STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115680	A. Building B. Wing	09/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carlyle Place	5300 Zebulon Road Macon, GA 31210

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, and review of the facility policy titled Food Safety Management System, the facility failed to ensure items stored in the cooler were labeled, dated, and not beyond their expiration date. The facility also failed to ensure that items in the dry storage area were labeled and dated. In addition, the facility failed to ensure that food was held at a safe temperature until served, measured before serving to ensure appropriate serving sizes, and that staff ensured hairnets covered all hair. This deficient practice had the potential to adversely affect 31 of 31 residents receiving an oral diet. Findings include:Review of the facility policy titled Food Safety Management System, revision date of 5/31/2025, included: C-24 Hot and Cold HoldingHot foods must be held and served at a temperature of 140 degrees F or above. C-26 Date Marking Ready to Eat TCS FoodsRefrigerated, ready to eat, TCS food prepared and held in a food establishment for more than 24 hours must be clearly marked with a use by/discard date.Food that is required to be date marked must be discarded if it: is in a container or package that does not bear a date or day mark. Is inappropriately marked with a date or day that exceeds 7 days. On 9/19/2025 at 8:00 am, the initial kitchen tour began revealing the following observations:1. In the dessert cooler, there were six pies, a tray with 14 slices of cheesecake, a large pan of cobbler, multiple boxes of fruit tart base, a metal container with a red substance, and a container with a pie. The items did not have a storage or discard date. 2. In the dessert cooler, there was a bag of coconut with 8/12 written on the bag. There was no indication of the meaning of the numbers.3. There were three containers (Breadcrumbs, Sugar, and Flour) that were partially full and did not have an in-date or an expiration date. The containers were also noted to have a black and brown substance on the outside, in addition to having substances built up around the tops of the containers. 4. In a second reach-in cooler, on the same wall as the stove in the back, there was a box of oranges that did not have an in-date or use-by date. 5. In the dry food storage area, there was a box of rice that had been opened and not securely closed, with the rice in the box exposed, and a container of oatmeal that had a brown substance on the top, and the top of the container was not tightened. 6. There was one loaf of bread in the dry food storage that had a use-by date of 9/18/2025 and a second loaf of bread that did not have a use-by date. 7. On a shelf in the dry food pantry, there were two boxes of potatoes that were undated, and one of the boxes contained three potatoes with a white substance growing on them. 8. There was one can of mustard and a can of hoisin sauce that had a brown sticky substance on them. 9. There were six boxes of tea and a box of graham crackers that did not have an in-date or a use-by date on them. 10. There were dented cans (one can of milk and four cans of pineapple juice) observed mixed in with the dry goods that had not been removed. 11. In the walk-in cooler, there were two bags on a shelf identified as [NAME] sauce that did not have any dates listed on them. 12. On the bottom rack, there were two pans of meat, with the pan on the bottom not being fully covered, exposing the meat. 13. There was a box of parsley that revealed a gray fuzzy substance growing on the parsley in addition to the parsley being green and yellow. 14. There was a box of strawberries and a box of yellow squash with a delivery date of 9/17, which had a container with a white substance growing on some of the (continued on next page)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	strawberries and a white substance growing on the yellow squash. 15. There was a box of zucchini with a date of [DATE] that had a substance growing on some of them. 16. In the walk-in cooler, there were boxes of bacon, chicken, and pork that did not have expiration dates. 17. In the walk-in freezer, there was a bag with sausage patties that had been open and reclosed, and a bag of chicken, which had neither an open date nor a use-by date. 18. In the walk-in freezer, there was a bag with waffles and a frozen sealed piece of turkey that was not labeled with an in-date or expiration date. During an interview and observation with the Dietary Manager (DM) on 9/19/2025 at 8:15 am, he confirmed the uncovered and undated items in the dessert cooler but reported they were leftovers from yesterday and would all be discarded today. He confirmed that the 8/12 date on the coconut was the date it was placed in the refrigerator. He was unable to give a date when the unmarked pie crust was placed in the cooler or when it should be discarded. During an interview on 9/19/2025 at 8:13 am with the Pastry Chef, it was reported that the three large containers with breadcrumbs, sugar, and flour were cleaned when refilled. He reported that they were last filled yesterday and cleaned at that time. The DM confirmed that there were no dates on the containers, and the containers should have dates indicating when they were placed.During an observation and interview with the DM and Director of Dining (DOD) on 9/19/2025 at 8:30 am, the opened boxes of rice and oatmeal were verified. They also confirmed the presence of the white substance on the potatoes. The brown substance on the cans was confirmed, but they did not know what the substance was. The DOD removed the cans to rinse them off. It was further reported that the canned items were good for one year from the date received, and neither could identify an expiration date for the boxes of tea on the shelf in the dry pantry area. The DOD reported that dented cans were checked during delivery, and any cans identified would be removed and placed in the Chef's office. They then confirmed the dented can of milk and the four cans of pineapple juice. They clarified that on delivery day, by the end of the day, the person receiving the groceries should be checking. The receiver and Executive Chef were identified as the responsible parties for checking this. During an interview and observation on 9/19/2025 at 8:57 am with the DOD, she confirmed that the two bags of [NAME] sauce did not have an in-date or a use-by date, the meat on the bottom shelf was not fully closed, substances were growing on the parsley, strawberries, yellow squash, and zucchini. She also confirmed that there was no expiration date for the bacon, chicken, and pork in the walk-in cooler. At 9:12 am, she confirmed the undated bag of sausage, bag of waffles, bag of chicken, and turkey in the walk-in freezer. On 9/20/2025 at 11:20 am, observations and interviews began in the prep kitchen. Upon entry into the prep kitchen, one cart with lunch trays was prepared and exited the area to be served in the hallway at 11:21 am. There were two black carts that could hold six trays each that remained in the prep kitchen.Observation of puree preparation began on 9/20/2025 at 11:25 am with Health Care Server CC. She reported that she had a total of three residents for puree. She consulted with the Dietary Manager to determine if she needed to prepare one meal or prepare all three at once. It was decided that she would prepare all three at one time. Health Care Server CC was noted to have a hairnet on, but her hair was not tucked under the hairnet on the left front side.The puree observation with Health Care Server CC revealed the following:At 11:31 am, she began using a ladle to put soup into the machine. The soup was pureed, and then it was poured into containers directly from the mixer.At 11:34 am, tongs were used to pick up the pulled pork and add it to the mixer bowl for pureeing. Barbecue sauce was used as a liquid to thin the meat out. Once pureed, the mixture was scooped from the mixing bowl using a spoon.At 11:42 am, four scoops of macaroni and cheese were placed into the mixer, and milk was used to thin it out. A regular spoon was used to scoop into each plate.At 11:49 am, green beans were placed in the bowl with a green-handled spoon and then plated with a regular spoon.At 11:51 am, puree was completed, and one plate was placed on the black cart, and the other two plates were placed on the shelf above the steam table.From 11:55 am to 12:07 pm, mix and moist trays were prepared by Health Care Server CC. The pulled pork was placed in the mixing bowl with the tongs, and again it was not measured before placing the pulled pork, macaroni and cheese, or green beans on plates.At 12:00 pm, one puree (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	plate was delivered to the dining room.At 12:04 pm, a second cart was delivered to the dining room.On 9/20/2025 at 12:13 pm, the temperature of the pureed plate was taken, resulting in the following:Puree green beans at 115.2 degrees Fahrenheit (F).Puree pork at 117.7 degrees F.Macaroni and cheese at 120 degrees F.On 9/20/2025 at 12:15 pm, temperatures for food on the steam table began resulting in the following:Barbeque chicken at 124.3 degrees F.Okra and tomato mixture at 132.7 degrees F.During an interview on 9/20/2025 at 12:19 pm, the DM stated that there was not a particular temperature that the food had to be when it goes out, as long as it is palatable. He went on to state that the temperature of the food was checked prior to coming from the main kitchen and then checked again once it was in the prep/holding kitchen. He further stated that they were not checking the food temperatures while holding the food, because the food is technically safe for two hours.During an interview on 9/20/2025 at 12:23 pm, Health Care Server CC placed her hair under the hairnet when asked if she was aware that the hair was not completely covered. When questioned about how she ensured the correct serving size of the food, since she was using tongs specifically for the pulled pork and a regular spoon for the other items when plating, Health Care Server CC did not answer, but looked to the DM. The DM reported that as long as the meat portion was as thick as a deck of cards, it was fine. Health Care Server DD then reported that the green handle spoon, which is four ounces, should have been used for serving the pork, and proceeded to show the spoon.During an interview on 9/20/2025 at 1:19 pm, the DM reviewed the policy section, which stated that hot foods should be held and served at a temperature of 140 degrees F or above. The DM continued to state that they had two hours to use the food, and they took the temperature both before and after it was in the holding kitchen.In an interview on 9/21/2025 at 9:14 am, the Administrator confirmed that items in the refrigerator and freezer should be labeled and dated. He also confirmed that dietary staff should not be guessing about serving sizes.

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, and record review, the facility failed to assess one out of 30 sampled residents (R) (R6) to determine if it was clinically appropriate to safely self-administer medications. This failure had the potential to place R6 at risk for adverse consequences.Findings include:Review of the Electronic Medical Record (EMR) revealed R6 was admitted to the facility with diagnoses that included, but were not limited to, surgical wound to left hip, s/p (status post) left femoral fracture with repair, melanoma removal to right forehead, and cataract surgery to both eyes.Review of the admission Minimum Data Set (MDS), dated [DATE], for R6 revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 10 (indicating moderate cognitive impairment). Section M (Skin Conditions) revealed a box checked yes for the use of applications of ointments/medications other than to the feet. Review of physician's orders dated 9/3/2025 for R6 revealed, apply Steri-strip and dry dressing to left elbow skin tear, leave them on until they fall off, then discontinue order-observe daily. Further review of physician orders revealed no orders for over-the-counter (OTC) lubricant eye drops or OTC clotrimazole USP 1% (percent) antifungal cream.Review of the care plan dated 8/28/2025 for R6 revealed that there was no care plan for self-administration of medication.Review of the most recent Resident Functional assessment dated [DATE] under the section titled Medication indicated, R6 Requires complete supervision and administration of meds.Review of the EMR for R6 revealed that a Medication Self-Administration Assessment form had not been completed.During an observation on 9/19/2025 at 9:35 am and at 11:07 am revealed a bottle of OTC lubricant eyedrop sitting on top of the bedside table.Observation and interview on 9/19/2025 at 1:49 pm revealed a bottle of OTC lubricant eyedrop still remained sitting on top of the bedside table. An interview conducted with R6 revealed that it was there because he administered his own eye drops. Further observation revealed a tube of clotrimazole USP 1% antifungal cream sitting on top of the dresser that was sitting across from the bedside table.Observation and interview on 9/20/2025 at 8:35 am revealed a bottle of OTC lubricant eyedrop sitting on top of the bedside table and a tube of clotrimazole USP 1% antifungal cream sitting on top of the dresser. In an interview, R6 revealed that he applied the antifungal cream to his left elbow to treat his skin rash. In an observation on 9/20/2025 at 3:04 pm in R6's room, the Director of Nursing (DON) confirmed a bottle of OTC lubricant eyedrop was sitting on top of the bedside table, and a tube of clotrimazole USP 1% antifungal cream was sitting on top of the dresser. Interview with the DON confirmed that the medication should not be in R6's room. The DON revealed that residents would need to be assessed by a nurse and meet the requirements to self-administer medications. The DON revealed that the medication self-administration assessment form was completed on admission, quarterly, and as needed. The DON further revealed that a medication self-administration assessment form would not have been completed for R6 because the resident was not capable of administering his own medications due to his impaired cognition.In an interview on 9/20/2025 at 3:15 pm, a record review was conducted with the DON, who confirmed there was no medication self-administration assessment form completed, and that the last Resident Functional Assessment was completed on 5/7/2024 for R6. The DON revealed that the expectation for nurses was to ensure medications were not left in the resident's room, and if they found medications in the room, they should remove them, provide education, and complete an assessment to self-administer medications, if needed.In an additional interview on 9/20/2025 at 3:40 pm with the DON, she explained that the resident functional assessments were completed on residents that reside on the personal care units and not the skilled nursing unit was the reason why it had not been completed for R6 on admission to the skilled nursing unit however, she reiterated that R6 did not have cognitive ability to self-administer medications. The DON further revealed that they did not have any residents on the skilled nursing unit who self-administered medications. The surveyor requested the facility's policy but was informed by the (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	DON that the facility did not have a policy for self-administration of medications or medication administration.