STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345376	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Carrolton of Fayetteville	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to obtain and document consent from a resident's Responsible Party (RP) for the use of psychotropic medications for 1 of 5 residents reviewed for unnecessary medications (Resident #55).The findings included:Resident #55 was admitted to the facility on [DATE] with diagnoses that included dementia with behavioral disturbance, depression and cerebral infarction (stroke).A physician order dated 8/6/25 indicated mirtazapine (antidepressant) tablet 15 milligram (mg). Give 0.5 tablet by mouth at bedtime for depression.A physician order dated 8/6/25 indicated quetiapine fumarate (antipsychotic) tablet 25 mg. Give 1 tablet by mouth at bedtime for dementia with behavior disturbances.An admission Minimum Data Set (MDS) assessment dated [DATE] coded Resident #55 as severely cognitively impaired. She was coded for having received an antidepressant and antipsychotic in the last 7 days or since admission or reentry if less than 7 days. A review of Resident #55's medical records on 9/9/25 revealed no documentation of consent, a discussion of risk verses benefits, or alternate treatment options with Resident #55's RP for use of psychotropic medications. During an interview with the facility Director of Nursing (DON) on 9/10/25 at 2:00 PM, she indicated that Resident #55 was admitted on [DATE] with psychotropic medications and consent should have been obtained at that time to continue administering the psychotropic medications, but it was missed. The DON stated that it was the responsibility of the admitting nurse, unit manager and all licensed nurses entering the orders to ensure consent was obtained prior to administering psychotropic medications. An interview was conducted with the Unit Manager (UM) on 9/12/25 at 8:53 AM. The UM explained that she would normally obtain consent for psychotropic medications use from the resident or RP when the resident was admitted , or a new psychotropic medication was ordered and that consent for Resident #55 was probably missed because it was an evening admission.During an interview on 9/12/25 at 11:45 AM with the facility Administrator, he stated that consent should have been obtained from the RP prior to administration of psychotropic medications, when Resident #55 was admitted to the facility.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to inform a resident and/or Responsible Party (RP) of their right to accept or refuse medical or surgical treatment or to formulate an advance directive for 1 of 24 residents reviewed for advance directives (Resident #2).The findings included:Resident #2 was admitted to the facility on [DATE]. The medical record indicated Resident #2's RP was her legal guardian. A physician order for Resident #2 dated 4/30/25 indicated full code status. A social service history and initial assessment form completed by the Social Worker (SW) with an effective date of 5/1/25 included an advanced care planning section that had not been completed. Resident #2's quarterly Minimum Data Set (MDS) assessment dated [DATE] coded Resident #2 as moderately cognitively impaired.A review of the medical record revealed no documentation that Resident #2 or her RP was informed of the right to refuse medical or surgical treatment or to formulate an advance directive. An interview was conducted on 9/12/25 at 8:34 AM with the SW. She indicated she normally discussed advance directives with the resident or resident's RP during admission. She stated that she had been trying to get in touch with Resident #2's RP via telephone to discuss advance directives and that she should have sent a certified letter to the RP informing her to contact the facility after 3 phone call attempts. The SW stated she was able to get in touch with Resident #2's RP on 9/9/25 and discussed the advanced care planning information with RP to include the right to formulate an advance directive and updated Resident #2's medical records to include the information discussed with RP on 9/9/25.During an interview on 9/12/25 at 8:44 AM with the Director of Nursing (DON) she indicated the SW should have followed up with Resident #2's RP to discuss advance directives. During an interview on 9/12/25 at 11:43 AM with the Administrator, he indicated advance directives were normally discussed with resident or RP during admission and that the SW should have followed up and ensured advance directives were discussed and documented in Resident #2's medical records.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to complete a Preadmission Screening and Resident Review (PASRR) application for a resident with newly evident mental health diagnoses for 1 of 2 sampled resident reviewed for PASRR (Resident #10).The findings included:Resident #10 was readmitted to the facility on [DATE] with diagnoses including unspecified psychosis not due to a substance or known physiological condition and psychotic disorder with hallucinations due to known physiological condition.The admission Minimum Data Set (MDS) dated [DATE] had Resident #10 coded as severely cognitively impaired and was not currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition. Resident #10 had listed diagnosis of psychotic disorder (other than schizophrenia) and vascular dementia, unspecified severity, with mood disturbance.An interview with the Social Worker (SW) was conducted on 09/10/2025 at 9:40 AM. The SW stated she was not an employee in 2024 and was currently responsible for completing PASRR screenings for residents. The SW also stated a PASSR level II screening should have been completed and submitted for Resident #10 when she was readmitted to the facility on [DATE] with new mental health diagnoses of unspecified psychosis not due to a substance or known physiological condition and psychotic disorder with hallucinations due to known physiological condition. An interview with the Director of Nursing (DON) was conducted on 09/12/2025 at 10:28 AM. The DON indicated the SW was expected to complete a PASRR level II screening for all residents with a mental health diagnosis.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation and staff interviews, the facility failed to ensure debris was removed from in front of the dumpsters for 2 of 3 dumpsters observed. The facility also failed to ensure that the doors to the dumpsters were closed for 1 of 3 dumpsters. This practice had the potential to attract pests and rodents.The findings included:An observation of the dumpster area and interview with the Dietary Manager was conducted on 9/8/25 at 7:22 AM. Three dumpsters were observed lined up in a row. The middle dumpster door was open on the right side and debris was in front of the middle dumpster and right dumpster. The debris included used gloves, used napkins, and a large pile of lint from a washing machine. The Dietary Manager stated that his department was responsible for the dumpster area, but all departments used the dumpsters. He further stated that his staff were supposed to clean up the dumpster area daily. The Administrator was interviewed on 9/12/25 at 9:34 AM. He revealed that trash was picked up three days each week and often, debris would be left on the ground afterward and the doors would slide open. There was a reacher available near the dumpsters, so anyone could pick up the loose items or close the dumpster doors as well. The Administrator stated that there was not a cleaning schedule for the dumpster area, but rather staff were expected to pick up any items if seen.