STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345145	A. BUILDING ______ B. WING ______	C 09/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARROLTON OF WILLIAMSTON	119 GATLING STREET WILLIAMSTON, NC 27892

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F 000	INITIAL COMMENTS An unannounced complaint investigation was conducted on 9/6/23 through 9/7/23. Event ID #LZP211. The following intake was investigated: NC00206689. 2 of the 2 complaint allegations did not result in deficiency.	F 000		
F 842 SS=B	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law;	F 842		10/6/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 09/28/2023

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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F 842	Continued From page 1 (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the	F 842	1. Immediate action(s) taken for the	

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Continued From page 2

facility failed to maintain accurate documentation on the Treatment Administration Record (TAR) for physician ordered wound treatments for 3 of 3 residents (Resident #1, Resident #2, Resident #3) reviewed for wound care.

Findings included:

1). Resident #1 was admitted to the facility on 7/9/12.

Resident #1's physician orders dated 7/4/23 indicated the following wound care treatment orders: full strength 0.5% sodium hypochlorite solution apply to the following areas: left top of foot, right top of foot, right ankle and left hip. Cleanse all areas with sodium hypochlorite solution. Cover areas to right and left foot and ankle with Hydrofera blue (an antibacterial foam) dressing cut to size, extra absorbent pads and wrap with gauze. Apply Hydrofera blue dressing to the left hip, cover with extra absorbent pads and foam dressing.

Review of Resident # 1's August Treatment Administration Record (TAR) revealed no documentation of the physician ordered wound care treatment to the left and right dorsal foot, right ankle, and left ischium on the following dates: 8/6/23, 8/9/23, 8/12/23, 8/15/23, and 8/27/23.

Interview with the Wound Care Nurse on 9/6/23 at 12:20 PM revealed she completed the wound care for the facility Monday through Friday, unless her assignment was changed, and she was assigned to work the floor. The Wound Care Nurse stated on the weekends and weekdays if she was working the floor, the floor nurses were

F 842

resident(s) found to have been affected include:

Treatment records for Resident # 1, #2 and #3 have been reviewed and discrepancies in treatment documentation has been noted.

2. Identification of other residents having the potential to be affected was accomplished by:

All residents receiving wound treatments have the potential to be affected.

3. Actions taken/systems put into place to reduce the risk of future occurrence include:

The wound treatment records for all residents receiving treatments have been reviewed for appropriate documentation.

All licensed nurses and treatment aides will be educated on proper documentation of treatments provided to residents by the Director of Nursing from September 6, 2023, through October 1, 2023.

4. How the corrective action(s) will be monitored to ensure the practice will not recur:

The Director of Nursing or designee will monitor documentation of treatments using the following schedule:

100% Audit of treatment administration records (TAR) documentation daily x 4

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responsible for completing the wound care treatments for their assigned residents. The Wound Care Nurse stated she completed all ordered wound care on the days she worked, and she must have forgotten to sign on the TAR for the treatments some of the days.

Interview on 9/7/23 at 12:50 PM with Nurse #2 indicated he was assigned to Resident #1 on Sunday 8/27/23. Nurse #2 indicated he must have forgotten to sign for Resident #1's wound care treatment on 8/27/23.

Interview with the interim Director of Nursing (DON) on 9/6/23 at 2:10 PM revealed she was in the position at the facility since 9/5/23. The DON revealed she was aware that there was an issue with documentation of the wound care treatments in the facility and she initiated a Performance Improvement Plan on 9/6/23 including in-service education with all nurses regarding documentation of wound care treatments. The DON indicated all wound care treatments should be documented when completed.

Interview with the Administrator on 9/6/23 at 2:45 PM revealed she expected that wound care treatments would be completed as ordered and documented when done.

2). Resident #2 was admitted to the facility on 8/8/23.

Resident #2's physician orders dated 8/8/23 indicated the following wound care treatment order: apply sodium hypochlorite full-strength solution to the sacrum, the area at the base of the spine, every day for wound healing. Cleanse with sodium hypochlorite solution and pack with gauze

weeks, weekly x 4 weeks, 1 monthly x 1 month.

Discrepancies will be addressed with employees immediately after the review of documentation to include daily weekly, and monthly conferences with re-education and disciplinary action as needed.

The Facility Nurse Consultant or member of the Carrolton Facility Management Clinical Team will audit the TAR documentation monthly for 3 months.

Findings of these audits will be discussed with the facility QAPI committee. This plan of correction will be monitored at the monthly QAPI meeting until such time consistent substantial compliance has been met.

Corrective action completion date: October 6, 2023.

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F 842	Continued From page 4 soaked with solution and cover with foam dressing every day. Review of Resident #2's August Treatment Administration Record revealed no documentation of the physician ordered wound care treatment on the following dates: 8/24/23, 8/25/23, 8/26/23, 8/27/23 and 8/29/23. Interview with the Wound Care Nurse on 9/6/23 at 12:20 PM revealed she completed the wound care treatments for all residents in the facility with wounds Monday through Friday, unless her assignment changed, and she was assigned to work the floor. The Wound Care Nurse stated on the weekends and on weekdays if she was working the floor, the floor nurses were responsible for completing the wound care treatments for their assigned residents. The Wound Care Nurse stated she completed all ordered wound care when she worked, and she must have forgotten to sign on the TAR for the treatments on some days. Interview on 9/6/23 at 1:30 PM with Nurse #1 revealed she was assigned to Resident #2 on Thursday 8/24/23 and Tuesday 8/29/23. Nurse #1 stated she always did her treatments as ordered. Nurse #1 did not recall if she was responsible for the wound care treatment for Resident #2 on 8/24/23 and 8/29/23 or if the Wound Care Nurse was. Interview on 9/7/23 at 12:50 PM with Nurse #2 indicated he was assigned to Resident #2 on Friday 8/25/23, Saturday 8/26/23 and Sunday 8/27/23. Nurse #2 indicated he must have forgotten to sign for Resident #2's wound care treatment on 8/26/23 and 8/27/23. Nurse #2 could	F 842		

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F 842	Continued From page 5	F 842		

not recall if he was responsible for Resident #2's wound care treatment on Friday or if the Wound Care Nurse was.

Interview with the interim Director of Nursing (DON) on 9/6/23 at 2:10 PM revealed she was in the position at the facility since 9/5/23. The DON revealed she was aware that there was an issue with documentation of the wound care treatments in the facility and she initiated a Performance Improvement Plan on 9/6/23 including in-service education with all nurses regarding documentation of wound care treatments. The DON indicated all wound care treatments should be documented when completed.

Interview with the Administrator on 9/6/23 at 2:45 PM revealed she expected that wound care treatments would be completed as ordered and documented when done.

3). Resident #3 was admitted to the facility on 6/1/22.

Resident #3's physician orders dated 8/5/23 indicated the following wound care treatment: cleanse right buttock with normal saline, apply silver gel, an antimicrobial skin and wound gel, cover with gauze and foam dressing every day shift for wound healing.

Review of Resident #3's August Treatment Administration Record revealed no documentation of the physician ordered wound care treatment on the following dates: 8/6/23, 8/9/23, 8/12/23, 8/15/23, 8/17/23, 8/18/23, 8/24/23, 8/25/23, 8/26/23, 8/27/23, 8/28/23 and 8/29/23.

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F 842	Continued From page 6	F 842		

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Interview with the Wound Care Nurse on 9/6/23 at 12:20 PM revealed she completed the wound care for all residents in the facility Monday through Friday, unless her assignment was changed, and she was assigned to work the floor instead. The Wound Care Nurse stated on the weekends and days during the week when her assignment was changed to work the floor instead, the floor nurses were responsible for completing the wound care treatments for their assigned residents. The Wound Care Nurse stated she completed all ordered wound care when she worked, and she must have forgotten to sign some days on the TAR for the treatments.

Interview on 9/6/23 at 1:30 PM with Nurse #1 revealed she was assigned to Resident #3 on 8/24/23, and 8/29/23. Nurse #1 stated she always completed her treatments as ordered. Nurse #1 could not recall if she was responsible for completing the wound care treatments on Thursday 8/24/23 and Tuesday 8/29/23 or if the Wound Care Nurse was assigned to treatments those days.

Interview on 9/7/23 at 12:50 PM with Nurse #2 indicated he was assigned to Resident #3 on Saturday 8/26/23, Sunday 8/27/23 and Monday 8/28/23. Nurse #2 indicated he must have forgotten to sign for Resident #2's wound care treatment on 8/26/23 and 8/27/23. He could not recall if the Wound Care Nurse completed the wound care treatment for Resident #3 on Monday 8/28/23 or if he was responsible for the treatment and had forgotten to sign for it.

Interview with the interim Director of Nursing (DON) on 9/6/23 at 2:10 PM revealed she was in the position at the facility since 9/5/23. The DON

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F 842	Continued From page 7 revealed she was aware that there was an issue with documentation of the wound care treatments in the facility and she initiated a Performance Improvement Plan on 9/6/23 including in-service education with all nurses regarding documentation of wound care treatments. The DON indicated all wound care treatments should be documented when completed. Interview with the Administrator on 9/6/23 at 2:45 PM revealed she expected that wound care treatments would be completed as ordered and documented when done.	F 842		