

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 04/21/2026
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, interviews, and record review, the facility failed to ensure Resident (R)3 remained free from sexual abuse. Specifically, on 04/02/26, the facility failed to protect R3, a cognitively impaired female who lacked the capacity to consent, from sexual contact initiated by R2. On 04/21/26 at 3:00 PM, the State Agency (SA) determined that the facility's non-compliance with one or more federal health, safety, and/or quality regulations has caused or was likely to cause serious injury, serious harm, serious impairment, or death. On 04/21/26 at 3:00 PM, the survey team provided the Administrator with a copy of the Centers for Medicare and Medicaid Services (CMS) Immediate Jeopardy (IJ) Template and informed the facility IJ existed as of 04/02/26. The IJ was related to 42 CFR S483.12 Freedom from Abuse, Neglect, and Exploitation. On 04/21/26 at 7:00 PM, the facility provided an acceptable IJ Removal Plan. On 04/21/26 at 7:20 PM, the survey team validated the facility's corrective actions and confirmed the IJ had been removed as of 04/03/26. The survey team confirmed the facility had put forth good faith efforts in correcting their noncompliance prior to the start of the survey, warranting the IJ at Past-noncompliance. An extended survey was conducted in conjunction with the Complaint Survey, for non-compliance at F600, constituting substandard quality of care. Findings include:</p> <p>Review of the facility policy, Abuse, Neglect, Exploitation, with a revision date of 02/05/2026, revealed, Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect and exploitation and misappropriation of resident property.</p> <p>The Components of the Facility abuse prohibition plan are discussed therein:</p> <p>I. Screening</p> <p>B. Prospective residents will be screened to determine whether the facility has the capability and capacity to provide the necessary care and services for each resident admitted to the facility.</p> <p>1. An assessment of the individual's functional and mood/behavioral status. will be reviewed prior to admission</p> <p>III. Prevention of Abuse, Neglect, Exploitation</p> <p>D. The identification, ongoing assessment, care planning for appropriate interventions, and monitoring of residents needs and behaviors which might lead to conflict or neglect .</p> <p>Review of R3's Face Sheet revealed she was admitted on [DATE], with diagnoses of but not limited (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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>to unspecified dementia, unspecified severity, with other behavioral disturbance.</p> <p>Review of R3's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/23/26 revealed no Brief Interview for Mental Status (BIMS) score. The resident requires substantial to max assistance with Activities of Daily Living (ADLs).</p> <p>Review of R2's Face Sheet revealed he was admitted to the facility on [DATE], with diagnoses including, but not limited to unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety and other sexual dysfunction not due to a substance or unknown physiological condition.</p> <p>Review of R2's Annual MDS with an ARD of 02/12/26 revealed a BIMS Score of 99, indicating he was unable to complete the interview. The resident requires partial to moderate assistance to supervision assistance with ADLs.</p> <p>Review of R2's medical record revealed Resident has history of periods of inappropriate behavior and inappropriate gestures towards staff during his personal care.</p> <p>Review of R2's Care Plan revealed R2 had a history of a. watched for pulling at penis, inappropriate behavior and inappropriate gestures. Approach to Monitor/record occurrence of for target behavior symptoms - hypersexuality towards staff, inappropriate response to verbal communication, violence/aggression towards staff/others. etc.) and document per facility protocol.</p> <p>Review of R2's progress notes dated 04/02/26 at 01:00 AM revealed, Staff found patient kneeling on the floor next to bed in the male residents room. Male patient was seen grabbing female's hand and placing it on his penis</p> <p>Review of R2's progress notes dated 04/03/26 at 10:30 AM revealed I consulted with [the Medical Director], concerning the incident that transpired yesterday, in which R2 behaved inappropriately towards a female resident. It is evident that R2 poses a risk to other residents and is not suitable for this environment.</p> <p>During an interview on 04/21/26 at 11:42 AM, CNA2 revealed she was walking down the hall checking on her residents and as she was passing room [ROOM NUMBER], she saw R2 lying naked on the bed and R3 kneeling beside the bed. R2 had his hand over R3's hand putting it on his private area. CNA2 explains that she continued to the nursing station to get help and saw one nurse on the other hall and asked for help, but she was unable to because she was passing medications, then she saw another CNA and asked for her to come witness what she saw, then both went back to the room. Once in the room CNA2 states that she left the room, leaving CNA3 in the room while she went get the Unit Manager (UM). CNA2 states that the UM came back to the room with her and accessed the resident on the floor, then the nurse and the CNA3 got R2 up off the floor and out of the room.</p> <p>During an interview on 04/21/26 at 12:07 PM, CNA3 revealed that she is familiar with both R2 and R3. CNA3 states that she was approached by CNA1, as she was returning from break to come to room [ROOM NUMBER] to witness what was going on. CNA2 states that when she entered the room, she observed R2 naked in his bed with R3 on the floor beside the bed, R2 had his hand on top of R3's hand, on top of his private area and trying to pull her into the bed. CNA3 explains that CNA2 left the room to go get the nurse and that she immediately stepped in between the two residents to try to separate them. CNA3 continues to state that when the nurse came into the room, she and the nurse got R3 up (continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility's IJ Removal Plan included the following:</p> <p>1. Identification of Resident Affected or Likely to be Affected:</p> <p>The following actions were taken to prevent [R2] from perpetrating additional abusive behaviors. (Completion: 04/03/26).</p> <p>[R3] evaluated by primary care provider. Resident received psych consult, medication adjustment, and follow-up. 30 minute checks were started on 04/03/26 and then changed to 1:1 supervision on 04/03/26. A stop banner was placed across his door to deter residents who wander from entering his room [ROOM NUMBER]/3/26. Resident will not be seated near female resident(s) at activities, dining, etc. when at all possible. IDT reviewed and revised care plan to identify patterns in resident's behaviors and implement interventions. Care plan revisions and interventions communicated to front line staff caring for resident. [R3] was assessed for any injury by the nurses, her Primary care NP, and she was seen by the Psych NP. No physical or psychosocial or mental issues or changes were noted. [R2] was sent to MUSC in [NAME] SC to see if they could assist to get him in for a psych admission 4/4/26. They stated they could not get him placed, and he was returned to the facility and remains on one on one. 4/4/26 Ombudsman is aware of the incident. 4/3/26 Law enforcement was notified of the incident and came to the facility and interviewed staff and both residents. 4/3/26 Both [R3] and [R2] responsible parties were made aware of the incident. 4/3/26 DPH was notified of the incident. 4/3/26</p> <p>2. Interviews were conducted of residents with BIMS score of 8 or above to determine if they had been victim of any potential abuse and none were noted. Body audits were conducted on residents with BIMS of 8 or less for any signs of injury and no injuries were noted.</p> <p>3. Actions to Prevent Occurrence/ Recurrence:</p> <p>The facility to the following actions to prevent an adverse outcome from reoccurring. (Completion Date: 4/3/26).</p> <p>Abuse policies were reviewed to include all sources of abuse, including resident to resident and sexual abuse no changes were needed to policy. Abuse investigation procedure and documentation process were reviewed and no changes were needed. DON, In-service coordinator and Administrator re-educated all staff on facility abuse policies on abuse prevention and reporting. DON and designee educated Nurse Aides and Licensed Nurses on documenting behaviors. Care plans will be updated as indicated. Staff will be educated on new intervention either verbally or in written form by the Care Plan Coordinator or designee. IN the event of any future resident sexual abuse, the perpetrating resident will immediately be placed on 1:1 supervision until primary care, nursing, and psych evaluation can be complete. Outcomes of these evaluation will result in continued 1:1 supervision or the initiation of discharge planning to a facility with a focus on behavior management.</p> <p>4. All abuse allegations and investigations will be reviewed during QA monthly for appropriate investigation, root cause analysis, and prevention. Education on abuse and abuse prevention and reporting is provided to all newly hired staff, and twice yearly and prn as determined appropriate when any situation indicates the need for further training. All contracted staff have documentation of abuse training prior to working and if further training is needed it is provided based on the situation identified in the facility.</p> <p>Completion date: 04/03/26</p>		