

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER The Carrolton of Fayetteville		STREET ADDRESS, CITY, STATE, ZIP CODE 2461 Legion Road Fayetteville, NC 28306	

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)
<p>F 0580</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21483</p> <p>Based on record review, Responsible Party (RP) and staff interviews, the facility failed to inform the RP of skin tears and bruises for one (1) out of four (4) sampled residents reviewed. (Resident #150)</p> <p>Findings include:</p> <p>Resident #150 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease, hypothyroidism and hypertension. The resident was discharged from the facility on 05/25/2024.</p> <p>The quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #150 had short-term and long-term memory problems and cognitive skills for daily decision making was severely impaired.</p> <p>A review of Resident# 150 Skin Observation Tool dated 12/26/2023 by Nurse #1 revealed the resident was observed with a skin tear on left hand 1st digit.</p> <p>A review of Resident #150 Skin Observation Tool dated 03/05/2024 by Nurse #2 revealed the resident was observed with a skin tear on the right cheek.</p> <p>During an interview on 06/13/2024 at 1:29 PM, Nurse #2 indicated that she did not notify the RP on 03/05/2024 about a skin tear on Resident #150's right cheek. She indicated the facility protocol was to notify the RP about a skin tear and complete an incident report. She also indicated for the future she will make sure she notifies the RP of a skin tear</p> <p>A review of Resident #150 Skin Observation Tool dated 04/29/2024 by Nurse #3 revealed the resident was observed with a skin tear on the face.</p> <p>During an interview on 06/13/2024 at 12:45 PM, Nurse #3 indicated she observed the skin tear on Resident # 150 on 04/29/2024 but did not notify the RP. She indicated she did not know the reason why she did not notify the RP of the skin tear. She indicated she had been trained to complete an incident report and notify the RP of any skin tear or bruise on a resident at the facility. She reported moving forward she will make sure the RP is notified of a skin tear and bruise on a resident at the facility</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #150 Skin Observation Tool dated 05/20/2024 by Nurse # 4 revealed the resident was observed with a bruise on the left knee.</p> <p>Review of the nursing progress notes between December 2023 and May 2024 revealed no documentation of the RP being made aware of the discovered injuries.</p> <p>During an interview on 06/13/2024 at 11:00 AM, Resident#150's RP stated she was not notified of the resident's skin tear on left hand 1st digit, right cheek, right face, and a bruise on the resident's knee.</p> <p>During an interview on 06/13/2024 at 11:42 AM, Assistant Director of Nursing (ADON) indicated she was not aware of the reason the staff failed to notify the RP about the Resident #150's skin tears and a bruise. She indicated the staff at the facility was expected to notify the RP about a change in the condition of a resident and document in the progress notes that the RP was notified. She indicated moving forward the staff will call the RP and document that the RP had been notified of the skin tear or a bruise on a resident.</p> <p>An attempt to contact Nurse#1 was unsuccessful.</p> <p>An attempt to contact Nurse #4 was unsuccessful.</p> <p>During an interview on 06/13/2024 at 2:14 PM, the Director of Nursing reported it was his expectation that residents or their RP be notified of skin tears and bruises. He reported the staff at the facility had been trained to notify the RP of any skin tear or bruises.</p> <p>During an interview on 06/13/2024 at 3:00 PM, Administrator reported he did not know the reason for the staff not notifying the RP of the skin tears and a bruise on Resident #150. He indicated his expectation was that RP be notified of skin tears and bruises. He reported the staff would be in serviced in reference to notifying RP of a skin tear or bruise.</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38702</p> <p>Based on record review and staff interviews, the facility failed to apply for a Preadmission Screening and Resident Review (PASRR) Level II screening for 1 of 5 residents reviewed for PASRR Level II screenings (Resident #4).</p> <p>The findings included:</p> <p>A review of the PASRR level I determination letter dated 11/04/2023 revealed a PASRR number already existed for Resident #4.</p> <p>Resident #4 was admitted to the facility on [DATE] with diagnoses including bipolar disorder 12/13/2023.</p> <p>A physician's order dated 12/13/2023 revealed an order for risperidone (antipsychotic medication) extended-release subcutaneous injection (used to administer medications between skin and muscle) 120 milligrams (mg) one time a day every 28 days for psychosis.</p> <p>The admission Minimum Data Set (MDS) dated [DATE] had Resident #4 coded as cognitively intact and was not considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition. Resident #4 used psychotropic medication related to bipolar disorder.</p> <p>The care plan dated 02/07/2024 had focus of the resident at risk for adverse reaction related to psychotropics.</p> <p>An interview with the Social Worker (SW) was conducted on 06/12/2024 at 10:07 AM. The SW explained that if a newly admitted resident had a PASRR level I at admission and had a psych diagnosis or psych medications, that was her cue to apply for a PASRR level II screening. The SW also stated Resident #4 was admitted on [DATE] with a diagnosis of bipolar disorder and a PASRR level II was not submitted and she did not know why it was not completed. It must have been an oversight.</p> <p>An interview with the Administrator was conducted on 06/12/2024 at 10:35 AM. The Administrator explained that Resident #4 came in with a completed PASRR level I and she should have been screened for a PASRR level II when she was admitted due to her diagnosis of bipolar disorder. The Administrator also stated the SW was the person responsible for this task and in the future, they will have training and a 2nd SW so an issue like this will not happen again.</p>		