STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425117	A. Building B. Wing	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carlyle Senior Care of Kingstree	401 Nelson Boulevard Kingstree, SC 29556

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31846 Based on review of facility policy, record reviews and interviews, the facility failed to ensure an allegation of physical abuse towards Resident (R)1 was reported within the 2 hour time frame, for 1 of 1 residents reviewed for abuse. Findings include: Review of the facility policy titled, Abuse, Neglect and Exploitation, revised on 10/24/22, documents, It is the policy of this facility to provide protections for health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. VII. Reporting/Response A. The facility will have written procedures that include: 1. 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 timeframe's: a. 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. B. The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies. Review of R1's Face Sheet revealed the facility admitted R1 with diagnoses, including, but not limited to: dementia with behavior disturbance, Alzheimer's Disease and major depressive disorder. Review of the Facility Reportable, revealed the date of the alleged abuse occurred on 09/15/24 at 6:38 AM, in which R1 reported that a Certified Nursing Assistant (CNA)1 drug her to the floor from her bed, and had beat her in order to get her to allow the CNA to bathe her. Further review of the reportable revealed, the actual allegation of physical abuse was made on 09/12/24, when the nurses leaving their shift and were at the nurses station giving report to the oncoming nurses. CNA1 came out of R1's room to report the incident to the nurse, when the bath was finished. The nurses did not report the incident to the Administrator in the required timeframe and the Administrator did not submit the allegation of physical abuse in the required timeframe. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Witness Statement dated 09/16/24, CNA1 stated, The resident was walking around soiled, and I suggested that we get cleaned, the resident agreed and went into her room to get cleaned, she did not get combative and let me get her cleaned up, after we were done, she began to allege that I beat her on her hip, nurses were changing shift and notified. A body assessment was done and nothing was found. (Happened of [sic] 2nd shift 9/12/24). Review of R1's Progress Note dated 09/14/24 at 11:15 PM, documented, Resident's son [name] reported to this writer that resident said she was dragged off the bed onto the floor and forced to take a bath. Body audit complete. No bruising noted. No signs of injury at this time. Resident states She dragged me on the floor and beat me to take a bath. Resident states she has pain all over and rates it a 6/10 on pain scale. Resident currently on scheduled tylenol for management of pain. Incident reported to unit manager and on-call phone. Reported to physician. Resident currently laying in bed resting. No acute distress noted. Will continue to monitor for signs of injury. During an interview on 12/03/24 at 11:05 AM, CNA1 stated, The resident agreed to a bath, and then when I got finished giving her a bath, she started yelling, that I had beat her an drug her to the shower. I would never hurt any of the residents. I went immediately to get the nurse. During an interview on 12/03/24 at 12:30 PM, the Administrator confirmed the allegation of physical abuse occurred on 09/12/24. During an interview on 12/03/24 at 12:45 PM, the Registered (RN) Unit Manager stated we were at the nurses desk giving report to the oncoming nurses when CNA1 came out of the resident's room and said that the resident alleged that she had been beat by the CNA. The RN Unit Manager stated that the incident should have been reported within 2 hours to the State Agency, and immediately to the Administrator.