

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Carlyle Senior Care of Kingstree		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure residents were encouraged to voice grievances without fear of retaliation and failed to establish and maintain an effective grievance process for 89 of 89 residents reviewed. These deficient practices resulted in a systemic failure of the grievance process and created an environment where residents were discouraged from exercising their right to voice grievances without fear of reprisal. Findings include: Review of the facility's policy titled Grievance Policy revised on 02/01/24, indicated residents have the right to voice grievances without fear of retaliation, grievances may be made verbally or during Resident Council meetings, and all grievances must be documented, investigated, tracked to resolution, and responded to in writing. The policy also states residents may file grievances anonymously. Review of Resident Council (RC) meeting minutes from October 2025 through March 2026, revealed ongoing concerns voiced by residents, including inconsistent provision of evening snacks, excessive call light response times, and delays in receiving care. Specifically, on 11/17/25 and 12/29/25, residents reported not consistently receiving evening snacks. On 02/24/26, multiple residents reported staff did not respond timely to call lights and that they did not receive needed care without long wait times. These concerns were not documented as grievances, were not investigated, and no resolutions or follow-up were documented in subsequent RC meeting minutes. March 2026 RC minutes contained no follow-up to previously identified concerns. There was no documented evidence that RC concerns were tracked, investigated, or resolved. During an interview on 04/08/26 at 3:25 PM, and again at 4:35 PM, the Social Services Director (SSD), who identified herself as the Grievance Official, stated residents are discouraged from filing grievances due to fear of retaliation. The SSD further stated that some grievances are resolved the same day and therefore are not written down or tracked. The SSD confirmed that concerns voiced during Resident Council meetings are not documented as grievances and are not formally investigated or resolved through the grievance process. During the group Resident Council meeting on 04/09/26 at 9:23 AM, residents stated they did not know where to obtain grievance forms and reported there was no grievance box available in the facility. Residents stated grievance forms must be requested from Social Services and are kept in the Social Worker's office. Residents further stated there has never been a grievance box available for submission, and one resident reported, we can't file a grievance without fear of retaliation. Residents also expressed concerns that complaints were not addressed and may be discarded without action. The residents further reported call light response times of up to one hour across all shifts, including weekends and evenings. Residents also reiterated concerns about inconsistent snack availability, including diabetic residents not receiving snacks. These concerns had been previously voiced in RC meetings but were not documented or addressed through the grievance process. During an interview on 04/09/26 at 10:34 AM, the Director of Nursing (DON) and the Corporate Nurse Consultant (CNC) stated residents must request grievance forms from staff and may submit completed forms by placing them under the SSD or DON's door. The DON and the CNC confirmed there is no anonymous grievance submission system in place. The SSD acknowledged there is no current method for residents to file grievances anonymously, despite facility policy allowing anonymous grievances. During an interview (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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Carlyle Senior Care of Kingstree		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>on 04/09/26 at 11:36 AM, the Activity Director (AD) stated responses to RC concerns are sometimes written on meeting minutes and shared with departments; however, she acknowledged she had not provided these responses to residents and could not produce documentation of completed resolutions. During an interview on 04/09/26 at 12:31 PM, the DON stated that while RC concerns should be written as grievances, this had not been consistently done for at least the past six months, and documentation of resolutions had not been maintained for approximately one year or longer. During another interview on 04/09/26 at 1:26 PM, the SSD confirmed she is responsible for overseeing all grievances but acknowledged there is no system to address anonymous complaints, and she was unaware of how residents could submit grievances anonymously. The SSD further stated that all concerns, including those voiced in Resident Council meetings (e.g., long wait times and lack of snacks), should be treated as grievances, but confirmed these concerns were not being processed through the grievance system. The SSD also acknowledged residents expressed fear of retaliation. During an interview on 04/09/26 at 1:49 PM, the Administrator stated residents typically bring concerns directly to staff, and issues may be resolved without being documented. The Administrator acknowledged it was unusual that no grievances were recorded and confirmed there was no established system for anonymous grievance submission.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Carlyle Senior Care of Kingtree		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Nelson Boulevard Kingtree, 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and facility policy review, the facility failed to date, label, and/or cover food products stored in the kitchen. This failure had the potential to create an environment for food-borne illnesses which could affect 89 of 89 residents who consume food prepared from the facility's kitchen. Findings include: Review of the facility's policy titled Date Marking for Food Safety in the section titled Use By Dating Guidelines dated 03/29/24, revealed, . 5. The manufacturer's expiration date, when available, is the use by for unopened items. 6. The manufacturer's instructions for the discarding of open items supersedes the general food storage safe guide. 7. The day of preparation or opening is considered Day 1 when establishing the use by date. 8. Guidelines assume that the food is properly stored, covered, and handled. 9. Guidelines apply regardless of storage location (eg, Kitchen, pantries, etc.) 10. All ready-to-eat, Time/Temperature Control for Safety foods that are to be held for more than 24 hours at a temperature of 41F or less will be labeled and dated with prepared date (Day) and use by Date (no later than Day 7) 11. The Head Cook, or designee, shall be responsible for checking the refrigerator daily for items that are expiring and shall be discarded accordingly. 12 The Dietary Manager, or designee, shall spot check refrigerator weekly for compliance and document accordingly. Corrective action shall be taken as needed. During an observation on 04/07/26 from 10:15 AM to 10:45 AM, with the Dietitian Supervisor (DS), revealed in the main refrigerator were four slices of white bread wrapped in plastic wrap with no label with a date. In the main freezer storage room, waffles were observed in a bag that was open and stored in a cardboard box with no date opened, two racks of pork ribs were in an opened cardboard box opened with no plastic wrap making the ribs exposed to the freezer. Two plastic bags, one with 50 frozen pork sausage links and the other with eight bone in pork chops were opened, resealed with plastic wrap, and no label. During an interview on 04/07/26 at 11:15 AM, the DS confirmed the above observations and stated that bread should be in closed packaging and dated by staff when taken out of the main refrigerator. The DS confirmed that all frozen items once they are opened should be dated by staff. The DS also stated that there has been no schedule for food being checked for dates or expired food.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Carlyle Senior Care of Kingstree		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, and facility policy review, the facility failed to provide written documentation of a hospital transfer to Resident (R)5 and to their representative, for 1 of 3 residents reviewed out of a total sample of 24 residents. This failure placed the resident and/or the resident's representative at risk for lack of awareness of rights, including the right to appeal the transfer. Findings include: Review of the facility's policy titled, Transfers and Discharges, dated March 2024 revealed, The resident and/or resident representative are notified in writing of the following information: a. The specific reason for the transfer or discharge; . b. The effective date of the transfer or discharge; . c. The specific location . to which the resident is being transferred or discharged ; . d. An explanation of the residents' rights to appeal the transfer or discharge to the state . f. The bed hold notification . g. The name, address, and telephone number of the Office of the State Long-Term Care Ombudsman. Review of R5's Admissions Record, located under the Admissions tab in the electronic medical record (EMR), revealed R5 was initially admitted to the facility on [DATE], with diagnoses including but not limited to, acute and chronic respiratory failure, paroxysmal atrial fibrillation, dysphagia, oropharyngeal phase, vascular dementia, pressure ulcer stage II of left heel. Review of R5's Nursing Progress Notes, located under the Progress Notes tab in the EMR, revealed the resident was transferred to the hospital on [DATE], related to altered mental status and increased confusion. The resident returned to the facility on [DATE]. There was no documented evidence that a written transfer/discharge notice was provided to the resident or to the resident's representative at the time of transfers or shortly thereafter. During an interview on 04/09/26 at 10:22 AM, the Administrator stated the discharge/transfer notices were generally not scanned into the EMR (electronic medical record) but were kept in an individual resident file located in the office of the admission coordinator. She stated the admission Coordinator was out of the country on vacation. The Administrator stated she searched in the Admissions Coordinator's office, and she could not find a discharge/transfer notification for R5.</p>		