STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345266	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Carrolton of Plymouth	1084 US 64 East Plymouth, NC 27962

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to report a resident concern to administration for investigation for 1 of 3 residents reviewed for dignity and respect (Resident #18).Findings included: Resident #18 was admitted to the facility on [DATE]. Her active diagnoses included mild cognitive impairment of uncertain or unknown etiology, unspecified mood disorder due to known physiological condition, and anxiety disorder. Resident #18's minimum data set assessment dated [DATE] revealed she was assessed as cognitively intact. She was dependent on staff for toileting hygiene and rolling left to right in bed. She had impairment on one side of her upper and lower extremities. Resident #18's care plan dated 6/17/26 revealed she had been care planned for behavior problems related to attentionˆseeking behaviors (frequent requests using the call light), manipulative behaviors, telling untruths about staff, making sexually inappropriate remarks to staff, excessive use of the call bell, becoming obsessed with one staff member, threatening staff, and activating the call bell and then declining any need for assistance. The interventions included to anticipate and meet the resident's needs, assist the resident to develop more appropriate methods of coping and interacting, encourage the resident to express feelings appropriately, caregivers to provide opportunity for positive interaction and attention, if reasonable, discuss the resident's behavior, explain and reinforce why behavior is inappropriate and/or unacceptable to the resident, monitor behavior episodes and attempt to determine the underlying cause, and document behavior and potential causes. During an interview on 6/28/26 at 1:26 PM when asked if staff treat her with dignity and respect, Resident #18 stated Nurse Aide #2 would lay on her at night sometimes. When asked to clarify how the nurse aide laid on her, Resident #18 stated the nurse aide laid across her stomach with her feet still on the ground on her right side to rest, I guess. During an interview on 6/29/26 at 9:37 AM Nurse Aide #1 stated Resident #18 had informed her that Nurse Aide #2 would lay on the resident in the bed at night, and the resident did not like it. On 6/29/26 at 1:58 PM, during a followˆup interview, Nurse Aide #1 reported that Resident #18 had shared this concern with her approximately two weeks earlier. She stated the resident's description sounded to her as though Nurse Aide #2 had been lying on the resident to rest. She stated she had received training to report concerns and grievances to administration; however, she did not report the concern or file a grievance because she did not believe the allegation was plausible. During an interview on 6/29/26 at 2:12 PM the Director of Nursing stated that if a resident reported to a staff member that another staff member had lain on the resident to rest, the staff member receiving the concern was required to notify administration. During an interview on 6/29/26 at 2:47 PM the Administrator stated that any staff member who received a report from a resident alleging that another staff member had lain on the resident was expected to report the concern to administration.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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