 at 4:26 PM. NA # 4 reported when she attempted to turn Resident # 1, she was in pain. Nurse # 2 was interviewed on 7/8/26 at 11:16 PM and again on 7/9/26 at 7:10 AM and reported the following information about the shift which began on 11:00 PM on 6/26/26 (Friday) and ended at 7:00 AM on 6/27/26 (Saturday). That night he did not recall the resident having pain and she slept through the night. On 6/27/26 (Saturday) at 8:25 AM Nurse # 5 documented on Resident # 1's June 2026 MAR that she administered 50 mg of Tramadol per PRN order for a pain level of 7. The nurse also documented the pain medication was effective. Review of Resident # 1's narrative nursing notes on the date 6/27/26 (Saturday) revealed that on 6/27/26 at 10:03 AM Nurse # 5 documented Resident # 1 complained of leg pain and that PRN tramadol was given. The nurse further documented that the resident reported the doctor already knew about it. On 6/27/26 at 3:21 PM Nurse # 5 documented that an x-ray had been ordered and that PA # 1 would assess on Monday. Nurse # 5, who had cared for Resident # 1 from 7:00 AM to 3:00 PM on 6/27/26 (Saturday), was interviewed on 7/8/26 at 7:36 PM and reported the following information. Nurse # 2 had reported in shift change report to her that Resident # 1 had been hurting, and he had spoken to the resident's daughter and had mentioned it to PA # 1. He was trying to get Biofreeze for the resident. She (Nurse # 5) did not know when Nurse # 2 had mentioned it to PA # 1 or what PA # 1 had done about the problem. At the first of the 6/27/26 dayshift, Resident # 1 looked like she was about to cry, and said they had been rough putting her to bed on Thursday (6/25/26). She administered Tramadol to the resident per the PRN order in addition to her scheduled pain medications. She knew Resident # 1 had arthritis and her knee did not look as swollen. She was concerned that the resident had been hurting since Thursday. She did not work at the facility full time but wondered if the resident needed an x-ray. She asked Nurse # 4 (who was working that day on another unit) and routinely worked at the facility if he could help by getting in touch with the physician. The unit on which she (Nurse # 5) was working was very busy. Nurse # 4 said he had not heard anything about the knee pain. She told the resident to stay in bed that day. She did not hear (continued on next page)</p> |                                                                                          |                                                 |

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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                 |
| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Resident # 1 [NAME] out in pain that day. The pain medication seemed to help, but then at the end of the shift Resident # 1 wanted to go to the hospital. She did not know what Nurse # 4 had done about calling the doctor as she had asked. She (Nurse # 5) therefore talked to the DON (Director of Nursing) and let her know that the resident would sleep and then complain of pain when she awakened. The DON then took care of it and she (Nurse # 5) left at the end of her shift. NA # 6 was interviewed on 7/9/26 at 11:54 AM and reported the following information about the shift of 7:00 AM to 3:00 PM on 6/27/26 (Saturday). Resident # 1's leg was warm to the touch and she would scream with turning. She had told Nurse # 5 who was assigned to care for Resident # 1. On 6/27/26 (Saturday) at 3:59 PM MA # 3 documented that he administered Tramadol 50 mg per the resident's PRN order for a pain level of 7. There was an E by the administration on the record noting the pain medication was effective. On 6/27/26 (Saturday) at 5:00 PM, the DON (Director of Nursing) entered the following information in a nursing note. Resident # 1 continued to complain of right knee pain and PA # 1 was notified and ordered an x-ray and ultrasound due to increased pain and swelling. The resident had both a history of arthritis and deep vein thrombosis but stated that her knee was hit on the mattress during transfer from chair to bed. Resident # 1's family member was present at the bedside and was okay with having the x-ray and ultrasound done at the facility. The oncoming nurse was notified. The DON was interviewed on 7/8/26 at 3:06 PM and reported the following information. No one had mentioned any problems to her prior to Saturday (6/27/26). On the evening of 6/27/26 she was at the facility and a Nurse Aide mentioned to her about the resident's pain. The resident's right knee was swollen but it was swollen at baseline. The resident indicated she had increased pain and that she had been having more pain since she had been transferred with a two person assist since around the date of 6/25/26 (Thursday). She did not indicate she had fallen when the DON had talked to her and only indicated she had more pain during the transfer. She (the DON) called and got orders for x-rays and an ultrasound. Review of Resident # 1's orders revealed on 6/27/26 at 3:45 PM a stat order was entered for a two-view x-ray of Resident # 1's right knee. On 6/27/26 at 3:43 PM a two-view x-ray of the resident's left knee was entered into the computer. On 6/27/26 at 4:00 PM a stat ultrasound order was entered into the record. All three of these orders were entered into Resident # 1's electronic record by the DON. On 6/27/26 at 5:30 PM Nurse # 6 entered additional x-ray orders into the computer. These were for a tibia/fibula x-ray to both knees for pain and swelling due to DVT (deep vein thrombosis). This was entered at 5:30 PM. Additionally an x-ray order for one view of the right femur was entered by Nurse # 6 at 6:00 PM due to pain, swelling, and decreased movement of right leg. On 6/27/26 at 5:35 PM Nurse # 6 entered a nursing note with the following information. The mobile x-ray technician had arrived, and the x-ray staff stated that a tibia/fibula Xray should also be done because a plain knee would not show a DVT (deep vein thrombosis). The ultrasound could not be done until Monday (6/29/26). Review of x-ray reports revealed the report date for Resident # 1's x-rays was dated 6/27/26 at 7:41 PM. According to the x-ray report only one view of the resident's right knee was done. The report read, Only a rotated lateral view was obtained. No obvious fracture is seen as best can be determined on a single view exam. No bony lesions are seen. Joints appear aligned. Diffuse osteopenia is demonstrated. Soft tissues are unremarkable. The radiologist further added, Repeat exam is recommended with standard views. The two view x-ray of the left knee and left tibia/fibula were negative. The radiologist also noted that only a single view of the femur and right tibia/fibula had been completed, no fracture was identified, and repeat exam with standard views was recommended. There was no documentation in the resident's record that the physician was contacted when the x-ray report came back showing only one view of the right knee was completed and recommendations had been made for further testing. PA # 1 was interviewed on 7/9/26 at 1:28 PM and (continued on next page)</p> |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>345145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Carrolton of Williamston                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>119 Gatling Street<br>Williamston, NC 27892 |                                                 |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>reported the following information. The first she was told about Resident # having increased pain in her right knee was on 6/27/26 (Saturday). The staff had called once that evening, and she was informed there had been no trauma but the resident was having pain. The ultrasound and knee x-rays were ordered at that time. No one called her back to discuss further orders or to let her know that only one view had been completed of the resident's right knee. She had not given orders for additional x-rays to be done later in the evening on 6/27/26. PA # 1 also checked the record and verified that the facility had not contacted any other on-call provider other than her on 6/27/26. MA # 3, who had cared for Resident # 1 on the 3:00 PM to 11:00 PM shift on 6/27/26 (Saturday), was interviewed on 7/9/26 at 12:38 PM and reported the following information. Resident # 1 reported that on Thursday (6/25/26) two people did not use the sliding board and they picked her up and pivoted her to bed. She was telling them to wait-wait-my leg but they did it anyway. He gave her PRN Tramadol on the evening shift of 6/27/26. When incontinent care was provided, she would scream but if she was still then she would not hurt bad-bad. The Tramadol helped. NA # 8, who had cared for Resident # 1 from 3:00 PM on 6/27/26 (Saturday) until 7:00 AM on 6/28/26 (Sunday) was interviewed on 7/10/26 at 9:05 AM and reported the following information. Two x-ray technicians came and she could hear Resident # 1 scream when they were in the room. After that during the evening shift, Resident # 1 would not allow her to touch and care for her because she did not want to be turned. Nurse # 6, who had cared for Resident # 1 from 3:00 PM to 11:00 PM on 6/27/26 (Saturday) was interviewed on 7/9/26 at 10:43 AM and reported the following information. Resident # 1's leg did not have warmth or more swelling than usual when she checked on the resident. She also had pulses. The resident reported that pain medication took the pain away. When she talked to Resident # 1, Resident # 1 indicated her pain was her usual pain. Her scheduled pain medications seemed to help, and she would lie in one position with her leg spread out. She tried talking to the resident about the pain and asked her if she fell. Resident # 1 did not say when the incident had happened but Resident # 1 reported that at some point staff were putting her back in bed and she slipped but did not totally hit the floor. She (Nurse # 6) learned that the ultrasound could not be done when the X-ray technician came, and that ultrasounds were only conducted on Mondays through Friday. The x-ray technician indicated there was some sort of protocol that if an ultrasound was unable to be done, then more x-rays could be done. The x-ray technician told her which orders to enter for that. They were for a tibia and fibula x-ray and a right femur x-ray. She did not call the doctor before entering orders, but as she recalled she told the DON. Nurse # 6 was interviewed regarding why the x-ray technician only did one view of Resident # 1's right knee. Nurse # 6 responded initially that she thought the technician might have needed a special slide but then after giving it more thought replied she was unsure. The x-ray technician, who had performed the x-ray tests, was interviewed via phone on 7/10/26 at 12:44 PM along with the X-ray company's Director of Operations and X-ray supervisor. The facility Administrator and Clinical Nurse Consultant also listened into the phone interview. The X-ray technician reported the following information. Only one view of Resident # 1's right knee was done on 6/27/26 because the resident was having pain. The resident's nurse was in and out of the room, and she (the x-ray technician) had informed the nurse why the second view could not be completed. The x-ray for the femur was added on because the resident was also complaining of hip pain, but she (the x-ray technician) did not know what the facility's protocols were for obtaining orders and if the physician was contacted when new orders were added. The nurse had also asked her if they did ultrasounds on the weekend and she had told her she did not know. The X-ray company's Director of Operations reported the following information. The x-ray orders for the right and left knees came in on 6/27/26 at 4:20 PM. Additional orders for the tibia/fibula and femur were added on at 6:02 PM. AT (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>6:02 PM their records showed only one view of the right knee was uploaded for the radiologist to read. The x-ray report, which showed the results and that only one view had been completed, was available in Resident # 1's facility electronic medical record on 6/27/26 at 7:40 PM. On 6/27/26 (Saturday) at 11:51 PM Nurse # 2 documented on Resident # 1's June 2026 MAR that he administered Tramadol 50 mg at 11:51 PM for a pain level of 10. There was an E by the administration date noting the pain medication was effective. On 6/28/26 (Sunday) at 5:36 AM Nurse # 2 documented at 5:36 AM that he administered Tramadol 50 mg for a pain level of 10. There was an E by the administration date noting the pain medication was effective. During the interview on 7/10/26 at 9:05 AM with NA # 8, who had cared for Resident # 1 from 3:00 PM on 6/27/26 (Saturday) until 7:00 AM on 6/28/26 (Sunday), NA # 8 reported the following information. Nurse # 2 helped her turn Resident # 1 during the night shift part of her two consecutive shifts so they could get Resident # 1 clean. The resident would yell and say, Oh my leg, my leg-wait-wait. Nurse # 2 had helped support her leg so care could be provided. NA # 8 thought that either Nurse # 6 (the evening shift nurse) or Nurse # 2 (the night shift nurse) had said that Resident # 1 would go out to the hospital in the morning. She did not know why the Nurse thought that. Nurse # 2 was interviewed on 7/8/26 at 11:16 PM and again on 7/9/26 at 7:10 AM and reported the following information. He had been assigned to care for Resident # 2 on the 11:00 PM shift which began on 6/27/26 (Saturday) and ended at 7:00 AM on 6/28/26 (Sunday). The resident's x-ray report came back showing no fracture and he indicated therefore he had not called the physician. He medicated the resident for pain during the night. On 6/28/26 at 8:45 AM Nurse # 4 entered the following nursing note into Resident # 1's electronic record. Resident complains of right knee pain this morning, mild swelling noted, daughter wants resident sent to ED (Emergency Department), daughter informed resident had negative Xray done in house yesterday and was negative, also have ultrasound scheduled for Tomm (tomorrow), she still wants to send resident to ED, Ems called at this time. Resident # 1's family member was interviewed on 7/8/26 at 12:01 PM and reported the following information. She had talked to a head manager on 6/27/26 (Saturday) about the resident's pain. Resident # 1 had already been experiencing pain prior to 6/27/27. The head manager said that maybe arthritis had settled in her knee and they could do x-rays at the facility without the resident bumping around in the rescue squad van to the hospital. On 6/28/26 (Sunday) she talked to the nurse who was assigned to Resident # 1 because Resident # 1 was still having pain. She told the nurse that she wanted Resident # 1 to go to the hospital because the resident was still having pain. The nurse told her there was no reason to go because the x-ray showed no fracture. She in turn told him that the resident had previous surgery on the right leg and she was worried something had happened to the screws and rod which was not seen on the facility's x-ray. They debated back and forth about it until the nurse finally said, fine. The resident was sent to the hospital because of her insistence and not because the staff called the physician on 6/28/26. Nurse # 4, who had cared for Resident # 1 beginning at 7:00 AM on 6/28/26 (Sunday), was interviewed on 7/8/26 at 4:55 PM and reported the following information. The resident's x-rays had returned showing no fracture. The family arrived on 6/28/26 and wanted her sent to the hospital, and therefore they sent the resident to the hospital. During the interview with PA # 1 on 7/9/26 at 1:28 PM, PA # 1 validated no one had called her on the morning of 6/28/26 prior to the resident going to the hospital. The first time she was notified was when the staff called her to tell her that the resident had been at the hospital and was returning. On 6/29/26 (Monday) she (PA # 1) saw Resident # 1 and Resident # 1 reported to her that when staff had been placing her to bed they did not want to mess with the sliding board. They picked her up and when they did her leg slipped, twisted, and she fell. She did not think her bottom hit the floor, but she hit her knee. Review of hospital ED records, dated 6/28/26, revealed Resident # 1 reported to the ED (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>physician that last Monday she fell out of her chair when staff had been trying to get her up and dropped her. While at the ED, three views of the right knee were obtained which revealed an acute oblique minimally displaced fracture of the distal metaphysis of the right femur (a break in the thigh bone just above the knee joint). The resident was diagnosed with a displaced comminuted fracture (broken in three of more pieces) of the shaft of the right femur (leg bone). The ED physician noted Resident # 1 was non- ambulatory at her baseline. She was placed in a right leg immobilizer, instructed to follow up with an orthopedic physician, and discharged from the ED back to the facility without hospital admission. On 7/1/26 an orthopedic physician documented Resident # 1 was seen at his office and noted that she was non-ambulatory. Therefore, surgery would not be attempted at that time. Resident # 1's physician, who served as the facility's medical director, was interviewed on 7/10/26 at 1:12 PM and reported the following information. Resident # 1 was not a reliable historian in accounting for things that had happened to her. She would persistently bring up things that had happened a long time ago. She also had osteopenia and had already sustained a fall while in the hospital before being admitted to the facility. There was a chance there was a hairline fracture that was never identified with the hospital fall and due to her osteopenia the crack worsened. Due to her osteopenia, the fracture could have happened even if no crack had pre-existed. The staff at the facility were very good at calling for help if a resident fell to the floor and he did not think that happened. He felt the fracture was of pathological nature due to the resident's condition of her bones and could have happened with routine care. PA # 1 should have been notified on 6/26/26 when she was at the facility so the resident could have been assessed. The PA or on call provider should also have been notified when the staff were aware that all the x-rays views could not be completed as ordered because of the resident's pain. He did not think the resident had been harmed in any way from the delay in notifying the physician and identifying the fracture. She was already receiving pain medication before the fracture was identified. Tramadol was a good pain medication that would have helped with the fracture pain. There was really no difference in her treatment with the identification of the fracture. The Administrator was interviewed on 7/9/26 at 8:25 AM and again on 7/9/26 at 3:25 PM and reported the following information. It never came up to the administrative staff that Resident # 1 had alleged she had fallen to anyone until they saw it in the 6/28/26 hospital ED record and further talked to staff after she returned. According to staff, the resident had never fallen as she had alleged. They had identified that the staff were not using the correct mode of transfer with the resident, and they had completed a plan of correction that dealt with ensuring residents were transferred correctly. While investigating how the resident had fallen, they did identify that there had been a lack of effective communication between their staff but they had not completed a complete plan of correction that entailed audits and an auditing plan to address notification to physician.</p> |                                                                                          |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, and interviews with resident, staff, the facility's contracted x-ray staff members, Physician, Physician Assistant (PA), and family member, for a resident who suffered from chronic pain the facility 1) failed to ensure staff communicated effectively amongst themselves and with the provider about a difference in the resident's pain and alleged trauma the resident reported to some staff members and 2) failed to recognize when the resident's x-ray report returned negative that all views had not been completed as ordered which therefore made the x-ray limited in identifying problems. This was for one (Resident # 1) of three residents reviewed for professional standards of practice. The findings included: Resident # 1 was admitted to the facility on [DATE]. Review of Resident # 1's hospital Discharge summary, dated [DATE], revealed Resident # 1 had been hospitalized for diffuse right leg pain, chronic deep vein thrombosis of the popliteal vein of the right lower extremity, acute deep vein thrombosis of right femoral vein, and tibial artery stenosis (narrowing of the arteries in the leg which can lead to pain). The hospital discharge summary also noted Resident # 1 had sustained a fall while hospitalized and complained of hip pain afterwards, but x-rays showed no fracture at that time. Additionally Resident # 1 had diagnoses which included congestive heart failure, peripheral artery disease, cognitive communication deficit, coronary artery disease, diabetes, mild dementia, prior stroke, prior open reduction and internal fixation of a right tibia fracture in 2023, and history of previous deep vein thrombosis in 2022. Resident # 1's quarterly MDS (Minimum Data Set) assessment, dated 4/9/26, coded the resident as cognitively intact and as experiencing pain which occasionally interfered with her daily activities. Resident # 1's orders included the following pain medications: Acetaminophen 1000 milligrams every eight hours on a scheduled basis; ordered 5/27/26. On the MAR (Medication Administration Record) this was scheduled at 6:00 AM, 2:00 PM, and 10:00 PM. Gabapentin 300 mg twice per day (started 3/17/26) and an additional order for Gabapentin 300 mg (2 capsules) at bedtime (started 3/16/26) Tramadol 50 mg every six hours as needed for pain (started 5/27/26) Menthol topical analgesic gel 5% apply to left knee and hip topically in the morning for discomfort (started 6/6/26) Review of Resident # 1's care plan, revised on 7/2/26, revealed the following information. Resident # 1 experienced chronic pain. Staff were directed to monitor and document the effectiveness of the resident's pain medication. The care plan also included that Resident # 1 needed assistance with transfers. On 3/16/26 two interventions were added to the care plan. One included to transfer Resident # 1 with a mechanical lift and the second included that Resident # 1 was able to transfer with moderate assistance. The current care plan of 7/2/26 only included a mechanical lift transfer. The care plan also noted Resident # 1 had a behavioral problem of talking to a baby that was nonexistent. During an interview with the facility's care plan nurse on 7/9/26 at 9:56 AM, the care plan nurse reported therapy had worked with Resident # 1 when she first was admitted with a two person assist and a sliding board but she had not made sufficient progress for nursing staff to use those two modes of transfer. Upon discontinuation of therapy, staff were supposed to use a mechanical lift for the resident. During an interview with OTA (Occupational Therapist Aide) #1 on 7/8/26 at 2:40 PM and again on 7/10/26 at 10:05 AM OTA # 1 reported the following information. Resident # 1 had been placed back on occupational therapy's caseload at the current time and she (OTA # 1) had been working with Resident # 1 with sliding board transfer training, but Resident # 1 required a lot of assistance with that. Staff were not instructed to use the sliding board with Resident # 1. During an interview on 7/10/26 at 12:22 PM with Nurse # 1, Nurse # 1 reported the following information. On the date of 6/24/26 (Wednesday) she had walked in (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>the room and found Resident # 1's family members pulling Resident # 1 across a sliding board from a wheelchair to the bed. Resident # 1 was not participating, and the sliding board was not placed correctly. Resident # 1's right leg appeared to be bent and out of place. She and another staff member intervened and lifted Resident # 1 back in bed for safety. Once in bed, Resident # 1 appeared fine, laughed and reported she was okay. Nurse # 1 instructed the family that they were not to use the sliding board for Resident # 1. Review of Resident # 1's electronic record revealed no narrative nursing notes for the date of 6/25/26 (Thursday). Nurse Aide (NA) # 1 was interviewed on 7/8/26 at 4:18 PM and reported the following information. NA # 2 had requested for her to help get Resident # 1 back in bed on 6/25/26 (Thursday) during the 3:00-11:00 PM shift. They lifted her under her arms and by her pants. She had made no noise and did not express pain. She did not hit her leg or fall. NA # 2 was interviewed on 7/9/26 at 4:29 PM and reported the following information. She cared for Resident # 1 on the 3:00-11:00 PM shift on 6/25/26 (Thursday). The resident wanted to go to bed because her leg was hurting. She obtained assistance from NA # 1. They lifted Resident # 1 back to bed by lifting her under her arms and by her pants. They did not let Resident # 1 fall, and she did not hit her knee. The pain she was having was not new. Resident # 1 was interviewed on 7/8/26 at 11:37 AM and again on 7/9/26 at 9:00 AM and reported the following information. She could not recall the specific date but there was one day when two girls were putting her back to bed. She asked them to use the sliding board, and they said they did not have time to mess with that. They lifted her under the arms and dropped her. When she fell, she jumped and hit her knee on the iron part of the bedframe underneath the bed. It hurt right away and she yelled, Oh, my knee-Oh my knee, because the pain was so bad. NA # 3 was interviewed on 7/9/26 at 3:50 PM and reported the following information. On 6/25/25 (Thursday) she was the lead Nurse Aide who helped other Nurse Aides. Around 7:00 PM, Resident # 1 heard her (NA # 3's) voice in the hall and called her into the room. Resident # 1 told her that her leg was hurt when she was being put back to bed that evening. She told Nurse # 2 about the resident's complaint. Nurse # 2 said he would get some cream for the resident's leg. Nurse # 2 was interviewed on 7/8/26 at 11:16 PM and again on 7/9/26 at 7:10 AM and reported the following information. He had reported to work at 7:00 PM on 6/25/26 (Thursday) but was not assigned to Resident # 1 at the time. Nurse # 3 was Resident # 1's nurse at the time. He recalled someone saying that Resident # 1 had pain in her leg and he got some Biofreeze and gave it to the Medication Aide to put on Resident # 1's leg. Medication Aide # 1 (MA) # 1, who had cared for Resident # 1 on 6/25/26 (Thursday) from 3:00 PM to 11:00 PM, was interviewed on 7/9/26 at 9:35 PM and again on 7/10/26 at 10:10 AM and reported the following information. She thought it was NA # 3 who had gone to Nurse # 2 and told him that Resident # 1's leg was hurting. Nurse # 2 gave her some Biofreeze to put on the resident's leg. It was Resident # 1's right leg that was hurting. She (MA # 1) lifted Resident # 1's right leg slightly up off the bed and rubbed the Biofreeze under her knee. (MA # 1 demonstrated the degree to which she lifted the leg and it was approximately two inches). Resident # 1 reported the application felt good to her knee. She (MA # 1) also gave Resident # 1 her regularly scheduled bedtime gabapentin and Acetaminophen and she rested after that. Nurse # 3, who was assigned to care for Resident # 1 on the 3:00-11:00 PM shift on 6/25/26 (Thursday), was interviewed on 7/8/26 at 4:10 PM and reported the following information. She did not recall Resident # 1 having any different pain when she cared for her or being asked to look at her leg. Review of Resident # 1's electronic record revealed no narrative nursing notes for the date of 6/26/26 (Friday). NA # 4, who cared for Resident # 1 on the shift which began at 11:00 PM on 6/25/26 (Thursday) and ended at 7:00 AM on 6/26/26 (Friday), was interviewed on 7/8/26 at 4:26 PM. NA # 4 reported the following information. She routinely cared for Resident # 1 and was very familiar with her. The resident could normally help turn herself without any problem and she (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>moved her legs independently in bed. On her (NA 4's) shift, Resident # 1 could not turn because she was hurting. Resident # 1 would run her hand up and down her right thigh and say that was where her leg hurt. Not being able to turn because of pain was a change for Resident # 1. She (NA # 4) asked Resident # 1 what happened and Resident # 1 reported she had fallen. She (NA # 4) asked Resident # 1 how and Resident # 1 reported two girls tried to put her in bed and told her they did not have time to mess with the sliding board. She (NA # 4) had to obtain assistance from NA # 5 that night to help turn Resident # 1 and that was not normal. She provided incontinent care three times during her shift that night and the last two times, she barely lifted each buttock and slid the brief under her because the resident could not turn without having pain. She had told Nurse # 2, and she asked NA # 5 to also tell Nurse # 2 so he would be sure to check the resident. Nurse # 2 was interviewed on 7/8/26 at 11:16 PM and again on 7/9/26 at 7:10 AM and reported the following information. He had been assigned to care for Resident # 1 on the 11:00 PM shift which began on 6/25/26 and ended at 7:00 AM on 6/26/26 (Friday). He recalled a Nurse Aide (did not specify which Nurse Aide) telling him that Resident # 1 had knee pain. She chronically had pain. She additionally had dementia and would see children in the room who were not there, and therefore her confusion would make it difficult to know what was going on with her. Her knee did not look swollen or warm. He gave her the PRN (as needed) Tramadol Friday (6/26/26) before leaving. He also thought he mentioned to PA (Physician Assistant) # 1 before he left duty that morning about the resident's pain, but then there was another resident around that same time who needed attention and he was unsure what the PA did about it. Review of Resident # 1's June 2026 MAR revealed Nurse # 2 administered Tramadol 50 mg at 5:50 AM on 6/26/26 for a pain level of 10 on a scale of 1 to 10. Nurse # 2 also documented the Tramadol was effective. NA # 6 was interviewed on 7/9/26 at 11:54 AM and reported the following information. She had cared for Resident # 1 on the 7:00 AM to 3:00 PM shift on 6/26/26 (Friday). Resident # 1 was okay if she was not touched but she (NA # 6) had a hard time providing incontinent care because Resident # 1 was in pain when her right leg was touched. Resident # 1 would grab her thigh and say, It hurts. This was a big change from when she (NA # 6) had cared for Resident # 1 on the previous dayshift of 6/25/26 (Thursday). On 6/25/26 Resident # 1 had been chipper and had no complaints of pain. She (NA # 6) did not get Resident # 1 out of bed on 6/26/26 (Friday) because of the pain. She (NA # 6) talked to Nurse # 4 and let him know the resident was hurting. She asked Resident # 1 what had happened and initially Resident # 1 said she did not know. Then later Resident # 1 said two girls put her back in bed but did not say what happened when they did so. Nurse # 4, who had cared for Resident # 1 from 7:00 AM to 3:00 PM on 6/26/26 (Friday), was interviewed on 7/8/26 at 4:55 PM and reported the following information. He did not recall anyone communicating to him about Resident # 1 having a problem on his shift. NA # 7, who had cared for Resident # 1 on the 3:00 PM shift to 11:00 PM shift on 6/26/26 (Friday), was interviewed on 7/10/26 at 12:00 PM and reported the following information. Resident # 1 was okay at the beginning of the shift and ate her dinner. After dinner, she (NA # 7) tried to turn Resident # 1 and she screamed in pain. She (NA # 7) talked to MA # 2 who was assigned to care for Resident # 1. Both Nurse 2 and Nurse # 3 were at the nursing desk that night and she and MA # 2 told both of them. Nurse # 3 went to check and assess Resident # 1. She (NA # 7) continued making rounds and never saw Resident # 1 again after that. MA # 2, who was assigned to care for Resident # 1 from 3:00 PM to 11:00 PM on 6/26/26 (Friday), was interviewed on 7/10/26 at 11:02 AM and reported the following information. She had helped NA # 7 provide incontinent care for Resident # 1 that evening. The resident reported her right side hurt bad when moved. It was a little worse than her normal pain. When she got still, the resident was okay. She did notify Nurse # 3 that evening. Her leg did not look different when they changed the resident, and the resident did not report anything that (continued on next page)</p> |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>345145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Carrolton of Williamston                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>119 Gatling Street<br>Williamston, NC 27892 |                                                 |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>happened. She gave Resident # 1 her scheduled acetaminophen and she did not recall Resident # 1 complaining of pain after the acetaminophen. The resident just did not want to be moved. Nurse # 3, who was assigned to care for Resident # 1 on the 3:00-11:00 PM shift on 6/26/26 (Friday), was interviewed on 7/8/26 at 4:10 PM and reported the following information. She did not recall Resident # 1 having any different pain when she cared for her or being asked to look at her leg. NA # 4, who cared for Resident # 1 on the shift which began at 11:00 PM on 6/26/26 (Friday) and ended at 7:00 AM on 6/27/26 (Saturday), was interviewed on 7/8/26 at 4:26 PM. NA # 4 reported the following information. The resident's pain was the same as when she had cared for her the previous night shift. When she attempted to turn Resident # 1, she was in pain. She did not talk to Nurse # 2 again because she had already told him the night before that the resident's pain was different and he was aware. Nurse # 2 was interviewed on 7/8/26 at 11:16 PM and again on 7/9/26 at 7:10 AM and reported the following information about the shift which began on 11:00 PM on 6/26/26 (Friday) and ended at 7:00 AM on 6/27/27 (Saturday). That night he did not recall the resident having pain and she slept through the night. On 6/27/26 (Saturday) at 8:25 AM Nurse # 5 documented on Resident # 1's June 2026 MAR that she administered 50 mg of Tramadol per PRN order for a pain level of 7. The nurse also documented the pain medication was effective. Review of Resident # 1's narrative nursing notes on the date 6/27/26 (Saturday) revealed that on 6/27/26 at 10:03 AM Nurse # 5 documented Resident # 1 complained of leg pain and that PRN tramadol was given. The nurse further documented that the resident reported the doctor already knew about it. On 6/27/26 at 3:21 PM Nurse # 5 documented that an x-ray had been ordered and that PA # 1 would assess on Monday. Nurse # 5, who had cared for Resident # 1 from 7:00 AM to 3:00 PM on 6/27/26 (Saturday), was interviewed on 7/8/26 at 7:36 PM and reported the following information. Nurse # 2 had reported in shift change report to her that Resident # 1 had been hurting, and he had spoken to the resident's daughter and had mentioned it to PA # 1. He was trying to get Biofreeze for the resident. She (Nurse # 5) did not know when Nurse # 2 had mentioned it to PA # 1 or what PA # 1 had done about the problem. At the first of the 6/27/26 dayshift, Resident # 1 looked like she was about to cry, and said they had been rough putting her to bed on Thursday (6/25/26). She administered Tramadol to the resident per the PRN order in addition to her scheduled pain medications. She knew Resident # 1 had arthritis and her knee did not look as swollen. She was concerned that the resident had been hurting since Thursday. She did not work at the facility full time but wondered if the resident needed an x-ray. She asked Nurse # 4 (who was working that day on another unit) and routinely worked at the facility if he could help by getting in touch with the physician. The unit on which she (Nurse # 5) was working was very busy. Nurse # 4 said he had not heard anything about the knee pain. She told the resident to stay in bed that day. She did not hear Resident # 1 [NAME] out in pain that day. The pain medication seemed to help, but then at the end of the shift Resident # 1 wanted to go to the hospital. She did not know what Nurse # 4 had done about calling the doctor as she had asked. She (Nurse # 5) therefore talked to the DON (Director of Nursing) and let her know that the resident would sleep and then complain of pain when she awakened. The DON then took care of it and she (Nurse # 5) left at the end of her shift. NA # 6 was interviewed on 7/9/26 at 11:54 AM and reported the following information about the shift of 7:00 AM to 3:00 PM on 6/27/27 (Saturday). Resident # 1's leg was warm to the touch on her (NA # 6's) shift and it was hard to turn her because of pain. She (NA # 6) had to get help to turn her. She would scream with turning. She had told Nurse # 5 who was assigned to care for Resident # 1. On 6/27/26 (Saturday) at 3:59 PM MA # 3 documented that he administered Tramadol 50 mg per the resident's PRN order for a pain level of 7. There was an E by the administration on the record noting the pain medication was effective. On 6/27/26 (Saturday) at 5:00 PM, the DON (Director of Nursing) entered (continued on next page)</p> |                                                                                          |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>The Carrolton of Williamston                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>119 Gatling Street<br>Williamston, NC 27892 |                                                 |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>the following information in a nursing note. Resident # 1 continued to complain of right knee pain and PA # 1 was notified and ordered an x-ray and ultrasound due to increased pain and swelling. The resident had both a history of arthritis and deep vein thrombosis but stated that her knee was hit on the mattress during transfer from chair to bed. Resident # 1's family member was present at the bedside and was okay with having the x-ray and ultrasound done at the facility. The oncoming nurse was notified. The DON was interviewed on 7/8/26 at 3:06 PM and reported the following information. No one had mentioned any problems to her prior to Saturday (6/27/26). On the evening of 6/27/26 she was at the facility and a Nurse Aide mentioned to her about the resident's pain. The resident's right knee was swollen but it was swollen at baseline. The resident indicated she had increased pain and that she had been having more pain since she had been transferred with a two person assist since around the date of 6/25/26 (Thursday). She did not indicate she had fallen when the DON had talked to her and only indicated she had more pain during the transfer. She (the DON) called and got orders for x-rays and an ultrasound. Review of Resident # 1's orders revealed on 6/27/26 at 3:45 PM a stat order was entered for a two-view x-ray of Resident # 1's right knee. On 6/27/26 at 3:43 PM a two-view x-ray of the resident's left knee was entered into the resident's record. On 6/27/26 at 4:00 PM a stat ultrasound order was entered into the record. All three of these orders were entered into Resident # 1's electronic record by the DON. On 6/27/26 at 5:30 PM Nurse # 6 entered additional x-ray orders into the record. These were for a tibia/fibula x-ray to both knees for pain and swelling due to DVT (deep vein thrombosis). This was entered at 5:30 PM. Additionally an x-ray order for one view of the right femur was entered by Nurse # 6 at 6:00 PM due to pain, swelling, and decreased movement of right leg. On 6/27/26 at 5:35 PM Nurse # 6 entered a nursing note with the following information. The mobile x-ray technician had arrived, and the x-ray staff stated that a tibia-fibula Xray should also be done because a plain knee would not show a DVT (deep vein thrombosis). The ultrasound could not be done until Monday (6/29/26). Review of x-ray reports revealed the report date for Resident # 1's x-rays was dated 6/27/26 at 7:41 PM. According to the x-ray report only one view of the resident's right knee was done. The report read, Only a rotated lateral view was obtained. No obvious fracture is seen as best can be determined on a single view exam. No bony lesions are seen. Joints appear aligned. Diffuse osteopenia is demonstrated. Soft tissues are unremarkable. The radiologist further added, Repeat exam is recommended with standard views. The two view x-ray of the left knee and left tibia/fibula were negative. The radiologist also noted that only a single view of the femur and right tibia/fibula had been completed, no fracture was identified, and repeat exam with standard views was recommended. PA # 1 was interviewed on 7/9/26 at 1:28 PM and reported the following information. The first she was told about Resident # 1 having increased pain in her right knee was on 6/27/26 (Saturday). The staff had called once that evening, and she was informed there had been no trauma but the resident was having pain. The ultrasound and knee x-rays were ordered at that time. No one called her back to discuss further orders or to let her know that only one view had been completed of the resident's right knee. The standard x-ray typically includes two or three views, and the staff should have verified with the technician why the two-view could not have been completed. MA # 3, who had cared for Resident # 1 on the 3:00 PM to 11:00 PM shift on 6/27/26 (Saturday), was interviewed on 7/9/26 at 12:38 PM and reported the following information. Resident # 1 reported that on Thursday (6/25/26) two people did not use the sliding board and they picked her up and pivoted her to bed. She was telling them to wait-wait-my leg but they did it anyway. He gave her PRN Tramadol on the evening shift of 6/27/26. When incontinent care was provided, she would scream but if she was still then she would not hurt bad-bad. The Tramadol helped. Resident # 1's family member had arrived and wanted her sent to the hospital. The DON talked to them and the (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>resident had an x-ray ordered at the facility to be done.NA # 8, who had cared for Resident # 1 from 3:00 PM on 6/27/26 (Saturday) until 7:00 AM on 6/28/26 (Sunday) was interviewed on 7/10/26 at 9:05 AM and reported the following information. At the beginning of the evening shift, Resident # 1 was not in need of incontinent care and did not need to be turned. Two x-ray technicians came and she could hear Resident # 1 scream when they were in the room. After that Resident # 1 would not allow her to touch and care for her because she did not want to be turned. She knew one of the x-ray technicians had talked to Nurse # 6 while the technicians had been there.Nurse # 6, who had cared for Resident # 1 from 3:00 PM to 11:00 PM on 6/27/26 (Saturday) was interviewed on 7/9/26 at 10:43 AM and reported the following information. Resident # 1's leg did not have warmth or more swelling than usual when she checked on the resident. She also had pulses. The resident reported that pain medication took the pain away and therefore she (Nurse # 6) did not think it was a blood clot. When she talked to Resident # 1, Resident # 1 indicated her pain was her usual pain. Her scheduled pain medications seemed to help, and she would lie in one position with her leg spread out. She tried talking to the resident about the pain and asked her if she fell. Resident # 1 did not say when the incident had happened but Resident # 1 reported that at some point staff were putting her back in bed and she slipped but did not totally hit the floor. When describing the incident, Resident # 1 pointed to the other bed in the room which did not make sense. The DON obtained orders for the x-rays and an ultrasound on the evening shift. When the x-ray technician arrived she (Nurse # 6) learned that the ultrasound could not be done, and that ultrasounds were only conducted on Mondays through Friday. The x-ray technician indicated there was some sort of protocol that if an ultrasound was unable to be done, then more x-rays could be done. The x-ray technician told her which orders to enter for that. They were for a tibia and fibula x-ray and a right femur x-ray. She did not call the doctor before entering orders, but as she recalled she told the DON. Nurse # 6 was interviewed regarding why the x-ray technician only did one view of Resident # 1's right knee. Nurse # 6 responded initially that she thought the technician might have needed a special slide but then after giving it more though replied she was unsure.The x-ray technician, who had performed the x-ray tests, was interviewed via phone on 7/10/26 at 12:44 PM along with the X-ray company's Director of Operations and X-ray supervisor. The facility Administrator and Clinical Nurse Consultant also listened into the phone interview. The X-ray technician reported the following information. Only one view of Resident # 1's right knee was done on 6/27/26 because the resident was having pain. Resident # 1 would say, Don't move me. Don't move me. The resident's nurse was in and out of the room, and she (the x-ray technician) had informed the nurse why the second view could not be completed. The x-ray for the femur was added on because the resident was also complaining of hip pain, but she (the x-ray technician) did not know what the facility's protocols were for obtaining orders and if the physician was contacted when new orders were added. The nurse had also asked her if they did ultrasounds on the weekend and she had told her she did not know. The X-ray company's Director of Operations reported the following information. The x-ray orders for the right and left knees came in on 6/27/26 at 4:20 PM. Additional orders for the tibia/fibula and femur were added on at 6:02 PM. AT 6:02 PM their records showed only one view of the right knee was uploaded for the radiologist to read. The x-ray report, which showed the results and that only one view had been completed, was available in Resident # 1's facility electronic medical record system on 6/27/26 at 7:40 PM.On 6/27/26 (Saturday) at 11:51 PM Nurse # 2 documented on Resident # 1's June 2026 MAR that he administered Tramadol 50 mg at 11:51 PM for a pain level of 10. There was an E by the administration date noting the pain medication was effective. On 6/28/26 (Sunday) at 5:36 AM Nurse # 2 documented at 5:36 AM that he administered Tramadol 50 mg for a pain level of 10. There was an E by the administration date noting the pain (continued on next page)</p> |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>345145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Carrolton of Williamston                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>119 Gatling Street<br>Williamston, NC 27892 |                                                 |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>medication was effective. During the interview on 7/10/26 at 9:05 AM with NA # 8, who had cared for Resident # 1 from 3:00 PM on 6/27/26 (Saturday) until 7:00 AM on 6/28/26 (Sunday), NA # 8 reported the following information. Nurse # 2 helped turn Resident # 1 during the night shift part of her two consecutive shifts so they could get Resident # 1 clean. The resident would yell and say, Oh my leg, my leg-wait-wait. She (NA # 8) did not think that people understood how much pain Resident # 1 had until they were helping the resident turn. Nurse # 2 had helped support her leg so care could be provided. NA # 8 thought that either Nurse # 6 (the evening shift nurse) or Nurse # 2 (the night shift nurse) had said that Resident # 1 would go out to the hospital in the morning. Nurse # 2 was interviewed on 7/8/26 at 11:16 PM and again on 7/9/26 at 7:10 AM and reported the following information. He had been assigned to care for Resident # 2 on the 11:00 PM shift which began on 6/27/26 (Saturday) and ended at 7:00 AM on 6/28/26 (Sunday). The resident's x-ray report came back showing no fracture. He medicated the resident for pain during the night. Although the x-ray was negative, he did recall one morning while he was working with her, that she hollered when she would roll over while he was assigned to her. He did not recall which day. On 6/28/26 at 8:45 AM Nurse # 4 entered the following nursing note into Resident # 1's electronic record. Resident complains of right knee pain this morning, mild swelling noted, daughter wants resident sent to ED (Emergency Department), daughter informed resident had negative Xray done in house yesterday and was negative, also have ultrasound scheduled for Tomm (tomorrow), she still wants to send resident to ED, Ems called at this time. Resident # 1's family member was interviewed on 7/8/26 at 12:01 PM and reported the following information. She had talked to a head manager on 6/27/26 (Saturday) about the resident's pain. Resident # 1 had already been experiencing pain prior to 6/27/27. The head manager said that maybe arthritis had settled in her knee and they could do x-rays at the facility without the resident bumping around in the rescue squad van to the hospital. On 6/28/26 (Sunday) she talked to the nurse who was assigned to Resident # 1 because Resident # 1 was still having pain. She told the nurse that she wanted Resident # 1 to go to the hospital because the resident was still having pain. The nurse told her there was no reason to go because the x-ray showed no fracture. She in turn told him that the resident had previous surgery on the right leg and she was worried something had happened to the screws and rod which was not seen on the report. They debated back and forth about it until the nurse finally said, fine. Nurse # 4, who had cared for Resident # 1 beginning at 7:00 AM on 6/28/26 (Sunday), was interviewed on 7/8/26 at 4:55 PM and reported the following information. On 6/28/26, the resident's x-rays had returned showing no fracture. The family arrived and wanted her sent to the hospital, and therefore they sent the resident to the hospital. Review of hospital ED (Emergency Department) records, dated 6/28/26, revealed Resident # 1 reported to the ED physician that last Monday she fell out of her chair when staff had been trying to get her up and dropped her. While at the ED, three views of the right knee were obtained which revealed an acute oblique minimally displaced fracture of the distal metaphysis of the right femur (a break in the thigh bone just above the knee joint). The resident was diagnosed with a displaced comminuted fracture (broken in three or more pieces) of the shaft of the right femur (leg bone). The ED physician noted Resident # 1 was non-ambulatory at her baseline. She was placed in a right leg immobilizer, instructed to follow up with an orthopedic physician, and discharged from the ED back to the facility without hospital admission. On 7/1/26 an orthopedic physician documented Resident # 1 was seen at his office and noted that she was non-ambulatory. Therefore, surgery would not be attempted at that time. Resident # 1's physician, who served as the facility's medical director, was interviewed on 7/10/26 at 1:12 PM and reported the following information. Resident # 1 was not a reliable historian in accounting for things that had happened to her. She would persistently bring up things that had happened a long time (continued on next page)</p> |                                                                                          |                                                 |

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| F 0684<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>ago. She also had osteopenia and had already sustained a fall while in the hospital before being admitted to the facility. There was a chance there was a hairline fracture that was never identified with the hospital fall and due to her osteopenia the crack worsened. Due to her osteopenia, the fracture could have happened even if no crack had pre-existed. The staff at the facility were very good to call for help if a resident fell to the floor and he did not think that happened. He felt the fracture was of pathological nature due to the resident's condition of her bones and could have happened with routine care. He also did not think the resident had been harmed in any way from the delay in identifying the fracture. She was already receiving pain medication before the fracture was identified. Tramadol was a good pain medication that would have helped with the fracture pain. There was really no difference in her treatment with the identification of the fracture. The Administrator was interviewed on 7/9/26 at 8:25 AM and again on 7/9/26 at 3:25 PM and reported the following information. It never came up to the administrative staff that Resident # 1 had alleged she had fallen to anyone until they saw it in the 6/28/26 hospital ED record and further talked to staff after she returned. According to staff, the resident had never fallen as she had alleged. They had identified that the staff were not using the correct mode of transfer with the resident, and they had completed a plan of correction that dealt with ensuring residents were transferred correctly. While investigating how the resident had fallen, they did identify that there had been a lack of effective communication between their staff but they had not completed a complete plan of correction that ent</p> |                                                                                          |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interviews with resident, staff, the facility's contracted x-ray staff members, Physician, Physician Assistant, and family member, for a resident who had not made sufficient progress in therapy to stand and pivot or use a sliding board, the facility failed to ensure she was transferred by staff by a mechanical lift as outlined in the resident's care plan. This was for one (Resident # 1) of three residents reviewed for accidents. The findings included: Resident # 1 was admitted to the facility on [DATE]. Review of Resident # 1's hospital Discharge summary, dated [DATE], revealed Resident # 1 had been hospitalized for diffuse right leg pain, chronic deep vein thrombosis of the popliteal vein of the right lower extremity, acute deep vein thrombosis of right femoral vein, and tibial artery stenosis (narrowing of the arteries in the leg which can lead to pain). The hospital discharge summary also noted Resident # 1 had sustained a fall while hospitalized and complained of hip pain afterwards, but x-rays showed no fracture at that time. Additionally Resident # 1 had diagnoses which included congestive heart failure, peripheral artery disease, cognitive communication deficit, coronary artery disease, diabetes, mild dementia, prior stroke, prior open reduction and internal fixation of a right tibia fracture in 2023, and history of previous deep vein thrombosis in 2022. Resident # 1's quarterly MDS (Minimum Data Set) assessment, dated 4/9/26, coded the resident as cognitively intact and as experiencing pain which occasionally interfered with her daily activities. She was coded as needing partial to moderate assistance with transfers during the assessment period. Review of Resident # 1's current care plan, revised on 7/2/26, revealed the following information. Resident # 1 was to transfer with a mechanical lift. This had been originally added to the care plan on 3/16/26 and remained when the care plan was revised on 4/8/26 and on 7/2/26. Review of previous interventions on the care plan revealed that on 3/16/26 there was also an intervention added that included Resident # 1 was to be transferred with moderate assistance. This was no longer a part of the active care plan. The care plan also noted Resident # 1 had a behavioral problem of talking to a baby that was nonexistent and experienced chronic pain. Review of therapy notes revealed Resident # 1 received physical therapy from 3/16/26 until 4/24/26. At time of physical therapy discharge, the resident's mobility total score was a 3 with a score of 12 being the highest which would indicate the highest mobility on the scale. The discharging therapist also noted sliding board training had been given to Resident # 1 and at time of discharge she still required moderate to maximum assistance to use the sliding board. During an interview with the facility's care plan nurse on 7/9/26 at 9:56 AM, the care plan nurse reported therapy had worked with Resident # 1 when she first was admitted with a two person assist and a sliding board, but the resident did not make sufficient progress with those two transfer modes in order that they be used by nursing staff. Upon discontinuation of therapy, nursing staff were supposed to use a mechanical lift for the resident. This had been conveyed from therapy staff to her as the care plan nurse. During an interview with OTA (Occupational Therapist Aide) #1 on 7/8/26 at 2:40 PM and again on 7/10/26 at 10:05 AM OTA # 1 reported the following information. Resident # 1 had been placed back on occupation therapy's caseload and was currently receiving occupational therapy once again. She (OTA # 1) had been working with Resident # 1 with sliding board transfer training again, but Resident # 1 required a lot of assistance with that. Nursing staff were not instructed to use the sliding board with Resident # 1. Review of orders revealed Resident # 1 regularly received Acetaminophen and gabapentin on a scheduled basis. She additionally had orders for PRN (as needed) Tramadol. These orders had been in (continued on next page)</p> |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>345145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>effect prior to 6/24/26. According to Resident # 1's Medication Administration Record, Resident # 1 received PRN Tramadol five times from 6/26/26 to the morning of 6/28/26; with notations the pain medication was effective. She was also documented as receiving her scheduled gabapentin and acetaminophen as ordered on all days between 6/25/26 and 6/28/26. During an interview on 7/10/26 at 12:22 PM with Nurse # 1, Nurse # 1 reported the following information. On the date of 6/24/26 (Wednesday) she had walked in the room and found Resident # 1's family members pulling Resident # 1 across a sliding board from a wheelchair to the bed. Resident # 1 was not participating, and the sliding board was not placed correctly. Resident # 1's right leg appeared to be bent and out of place. She and another staff member intervened and lifted Resident # 1 back in bed for safety. She was concerned that the family was using the sliding board and asked the resident to press down with her left foot onto her (Nurse # 1's) foot to see if she had any strength to even be a candidate for using the sliding board. Resident # 1 could not press down with her left leg at all onto the nurse's foot. Once in bed, Resident # 1 appeared fine, laughed and reported she was okay. Nurse # 1 instructed the family that they were not to use the sliding board for Resident # 1. Review of Resident # 1's electronic record revealed no narrative nursing notes for the date of 6/25/26 (Thursday). Nurse Aide (NA) # 1 was interviewed on 7/8/26 at 4:18 PM and reported the following information. NA # 2 had requested for her to help get Resident # 1 back in bed on 6/25/26 (Thursday) during the 3:00-11:00 PM shift. They lifted her under her arms and by her pants. She had made no noise and did not express pain. She did not hit her leg or fall. NA # 2 was interviewed on 7/9/26 at 4:29 PM and reported the following information. She cared for Resident # 1 on the 3:00-11:00 PM shift on 6/25/26 (Thursday). That was the first time she had transferred Resident # 1, and she had not referenced the care plan before transferring the resident. The resident wanted to go to bed because her leg was hurting. She obtained assistance from NA # 1. They lifted Resident # 1 back by bed by lifting her under her arms and by her pants. They did not let Resident # 1 fall, and she did not hit her knee. The pain she was having was not new. Resident # 1 was interviewed on 7/8/26 at 11:37 AM and again on 7/9/26 at 9:00 AM and reported the following information. She could not recall the specific date but there was one day when two girls were putting her back to bed. She asked them to use the sliding board, and they said they did not have time to mess with that. They lifted her under the arms and dropped her. When she fell, she jumped and hit her knee on the iron part of the bedframe underneath the bed. It hurt right away and she yelled, Oh, my knee-Oh my knee, because the pain was so bad. On 6/27/26 (Saturday) at 5:00 PM, the DON (Director of Nursing) entered the following information in a nursing note. Resident # 1 continued to complain of right knee pain and PA # 1 was notified and ordered an x-ray and ultrasound due to increased pain and swelling. The resident had both a history of arthritis and deep vein thrombosis but stated that her knee was hit on the mattress during transfer from chair to bed. Resident # 1's family member was present at the bedside and was okay with having the x-ray and ultrasound done at the facility. The oncoming nurse was notified. The DON was interviewed on 7/8/26 at 3:06 PM and reported the following information. No one had mentioned any problems to her prior to Saturday (6/27/26). On the evening of 6/27/26 she was at the facility and a Nurse Aide mentioned to her about the resident's pain. The resident's right knee was swollen but it was swollen at baseline. The resident indicated she had increased pain and that she had been having more pain since she had been transferred with a two person assist since around the date of 6/25/26 (Thursday). She did not indicate she had fallen when the DON had talked to her and only indicated she had more pain during the transfer. She (the DON) called and got orders for x-rays and an ultrasound. Review of x-ray reports revealed the report date for Resident # 1's x-rays was dated 6/27/26 at 7:41 PM. According to the x-ray report only one view of the resident's right knee was done. The report read, Only a rotated (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>lateral view was obtained. No obvious fracture is seen as best can be determined on a single view exam. No bony lesions are seen. Joints appear aligned. Diffuse osteopenia is demonstrated. Soft tissues are unremarkable. The radiologist further added, Repeat exam is recommended with standard views. The two view x-ray of the left knee and left tibia/fibula were negative. The radiologist also noted that only a single view of the femur and right tibia/fibula had been completed, no fracture was identified, and repeat exam with standard views was recommended. MA # 3, who had cared for Resident # 1 on the 3:00 PM to 11:00 PM shift on 6/27/26 (Saturday), was interviewed on 7/9/26 at 12:38 PM and reported the following information. Resident # 1 reported that on Thursday (6/25/26) two people did not use the sliding board and they picked her up and pivoted her to bed. She was telling them to wait-wait-my leg but they did it anyway. He gave her PRN Tramadol on the evening shift of 6/27/26. The Tramadol helped. Since he had cared for Resident # 1, he had seen the mechanical lift used to transfer the resident only one time. The Nurse Aides would generally take off the wheelchair arm, place the wheelchair next to the bed, and stand and pivot the resident. At one time there had been a sliding board in the resident's room and he had seen some of the Nurse Aides use that also. It had not been in her room on the date of 6/27/26. On 6/28/26 at 8:45 AM Nurse # 4 entered the following nursing note into Resident # 1's electronic record. Resident complains of right knee pain this morning, mild swelling noted, daughter wants resident sent to ED (Emergency Department), daughter informed resident had negative X-ray done in house yesterday and was negative, also have ultrasound scheduled for Tomm (tomorrow), she still wants to send resident to ED, Ems called at this time. Review of hospital ED records, dated 6/28/26, revealed Resident # 1 reported to the ED physician that last Monday she fell out of her chair when staff had been trying to get her up and dropped her. While at the ED, three views of the right knee were obtained which revealed an acute oblique minimally displaced fracture of the distal metaphysis of the right femur (a break in the thigh bone just above the knee joint). The resident was diagnosed with a displaced comminuted fracture (broken in three or more pieces) of the shaft of the right femur (leg bone). The ED physician noted Resident # 1 was non-ambulatory at her baseline. She was placed in a right leg immobilizer, instructed to follow up with an orthopedic physician, and discharged from the ED back to the facility without hospital admission. On 7/1/26 an orthopedic physician documented Resident # 1 was seen at his office and noted that she was non-ambulatory. Therefore, surgery would not be attempted at that time. Resident # 1's physician, who served as the facility's medical director, was interviewed on 7/10/26 at 1:12 PM and reported the following information. Resident # 1 was not a reliable historian in accounting for things that had happened to her. She would persevere over things. She also had osteopenia and had already sustained a fall while in the hospital before being admitted to the facility. There was a chance there was a hairline fracture that was never identified with the hospital fall and due to her osteopenia the crack worsened. Due to her osteopenia, the fracture could have happened even if no crack had pre-existed. The staff at the facility were very good to call for help if a resident fell to the floor and he did not think that happened. He felt the fracture was of pathological nature due to the resident's condition of her bones and could have happened with routine care. He also did not think the resident had been harmed in any way from the delay in identifying the fracture. She was already receiving pain medication before the fracture was identified. Tramadol was a good pain medication that would have helped with the fracture pain. There was really no difference in her treatment with the identification of the fracture. The Administrator was interviewed on 7/9/26 at 8:25 AM and again on 7/9/26 at 3:25 PM and reported the following information. It never came up to the administrative staff that Resident # 1 had alleged she had fallen to anyone until they saw it in the 6/28/26 hospital ED record and further talked to staff after she (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>returned although the resident had indicated to the DON on 6/27/26 that the pain started during a transfer around the time of 6/25/26. According to staff, the resident had never fallen as she had alleged. When the resident returned from the hospital and they saw she alleged that she had fallen, they completed a complete plan of correction. They were unable to corroborate that the resident had fallen. They had identified that the staff were not using the correct mode of transfer with the resident. They also identified that the resident's care plan had two modes of transfer. Both the mechanical lift was listed, and the moderate assistance transfer had been on the care plan when they investigated the incident. They had removed the moderate assistance transfer direction on the care plan. They had completed a plan of correction that dealt with ensuring residents were transferred correctly. The Administrator presented the following plan of correction.Immediate action(s) taken for the resident(s) found to have been affected include:On 6/25/26 CNAs (certified nurse aides) 1 and CNA 2 provided a transfer to resident #1, using 2 person assist method. During the days of 6/26/26 through 6/27/26, the resident began expressing increased pain above her normal baseline. The MD / NP ordered interventions to address the pain and diagnose the root cause. Immediate interventions included multiple x-rays (with no negative findings) after which, she was sent for an emergency room visit on 6/28/26. During the ER visit, the resident had another x-ray, and was diagnosed to have a comminuted fracture of the right femur. Consultation with the physician confirmed that a comminuted fracture is a pathological fracture of crumbling nature thereby ruling out the transfer method as the source for root cause. Review of her medical record revealed that Resident #1, was identified to have a care plan that did not reflect the correct method of transfer on 6/28/26. The care plan indicated a transfer method of moderate assist on the comprehensive care plan and mechanical lift on the individual care service plan. Interviews with the Rehab Director (Rehabilitation Director) and the nursing aides that work with the resident revealed that the resident was initially moderate assist with 2 person assist but was transitioned to a mechanical lift transfer.2. Identification of other residents having the potential to be affected was accomplished by:All residents (100%) with transfers have the potential to be negatively impacted by inconsistent care plan directions for transfer instructions. An audit of 100% of the facility's current care plans was conducted by the DON / designee to ensure accuracy related to mode of transfers. This audit was completed 7/2/26. Problems identified include no transfer directions and 3 with inconsistencies. Any discrepancies that were identified were corrected on that date. The facility administrator, Director of Nursing, and Unit Manager met via phone with Carrolton Facility Management (Chief Operating Officer and Chief Nursing Officer) on 6/27/26 and 6/28/26 to discuss the situation and plans for corrective action regarding the transfer (from 6/25/26). On 6/29/27 the Administrator held an ad-hoc QAPI meeting to discuss the incident, plan of correction and monitoring that will be used to monitor effectiveness. A corrective plan was implemented on that date. Actions taken/systems put into place to reduce the risk of future occurrence include:All nursing staff members were in serviced between 6/28/26 and 7/2/26. Staff members were not allowed to work until they had completed education. Education topics included:Safe transfers and effective communication Reviewing and following the care plan prior to attempting transfer and calling the nurse if there are any questions about transfer status.If the resident asks you to stop or wait- follow the resident's instructions.Nurses were educated about assessing residents for any changes, including increased pain.All incident / accident reports for the last 90 days were reviewed to identify if care plan errors were the cause of the incident with no negative findings. 4. How the corrective action(s) will be monitored to ensure the practice will not reoccur:All incident / accident reports will be monitored daily by the Director of Nursing daily to identify root cause and intervention. Nursing staff members will be educated immediately the DON or (continued on next page)</p> |                                                                                          |                                                 |

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| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | designee, if problems are identified. Any week-end incidents are reviewed during the Monday Morning clinical meeting to ensure follow up. All incident / accident reports will be monitored daily by the Administrator to ensure that they are complete, accurate, and appropriate follow-up and intervention. Additional education will be provided to the DON if problems are identified. The Director of Nursing and Unit Manager will monitor five (5) transfers a week for four (4) weeks beginning the week of 7/6/26 to ensure that transfers are completed safely and in accordance with the resident's care plan. All incidents will be reviewed by the QAPI committee for tracking and trending to ensure that interventions were implemented appropriately until the committee determines that consistent, substantial compliance has been achieved. Corrective action completion date: July 3, 2026 The facility's corrective action plan was validated by the following: Beginning on 7/8/26 a tour of the facility was conducted during which multiple interviews were conducted with residents. Other than Resident # 1, no other resident had complaints of improper transfers or safety concerns. On 7/9/26 at 3:45 PM two Nurse Aides were observed as they transferred a dependent resident from bed to wheelchair. The Nurse Aides were observed to transfer the resident safely and by the correct intervention noted on the resident's active care plan. During the survey, multiple nursing staff were interviewed and validated that they had attended inservice training as per the facility's plan of correction. Staff were able to report topics that were covered. A review of Resident # 1's current care plan revealed the care plan had only one mode of transfer and that was for a mechanical lift transfer. The facility presented audits as outlined in their plan of correction. The facility's completion date for their corrective action plan was validated to be 7/3/26. |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>345145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Carrolton of Williamston                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>119 Gatling Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                                 |
| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews with resident and staff the facility failed to ensure the accurate documentation and administration of a controlled medication in sufficient detail to enable an accurate reconciliation. This was for one (Resident # 4) of three sampled residents whose controlled drug records were reviewed. The findings included: Record review revealed Resident # 4 was admitted to the facility on [DATE]. One of Resident # 4's diagnoses included chronic pain syndrome. Resident # 4's quarterly MDS (Minimum Data Set) assessment, dated 5/20/26, coded the resident as cognitively intact. Review of Resident # 4's medication orders and Medication Administration Record (MAR) revealed the following orders: Fentanyl transdermal patch 72 hour 50 micrograms/hour every three days (started 2/14/26) Morphine Sulfate Extended Release 15 mg (milligrams) every 12 hours (started 2/13/26); The Morphine was scheduled on the MAR to be given at 9:00 AM and 9:00 PM. Nurses were to sign a pain level score with each administration of Morphine at 9:00 AM and 9:00 PM on the MAR. Percocet 10-325 milligrams one tablet every eight hours PRN (as needed) for pain/discomfort (started 3/13/26) A reconciliation review of Resident # 4's Percocet Controlled Substance Declining Sheet with Resident # 4's MAR revealed the following information. (A Controlled Substance Declining Sheet reflects when a nurse signs out controlled substances from a resident's supply from double locked storage in order to administer the controlled medication). On 6/2/26 at 9:00 AM Nurse # 4 signed he removed one dose of Resident # 4's Percocet from controlled storage. On 6/2/26 there was no documentation on Resident # 4's MAR the Percocet was administered at any time that day. On 6/2/26 at 9:00 AM Nurse # 4 documented Resident # 4's pain level was a 0 when he administered the resident's scheduled Morphine (which was the same time Nurse # 4 removed the Percocet without signing the Percocet was administered.) On 6/3/26 at 9:00 AM Nurse # 4 signed he removed one dose of Resident # 4's Percocet from controlled storage. On 6/3/26 there was no documentation on Resident # 4's MAR the Percocet was administered at any time that day. On 6/3/26 at 9:00 AM Nurse # 4 documented Resident # 4's pain level was a 0 when he administered the resident's scheduled Morphine (which was the same time Nurse # 4 removed the Percocet without signing the Percocet was administered.) On 6/10/26 at 9:00 AM Nurse # 4 signed he removed one dose of Resident # 4's Percocet from controlled storage. On 6/10/26 there was no documentation on Resident # 4's MAR the Percocet was administered at any time that day. On 6/10/26 at 9:00 AM Nurse # 4 documented Resident # 4's pain level was a 0 when he administered the resident's scheduled Morphine (which was the same time Nurse # 4 removed the Percocet without signing the Percocet was administered.) On 6/13/26 at 9:00 AM Nurse # 4 signed he removed one dose of Resident # 4's Percocet from controlled storage. On 6/13/26 there was no documentation on Resident # 4's MAR the Percocet was administered at any time that day. On 6/13/26 at 9:00 AM Nurse # 4 documented Resident # 4's pain level was a 0 when he administered the resident's scheduled Morphine (which was the same time Nurse # 4 removed the Percocet without signing the Percocet was administered.) On 6/14/26 at 9:00 AM Nurse # 4 signed he removed one dose of Resident # 4's Percocet from controlled storage. On 6/14/26 there was no documentation on Resident # 4's MAR the Percocet was administered at any time that day. On 6/14/26 at 9:00 AM Nurse # 4 documented Resident # 4's pain level was a 0 when he administered the resident's scheduled Morphine (which was the same time Nurse # 4 removed the Percocet without signing the Percocet was administered.) On 6/16/26 at 9:00 AM Nurse # 4 signed he removed one dose of Resident # 4's Percocet from controlled storage. On 6/16/26 there was no (continued on next page)</p> |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>345145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>07/10/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Carrolton of Williamston                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>119 Gatling Street<br>Williamston, NC 27892 |                                                 |
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| F 0755<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>documentation on Resident # 4's MAR the Percocet was administered at any time that day. On 6/16/26 at 9:00 AM Nurse # 4 documented Resident # 4's pain level was a 7 when he administered the resident's scheduled Morphine at 9:00 AM. On 6/17/26 at 9:00 AM Nurse # 4 signed he removed one dose of Resident # 4's Percocet from controlled storage. On 6/17/26 there was no documentation on Resident # 4's MAR the Percocet was administered at any time that day. On 6/17/26 at 9:00 AM Nurse # 4 documented Resident # 4's pain level was a 0 when he administered the resident's scheduled Morphine (which was the same time Nurse # 4 removed the Percocet without signing the Percocet was administered.) Nurse # 4 was interviewed on 7/9/26 at 3:00 PM and Resident # 4's MAR and Percocet Controlled Substance Declining Sheet were reviewed with Nurse # 4. Nurse # 4 reported the following information. He had administered the Percocet to Resident # 4 every time he had signed out for the Percocet. He (Nurse # 4) was aware that Resident # 4 hurt, and he would say he was in pain. He would give him the Percocet in addition to the scheduled Morphine. Nurse # 4 was further interviewed regarding why the record noted the resident's pain level was a 0 at some of the times that the Percocet was removed. Nurse # 4 reported there was a button on the MAR that you could press to bring forward the last pain level score and at times he would do that rather than put the actual pain level. On 7/9/26 at 3:18 PM the Unit Manger was accompanied to Resident # 4's room and Resident # 4 was interviewed regarding whether he had been requesting and receiving Percocet. The resident reported he had not been requesting Percocet, and he only wanted his scheduled pain medications because he was concerned about addiction. Interview with the Corporate Nurse Clinical Consultant on 7/10/26 at 10:30 AM revealed the following information. Prior to 7/9/26 the facility had not been aware of any controlled substance records that could not be reconciled with administration of controlled substances. Following the interview with Resident # 4 on 7/9/26, who had reported he had not requested the Percocet, Nurse # 4 was drug tested and was negative. Therefore, the facility did not suspect diversion. Nurse # 4 was counseled on the accounting for controlled substances. The Clinical Nurse Consultant reported that Resident # 4's Controlled Substance Declining Sheet should be able to be reconciled to match the administration of the Percocet on Resident # 4's MAR and that the resident's documented pain level should coincide to support the use of the removal and administration of the Percocet. The Administrator was interviewed on 7/10/26 at 3:31 PM and reported that although Resident # 4 was assessed to be cognitively intact on his Minimum Data Set Assessment and had reported he had not requested the Percocet, that Resident # 4 did have periods of confusion.</p> |                                                                                          |                                                 |