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 ______	C 06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARROLTON OF FAYETTEVILLE	2461 LEGION ROAD FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint investigation was conducted on 06/04/2024. The following intake was investigated: NC0021643. Event #87NP11. 1 of the 1 complaint allegation resulted in a deficiency.	F 000	Past noncompliance: no plan of correction required.	
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews, the facility failed to ensure the facility was free of medication errors due to an incorrectly transcribed admission order to stop Lovenox (A medication that helps prevent the formation of blood clots.) when the International Normalized Ratio (INR) (a blood test that indicates how well the blood can clot.) was less than 2.0. The Physician's order was to stop Lovenox when INR was greater than 2.0. The deficient practice was for 1 of 3 residents reviewed for medication errors (Resident #1). The findings included: A review of the hospital summary dated 04/08/2024 revealed the chief complaint was recurrent acute respiratory failure. Resident #1 was readmitted to the facility on 04/08/2024 with diagnoses including acute respiratory failure.	F 760	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 06/18/2024

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.

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 ______	C 06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARROLTON OF FAYETTEVILLE	2461 LEGION ROAD FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 1	F 760		

The care plan dated 04/09/2024 had focus of at risk of impaired air exchange related to chronic respiratory failure.

A review of a physician's note dated 04/09/2024 revealed Resident #1 was currently on Lovenox treatment dose being bridged until INR is greater than 2.

A review of the Resident #1's lab result dated 04/09/2024 revealed INR was 1.4. (In healthy people an INR of 1.1 or below is considered normal. An INR range of 2.0 to 3.0 is generally an effective therapeutic range for people on Warfarin.)

A review of Physician's readmission orders dated 04/09/2024 revealed Warfarin Sodium Oral Tablet (A medication that helps prevent the formation of blood clots) 10 milligrams (mg) tablet one time a day for deep vein thrombosis (DVT) (blood clot) and 04/10/2024, Enoxaparin Sodium Injection Solution Prefilled Syringe (Lovenox) 80 mg/0.8 milliliter (ml). Inject 0.8 ml subcutaneously one time a day for DVT. Stop Lovenox when INR is greater than 2.0.

The April Medication Administration Record (MAR) revealed the following orders:
04/09/2024: Warfarin Sodium Oral Tablet 10 mg tablet one time a day for deep vein thrombosis (DVT). The medication was administered as ordered.
04/10/2024: Lovenox, 80 mg/0.8 ml. Inject 0.8 ml subcutaneously one time a day for deep vein thrombosis (DVT). The medication was held on 04/10/2024, 04/11/2024 and 04/12/2024. It was administered on 04/13/2024 and 04/14/2024.
04/10/2024: Stop Lovenox when INR is less than

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 ______	C 06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARROLTON OF FAYETTEVILLE	**2461 LEGION ROAD FAYETTEVILLE, NC 28306**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 2 2.0. The 5-day Minimum Data Set (MDS) dated 04/14/2024 revealed Resident #1 was coded as moderately cognitively impaired. An interview with Nurse #2 was conducted on 06/04/2024 at 11:14 AM. Her chart was reviewed, and the order for Lovenox 0.8 ml once daily was transcribed incorrectly. The order should have read to stop the Lovenox if the INR was greater than 2.0 and not when it was less than 2.0. The nurse also stated she was removed as admissions nurse to floor nurse. They also educated her and the staff to have two nurses do a second check on all physician orders. An interview with the Physician was conducted on 06/04/2024 at 12:21 PM. Resident #1 had comorbidities including chronic respiratory failure, and a replaced heart valve. The order for Lovenox was transcribed incorrectly. The Lovenox was supposed to be held when the INR was greater than 2.0 but the Nurse put the order to stop the medication when it was less than 2.0. Resident #1 did miss three doses of Lovenox, but she was still receiving Warfarin as directed. The Physician also stated missed doses did not contribute any harm to Resident #1's well-being. An interview with the Administrator was conducted on 06/04/2024 at 1:19 PM. The Resident did miss several doses of Lovenox due to a transcription error made by one of their nurses. The nurse was educated and asked to step down as admission nurse. All the nurses were educated on the importance of transcribing the physicians' orders correctly and going forward, the need for two nurses to check all	F 760		

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 ______	C 06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARROLTON OF FAYETTEVILLE	**2461 LEGION ROAD** **FAYETTEVILLE, NC 28306**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 3	F 760		

physician orders. A plan of correction was completed on May 30, 2024.

Plan of Correction (POC)

Problem: 04/10/2024, 04/11/2024 and 04/12/2024, 9:00 AM doses of Lovenox were missed on Resident #1 due to a transcription error.

Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice include:
Lovenox order for resident was transcribed in error, stating to hold Lovenox when the INR was greater than 2. The nurse transcribed the order to say hold when INR is less than 2. All residents who are currently taking Lovenox orders were reviewed with no discrepancies noted.

Address how the facility will identify other residents having the potential to be affected by the same deficient practice include:
All residents who are currently taking Lovenox orders were reviewed by the Administrator with no discrepancies noted. The facility has determined that all residents with Lovenox orders have the potential to be affected.

Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur include:
May 1, 2024, to May 30, 2024, the Director of Nursing and Administrator provided in-service education programs for all licensed staff regarding managing orders including transcription and submission of Physician orders will require two nurse verification.
An Ad Hoc Quality Assurance Performance

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 ______	C 06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARROLTON OF FAYETTEVILLE	**2461 LEGION ROAD FAYETTEVILLE, NC 28306**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 4	F 760		

Improvement (QAPI) meeting regarding managing orders including transcription and submission of Physician orders was initiated on May 1, 2024.
The admission Nurse who made the transcription error was counseled on 05/14/2024 and removed from the admission nurse position.

Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and include dates when corrective action will be completed:
The DON/Designee will monitor all admission orders from 05/01/2024 to 05/30/2024 with audits to ensure transcription of Physician's orders were correct. The nurse consultant will also perform daily chart audits on the previous days admission and report the finding to the DON and ADON.

This plan of correction will be monitored at the monthly Quality Assurance meetings until such a consistent substantial compliance has been met.

Corrective action completion date: May 30, 2024

On 06/04/2024 the facility's plan of correction was validated by the following:
Monitoring using audits started 05/01/2024 when the error was found and was completed on 05/30/2024 with a system in place to review daily chart audits on the previous days admissions to ensure all transcribed Physicians' orders were correct. The audit was found to be completed according to the plan of correction.

Staff interviews with nurses verified education was provided on the importance of including 2 nurse verification when transcribing physicians'

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 ______	C 06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARROLTON OF FAYETTEVILLE	2461 LEGION ROAD FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 5 orders. The staff signed in-service training content included: Provisions of physicians ordered services and Residents admission process. The Administrator stated he and the DON completed training with the nurses at the facility on 05/30/2024 and provided the education via telephone to the nurses that were not in the facility. The training check-off sheets were noted to have DON's and Administrators' signature as the instructors. In-service for all facility staff started 05/01/2024 and was completed on 05/30/2024. The Administrator stated he was responsible for this POC and ensured all new hires will be in-service on needing two nurses to check all physicians' orders. The audit tool revealed the DON completed the audits. The chart audits revealed the corporate Nurse completed the audits. On 06/04/2024 sampled Residents on Lovenox were reviewed and their medications were transcribed and administered as ordered. There were no complaints of medication errors from other sampled residents. The staff Nurses that were interviewed, were able to express understanding of the education. The Risk Management/Quality Assurance	F 760		

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 ______	C 06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARROLTON OF FAYETTEVILLE	**2461 LEGION ROAD FAYETTEVILLE, NC 28306**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 6 Committee form dated 05/01/2024 revealed the issue of following Physician's (admission, Lovenox) orders was addressed in QAPI. An interview with DON was conducted on 06/04/2024 at 1:15 PM. The DON stated he oversaw monitoring by auditing all admission orders from 5/1/2024 to 5/30/2024 and there were no discrepancies found. An interview with the Nurse Consultant was conducted on 06/04/2024 at 1:27 PM. The Nurse Consultant stated she did complete the daily chart audits and there were no discrepancies with the audits. The facility's plan of correction was validated to be completed as of 06/04/2024.	F 760		