

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425163	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Carlyle Senior Care of Florence		STREET ADDRESS, CITY, STATE, ZIP CODE 133 West Clarke Road Florence, SC 29501	

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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to complete quarterly Minimum Data Set (MDS) assessments were completed no greater than 92 days from the most recent prior quarterly review for 14 of 16 residents' records reviewed and 19 of 19 quarterly assessments reviewed which had the potential to affect all residents living in the facility. Findings include: A review of facility policy titled MDS 3.0 Completion implemented on 10/1/25 without review or revision dates revealed, Policy: Residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. Policy Explanation and Compliance Guidelines: . e. Quarterly Assessment - completed using an ARD no >92 days from the most recent prior quarterly or comprehensive assessment (counting ARD to ARD) .A review of 14 of 16 residents' records for quarterly assessments revealed 19 of 19 assessments were not completed within 92 days of the Annual Review Date (ARD) or the last comprehensive assessment for Residents (R) 17, R7, R27, R33, R42(x2), R48(x2), R52, R55, R60, R63, R73, R74(x2), R9, and R8(x3). A review of the quarterly Minimum Data Set (MDS) found in R17's electronic medical record (EMR) revealed an ARD 11/21/25 and a completion date of the quarterly assessment of 3/25/26 which is 124 days past the ARD. A review of the quarterly MDS found in R7's EMR revealed a quarterly review due date of 11/21/25 and a completion date of 1/12/26 which is 144 after the last quarterly review dated 8/21/25. A review of the quarterly MDS found in R27's EMR revealed an ARD of 11/21/25 had a completion of the quarterly reviewed date of 3/25/26 which is 124 days past the ARD. A review of the quarterly MDS found in R33's EMR revealed a quarterly review due date of 11/7/25 and a completion date of 12/21/25 which is 136 days past the last quarterly review dated 8/7/2025. A review of the quarterly MDS found in R42's EMR revealed a quarterly review due date of 2/19/26 and had a completion date of 3/23/26 which is 124 days past the last quarterly review dated 11/19/25. A review of the quarterly MDS found in R42's EMR revealed a quarterly review due date of 11/19/25 and had a completion date of 1/5/26 which is 139 days past the last quarterly review dated 8/9/25. A review of the quarterly MDS found in R48's EMR revealed a quarterly review due date of 2/21/26 and had a completion date of 3/25/26 which is 124 days past the last quarterly review dated 11/21/25. A review of the quarterly MDS found in R48's EMR revealed a quarterly review due date of 11/21/25 and had a completion date of 1/12/26 which is 143 days past the last quarterly review dated 8/22/25. A review of the quarterly MDS found in R52's EMR revealed a quarterly review due date of 2/14/26 and had a completion date of 3/23/36 which is 129 days past the last quarterly review dated 11/14/25. A review of the quarterly MDS found in R55's EMR revealed an ARD of 11/19/26 had a quarterly review completion date of 3/23/26 which is 124 days past the ARD. A review of the quarterly MDS found in R60's EMR revealed a quarterly review due date of 11/20/25 and had a completion date of 1/5/26 which is 138 days past the last quarterly review dated 8/20/25. A review of the quarterly MDS found in R63's EMR revealed a quarterly review due date of 2/14/26 and had a completion date of 3/23/26 which is 129 days past the last quarterly review dated 11/14/25. A review of the quarterly MDS found in R73's EMR revealed a quarterly review due date of 2/14/26 and had a completion date of 3/19/26 which is 125 days past the last quarterly review dated 11/14/25. A review of the quarterly MDS found in R74's EMR revealed (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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>a quarterly review due date of 2/13/26 and had a completion date of 3/19/26 which is 126 days past the last quarterly review dated 11/13/25. A review of the quarterly MDS found in R74's EMR revealed a quarterly review due date of 11/13/25 had a completion date of 12/26/25 which is 135 days past the ARD of 8/13/25. A review of the quarterly MDS found in R9's EMR revealed a quarterly review due date of 1/30/26 and had a completion date of 3/11/26 which is 132 days past the significant change assessment dated [DATE]. A review of the quarterly MDS found in R8's EMR revealed a quarterly review due date of 3/7/26, and it had no completion date as of 3/26/26 which is 111 days past the last quarterly review dated 12/5/25. A review of the quarterly MDS found in R8's EMR revealed a quarterly review due date of 12/5/25 and had a completion date of 1/12/26 which is 129 days past the last quarterly review dated 9/5/25. A review of the quarterly MDS found in R8's EMR revealed a quarterly review due date of 9/5/25 and had a completion date of 9/29/25 which is 111 days past the ARD of 6/6/25. In an interview with Director of Nursing (DON) on 03/25/26 at 3:50 PM, she stated, [Assistant Director of Nursing (ADON)] 'signs off' on the MDS assessments behind LPN AA. DON did not know the assessment or the submission timeframes for due dates. An interview on 03/25/26 with Regional Nurse Consultant (RNC), referring to quarterly assessments, said, Assessments are due by the 92nd day and submissions are due after that. She said that is the expectation for all MDS submissions. When shown a list of 16 residents' assessments, she acknowledged several late assessments.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility failed to implement an effective Performance Improvement Plan to address facility water temperatures. This had the potential to affect all 78 residents. Findings include: Review of facility document titled 'QAPI' (not dated) revealed, Maintenance-We provide a maintenance program that maintains building safety, conducts repairs as needed, and performs safety inspections in accordance with State and Federal expectations to ensure all aspects of safety are enforced, ensuring the safety and well-being for each resident, visitor, and staff who enters the building. A review of facility QAPI meeting minutes from 2/2025 through 2/2026 showed there was no indication of Performance Improvement Plan in place concerning plumbing problems or water temperatures. Review of Water Temperature Log 2026 revealed water temperatures below 100 degrees during week three the whirlpool (99 degrees), week five room [ROOM NUMBER] (97 degrees), week six room [ROOM NUMBER] (98 degrees), week seven room [ROOM NUMBER] (98 degrees) and the whirlpool (99 degrees), week eight room [ROOM NUMBER] (99 degrees), week ten room [ROOM NUMBER] (99 degrees) and the whirlpool (99 degrees), week 13 the whirlpool (99 degrees). During observations on 3/24/26, 3/25/26, and 3/26/26, water temperatures in the facility were found to be tepid in resident care areas. During observation on 3/24/26 at 1:04 PM with the Maintenance Assistant (MA) OO, the water temperature in room [ROOM NUMBER] was 98.5 degrees, room [ROOM NUMBER] was 97 degrees, room [ROOM NUMBER] was 90 degrees, west hall shower room was 90 degrees. During observation on 3/25/26 at 9:18 AM with MA QQ, the water temperature in room [ROOM NUMBER] was 87 degrees, room [ROOM NUMBER] was 87 degrees, room [ROOM NUMBER] was 94 degrees, and the west hall shower room was 68 degrees. During observation on 3/26/26 at 10:32 AM with MA QQ, the water temperature in room [ROOM NUMBER] was 86 degrees, room [ROOM NUMBER] was 87 degrees, room [ROOM NUMBER] was 70 degrees. During interview on 3/24/26 at 11:43 AM Director of Maintenance, he revealed the water temperatures should be no higher than 120 degrees, but he was not sure of a minimum temperature for hot water. Further stated water temperatures are checked weekly, and adjustments are made to the temperature as needed. During an interview on 3/24/26 at 1:52 PM with MA OO, he revealed that when water temperatures were lower than 100 degrees, he checked the hot water heaters to ensure the temperature at the hot water heater is 120 degrees. During interview on 3/24/26 at 2:01 PM, Certified Nursing Assistant MM revealed the water has been inconsistent in the building for months. Stated some rooms have hot and cold water, but others have just cold or tepid water. Stated, she often must go to other rooms to get hot water because after letting the water run for long periods of time it still does not get warm or hot. During an interview on 3/24/26 at 2:36 PM with the Administrator, he stated he was unaware of the water temperatures being below 100 degrees and the hot water faucet not working in the center employee/visitor restroom. During an interview on 3/25/26 at 11:27 AM, CNA KK revealed she has reported to maintenance the cold-water temperatures in some residents' rooms and the shower room. During an interview on 3/25/26 at 1:17 PM with CNA NN revealed she is aware of the issue with some rooms not having hot water. Stated, she has told the maintenance department about the issues, and they will repair it, but it does not seem to improve much. A group interview was conducted with four cognitively intact residents (R)55, R59, R68, and R69) on 03/25/26 at 11:00AM. The residents were regular participants in the facility Resident Council group. They were asked about their group as well as any other concerns they had with the facility. All four residents stated that they had no hot water in the bathrooms in their rooms. They stated they are cleaned with cold to tepid water routinely. R69 stated that the shower room water is often too cold as well. The group stated they had discussed it with the former Activities Director (AD). During an interview on 3/26/26 at 11:04 AM with Unit Manager (UM) BB revealed the west hall nurses' station (continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>and medication room does not have running water. Stated the water has not been working for some time, and this has been reported to maintenance. During an interview on 3/26/26 at 11:11 AM, LPN HH revealed that the water temperatures in several resident rooms, the shower room on the [NAME] Hall and nurses' station are tepid. Also stated staff have to retrieve water from other rooms to bath residents or go into other resident rooms to wash hands where there is hot water. During an interview on 3/26/26 at 12:08 PM with the Administrator, Director of Nursing, and Senior Nurse Consultant related to the Quality Assurance & Performance Improvement (QAPI) revealed they had not put a PIP in place to address the low water temperatures.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility failed to ensure comfortable water temperatures were maintained throughout resident care areas as identified in 1 of 1 resident council meeting (Resident (R)55, R59, R68, and R69) and 1 of 19 resident (R9) interviews.</p> <p>Findings include:</p> <p>Review of facility policy titled Safe Water Temperatures dated 10/1/25 revealed It is the policy of this facility to maintain appropriate water temperatures in resident care areas. Policy Explanation and Guidelines: 2. Staff will be educated on safe water temperatures upon employment and on a regular basis 4. Staff will report abnormal findings, such as complaints of water too cold or hot, burns, redness, or any problems with water temperatures (ex. water is painful to touch or causes redness) to supervisor and/or maintenance staff.</p> <p>Review of facility policy titled Safe and Homelike Environment dated 8/1/25 revealed Policy: In accordance with resident's rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing residents to use his/her personal belongings, to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility, both inside and outside, maximizes resident independence and does not pose a safety risk .11. General Considerations: .f. Report any unresolved environmental concerns to the Administrator.</p> <p>During an observation on 3/24/26 at 9:58 AM, the center hall visitor/employee bathroom was observed with only the cold-water faucet working.</p> <p>During an observation on 3/24/26 at 11:20 AM, the west hall visitor/employee bathroom was observed with only cold water flowing from both the hot and cold-water faucets. The water was allowed to run for five minutes.</p> <p>During an interview on 3/24/26 at 11:43 AM with the Director of Maintenance revealed the water temperatures should be no higher than 120 degrees, but he was not sure of a minimum temperature for hot water. Further stated water temperatures are checked weekly, and adjustments are made to the temperature as needed.</p> <p>During an observation on 3/24/26 at 1:04 PM with the Maintenance Assistant (MA) OO, the water temperature in room [ROOM NUMBER] was 98.5 degrees, room [ROOM NUMBER] was 97 degrees, room [ROOM NUMBER] was 90 degrees, and west hall shower room was 90 degrees.</p> <p>During an interview on 3/24/26 at 1:52 PM with MA OO, he revealed that when water temperatures were lower than 100 degrees, he checked the hot water heaters to ensure the temperature at the hot water heater is 120 degrees.</p> <p>During an interview on 3/24/26 at 2:01 PM, Certified Nursing Assistant MM revealed the water has been inconsistent in the building for months. Stated some rooms have hot and cold water, but others have just cold or tepid water. Stated, she often must go to other rooms to get hot water because after letting the water run for long periods of time, it still does not get warm or hot. (continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/24/26 at 2:36 PM with the Administrator, he stated he was unaware of the water temperatures being below 100 degrees and the hot water faucet not working in the center employee/visitor restroom.</p> <p>During an observation on 3/25/26 at 9:18 AM with MA QQ, the water temperature in room [ROOM NUMBER] was 87 degrees, room [ROOM NUMBER] was 87 degrees, room [ROOM NUMBER] was 94 degrees, and the west hall shower room was 68 degrees.</p> <p>During an interview on 3/25/26 at 11:27 AM, CNA KK revealed she has reported to maintenance the cold-water temperatures in some residents' rooms and the shower room.</p> <p>During an interview on 3/25/26 at 1:17 PM with CNA NN revealed she is aware of the issue with some rooms not having hot water. Stated, she has told the maintenance department about the issues, and they will repair it, but it does not seem to improve much.</p> <p>A group interview was conducted with four cognitively intact residents (R)55, R59, R68, and R69) on 03/25/26 at 11:00 AM. The residents were regular participants in the facility Resident Council group. They were asked about their group as well as any other concerns they had with the facility. All four residents stated that they had no hot water in the bathrooms in their rooms. They stated they are cleaned with cold to tepid water routinely. R69 stated that the shower room water is often too cold as well. The group stated they had discussed it with the former Activities Director (AD).</p> <p>During observation on 3/26/26 at 10:32 AM with MA QQ, the water temperature in room [ROOM NUMBER] was 86 degrees, room [ROOM NUMBER] was 87 degrees, room [ROOM NUMBER] was 70 degrees.</p> <p>During an interview on 3/26/26 at 11:04 AM with Unit Manager (UM) BB revealed the west hall nurses' station and medication room does not have running water. Stated the water has not been working for some time, and this has been reported to maintenance.</p> <p>During an interview on 3/26/26 at 11:11 AM, LPN HH revealed that the water temperatures in several resident rooms, shower room on the [NAME] Hall and nurses' station are tepid. Also stated staff have to retrieve water from other rooms to bath residents or go into other resident rooms to wash hands where there is hot water.</p> <p>During an interview on 3/26/26 at 12:08 PM with Administrator, Director of Nursing, and Senior Nurse Consultant revealed they were not aware of complaints from residents or staff about hot water not being available in various parts of the facility. They stated that the Maintenance Director did not notify them of abnormal temperature findings during weekly temperature checks. Further, a plumbing company had been to the facility in the past to fix various issues with the water circulation system.</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and observation, the facility failed to ensure resident grievances were documented and resolved related to uncomfortable water temperatures during 1 of 1 resident group interview (Resident (R)55, R59, R68, and R69) and 1 of 19 (R9) resident interviews. Findings include: A group interview was conducted with four cognitively intact residents R55, R59, R68 and R69 on 03/25/26 at 11:00AM. The residents were regular participants in the facility's Resident Council group. They were asked about their group as well as any other concerns they had with the facility. All four residents stated that they had no hot water in the bathrooms in their rooms. They stated they are cleaned with cold to tepid water routinely. R69 stated that the shower room water is often too cold as well. The group stated they had discussed it with the former Activities Director (AD) who passed away December 2025. The current AD provided the resident council notes from December 2025 through March 2026. The review revealed no documented resident council concerns related to the water temperature concerns. The grievance logs were reviewed from March 2025 to March 2026. There were no documented grievances regarding water temperatures. During interview on 3/24/26 at 1:32 PM R9 stated the water in his room is never warm. Stated the staff sometimes bathe him in the cool water, other times they go get water from another room. During an observation on 3/24/26 at 1:04 PM with the Maintenance Assistant (MA) OO, the water temperature in room [ROOM NUMBER] was 98.5 degrees, room [ROOM NUMBER] was 97 degrees, room [ROOM NUMBER] was 90 degrees, west hall shower room was 90 degrees. During an interview on 3/24/26 at 1:52 PM with MA OO, he revealed that when water temperatures were lower than 100 degrees, he checked the hot water heaters to ensure the temperature at the hot water heater is 120 degrees. During an interview with the Director of Nursing (DON) on 03/25/26 at 3:00 PM she was asked if the resident's concerns, discussed in resident group meeting, had been addressed as a formal grievance. She stated she did not have a grievance about cold water, but she had been told that the residents thought the water was too cold for bathing. She stated it had been reported situationally, so it had not been addressed as a formal grievance, and she had not met with the residents regarding a resolution to their complaint. During an interview on 3/26/26 at 12:08 PM with the Administrator, DON, and Senior Nurse Consultant revealed they were not aware of complaints from residents or staff about hot water not being available in various parts of the facility. They stated that the Maintenance Director did not notify them of abnormal temperature findings during weekly temperature checks.</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>Based on record review and interview, the facility (1) failed to ensure the comprehensive Annual Minimum Data Set (MDS) assessment was completed within 366 days of the Assessment Reference Date (ARD) for eight of eight residents reviewed requiring an Annual MDS assessment (Resident (R) 7, R17, R27, R33, R52, R60, R63, and R73) and (2) failed to ensure the comprehensive admission MDS assessment was completed within 14 days of admission for two of six residents reviewed for admission MDS assessment (R55 and R81). Findings include: 1. A review of facility policy titled MDS 3.0 Completion implemented on 10/1/25, without review or revision dates indicated, Policy: Residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan .Policy Explanation and Compliance Guidelines: .c. Annual Assessment- a comprehensive assessment completed using an ARD no > 366 days from the most recent prior comprehensive assessment and no > 92 days from the most recent quarterly assessment (counting ARD to ARD) A review of the admission Minimum Data Set (MDS) found in R17's electronic medical record (EMR) R17's revealed an ARD of 11/21/25 had a completion date of 1/8/26 which is 48 days past the ARD. A review of the admission MDS found in R7's EMR revealed an ARD of 2/21/26 had a completion date of 3/24/26 which is 31 days past the ARD. A review of the admission MDS found in R 27's EMR revealed an ARD of 11/21/25 had a completion date of 1/8/26 which is 48 days past the ARD. R33's EMR revealed an ARD of 2/7/26 had a completion date of 3/18/26 which is 39 days past the ARD. A review of the admission MDS found in R52's EMR revealed an ARD of 11/14/25 had a completion date of 12/5/25 which is 21 days past the ARD. A review of the admission MDS found in R60's EMR revealed an ARD of 2/20/26 had a completion date of 3/25/26 which is 33 days past the ARD. A review of the admission MDS found in R63's EMR revealed an ARD of 11/14/25 had a completion date of 1/5/26 which is 52 days past the ARD. A review of the admission MDS found in R73's EMR revealed an ARD of 11/14/25 had a completion date of 1/5/26 which is 52 days past the ARD. 2. A review of facility policy titled MDS 3.0 Completion implemented on 10/1/25, without review or revision dates indicated, Policy: Residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan .Policy Explanation and Compliance Guidelines: b. admission assessment-complete within 14 days of assessment A review of the admission MDS found in R55's EMR revealed an admission date of 11/10/25 and had a completion date of 1/5/26 which is 57 days past the date of admission. A review of the admission MDS found in R81's EMR revealed an admission date of 1/23/25 and had a completion date of 2/10/26 which is 18 days past the date of admission. An interview on 03/25/26 at 1:35 PM with Licensed Practical Nurse (LPN) AA, referring to admission assessments, revealed, Assessments are due within 14 days of the due date and are required to be submitted within 14 days of completion. In an interview with Director of Nursing (DON) on 03/25/26 at 3:50 PM, she stated, [Assistant Director of Nursing (ADON)] ?signs off' on the MDS assessments behind LPN AA. DON did not know the assessment or the submission timeframes for due dates.</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to complete significant change Minimum Data Set (MDS) assessments within 14 days of a significant change for one of one significant change assessment reviewed for timely completion (Resident (R)1). Findings include: A review of facility policy titled MDS 3.0 Completion implemented on 10/1/25 without review or revision dates revealed, Policy: Residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. Policy Explanation and Compliance Guidelines: . d. Significant Change in Status Assessment (SCSA) - a comprehensive assessment completed within 14 days of the identification of a status change that meets the requirements outlined in Chapter 2 of the Version 3.0 RAI Manual. The significant change Minimum Data Set (MDS) assessment for Resident 9 was reviewed and indicated the resident's diagnoses included, but were not limited to: diabetes mellitus requiring insulin, hyperlipidemia, arthritis, anxiety disorder, depression, COPD [chronic obstructive pulmonary disease] and respiratory failure, chronic pain syndrome, weakness, peripheral vascular disease, and psychophysiologic insomnia, pressure and venous/arterial ulcers, and hospice/palliative care. There were 10 Care Area Assessments (CAA) completed on 12/15/2025 for the Significant Change MDS dated [DATE]: Cognitive loss/dementia, ADL functional/rehabilitation potential, Urinary incontinence and indwelling catheter, psychosocial well-being, behavioral symptoms, falls, nutritional status, pressure ulcer, psychotropic drug use, and pain. R9's MDS revealed a significant change dated 10/30/25 and a completion date of 12/15/25 which is 46 days past the significant change dated 10/30/25. An interview on 03/25/26 at 1:35 PM with Licensed Practical Nurse (LPN) AA, referring to significant change assessments, revealed, Assessments are due within 14 days of the due date and are required to be submitted within 14 days of completion. In an interview with Director of Nursing (DON) on 03/25/26 at 3:50 PM, she stated, [Assistant Director of Nursing (ADON)] ?signs off' on the MDS assessments behind LPN AA. DON did not know the assessment or the submission timeframes for due dates.</p>		