

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145729	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/08/2026
NAME OF PROVIDER OR SUPPLIER Carlyle Healthcare & Sr Living		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Clinton Street Carlyle, IL 62231	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the Facility failed to allow a resident visitation with a family member for 1 of 3 residents (R2) reviewed for resident rights in the sample of 7. Findings include: 1-R2's Face Sheet documents R2 was admitted to the Facility with diagnoses including type 2 diabetes, chronic obstructive pulmonary disease (COPD), and dementia. R2's Minimum Data Set (MDS) dated [DATE] documented R2 was severely cognitively impaired, required substantial assistance with transfer, and walking was not attempted due to medical condition or safety concern. R2's Care Plan initiated 3/25/26 documents, Resident does not have legal representation, but has designated responsible party, (V6, R2's Former Caregiver). R2's Facility admission Contract dated 4/1/26 documents V6 signed R2 into the Facility as his Responsible Party/Representative. R2's Order Summary Report documents 3/23/26 the order, LOA (Leave of Absence): May go out on therapeutic pass with medications. On 6/5/26 at 10:33 AM, V4, R2's Family, stated he told the Facility he was taking R2 out to get food, but the Facility would not allow him to go and said they would have to check with V6 who makes decisions for him, but not actually related to him. V4 stated he is in the process of trying to get guardianship of R2. On 6/5/26 at 11:40 AM, V1, Administrator, stated they have been having problems with V4, R2's Family, because he always says he is going to take R2 out of the Facility. V4 is not the POA (Power of Attorney), but we are in the process of getting a guardian for R2 because he is unable to make his own decisions. On 6/5/26 at 11:43 AM, V5, Social Services Director (SSD), stated R2 does not have a Healthcare POA. V6 is an ex of R2's family member who cared for R2 for three years before he was admitted to the Facility. V6 has been making decisions for R2, and she does not want V4 to take R2 out because she thinks V4 is trying to get R2's money. On 6/5/26 at 12:34 PM, R2 stated he likes V4, feels safe with V4, and would like to go on outing and live with V4. R2 thinks V4 is his decision maker. On 6/5/26 at 1:44 PM, V7, Ombudsman, stated the facility has not contacted her about R2 and his need for guardianship. If a resident is severely cognitively impaired and is admitted to the Facility without a healthcare POA, we would advise them to seek an emergency guardianship or Facility guardianship. If the resident says he would like to go out with V4, the Facility cannot stop him, and they have no say in the matter. The Facility's Notice of Resident Rights and Responsibilities Policy revised March 2017 documents, Should a resident be adjudicated incompetent or identified as lacking decision making capacity, the resident's representative (sponsor) shall act in behalf of the resident.		

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