

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425014	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Carlyle Senior Care of Aiken		STREET ADDRESS, CITY, STATE, ZIP CODE 123 Dupont Dr Northeast Aiken, SC 29801	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46991</p> <p>Based on review of facility policy, interviews, and record review, the facility failed to report an allegation of abuse, involving Resident (R)1, within 2 hours, for 1 of 2 residents reviewed for abuse.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Abuse, Neglect and Exploitation dated 10/24/22 indicated, V. (a) An immediate investigation is warranted when suspicion of abuse, neglect or exploitation or reports of abuse, neglect or exploitation occur. VII (a) 1a. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g.,) law enforcement when applicable within specified timeframes: immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury.</p> <p>Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE] with diagnoses including but not limited to: major depressive disorder, hyperlipidemia, hypertension, and cerebral infarction.</p> <p>Review of R1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/30/23 revealed a Brief Interview for Mental Status (BIMS) score of 9 out of 15, indicating R1 was moderately cognitively impaired.</p> <p>Review of an Employee Disciplinary Action Report dated 05/06/24, revealed disciplinary action for Nurse 1 for failure to notify abuse coordinator of an allegation of abuse.</p> <p>During an interview on 05/16/24 at 12:11 PM, Nurse 1 stated R1 told her that a black man came into her room and touched her breast. Nurse 1 stated she didn't think anything of it at the time, because R1 was talking about another incident. Nurse 1 further stated she knew she dropped the ball, because R1 informed her days before. Nurse 1 concluded the incident was discovered when R1 spoke with Social Services.</p> <p>(continued on next page)</p>

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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/16/24 at 1:16 PM, Social Services stated she was doing interviews with residents about abuse, and R1 stated that a gentleman came into her room and touched her breast. Social Services stated she reported the incident immediately. Social Services concluded she was not informed prior to speaking with R1 of any incident occurring with the two residents.</p> <p>During an interview on 05/16/24 at 1:37 PM, the Director of Nursing (DON) verified that the allegation was not reported by Nurse 1. The DON concluded when there is any type of abuse, you have two hours to report, any other allegation is within 24 hours.</p>		