

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425168	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Carlyle Senior Care of Fountain Inn		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Gulliver St Fountain Inn, SC 29644	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42424</p> <p>Based on observation, interview, and facility policy the facility failed to offer/provide Activities of Daily Living (ADL) care to Resident (R)12 and R27. 2 of 3 reviewed for ADL care.</p> <p>Findings include:</p> <p>Review of facility policy titled, ADLs Supporting revealed Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out ADLs. Residents who are unable to carry out ADLs independently will receive necessary services to maintain good nutrition, grooming, personal, and oral hygiene. Policy interpretation and implementation include residents will be provided with care, treatment, and services to ensure that ADL do not diminish unless the circumstances of their clinical condition (s) demonstrate that diminishing ADLs are unavoidable. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care). If residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time or having another staff member speak with the resident may be appropriate.</p> <p>R12 was admitted to the facility on [DATE] with diagnoses including but not limited to Alzheimer's disease, legal blindness, mental disorder, and major depressive disorder. Review of a Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/20/24, revealed R12 has a Brief Interview of Mental Status (BIMS) score of 03 out of 15, which indicates that she is not cognitively intact. Further review of the Quarterly MDS revealed R12 is dependent on staff for shower/bathing and personal hygiene.</p> <p>An observation on 09/24/24 at 9:30 AM revealed R12 in bed in her night wear, in need of facial care, oral care, and dry hair with dandruff build-up.</p> <p>A second observation on 09/25/24 at 8:02 AM revealed R12 in bed in her night wear, with dry hair and dandruff build-up.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation and interview on 09/25/24 at 8:06 AM with Licensed Practical Nurse (LPN)5 revealed that the resident is legally blind, but if staff introduce themselves appropriately prior to giving her care that the resident is more agreeable to ADL care. LPN5 further stated that the resident has an order for Anti-Dandruff External Shampoo 1 % (Selenium Sulfide) that is to be applied by the Certified Nursing Assistants (CNA) on the resident's shower days. LPN5 observed R12's hair and agreed the resident has dandruff in her hair.</p> <p>Record review on 09/25/24 at 8:30 AM of R12's Physician Orders for September 2024 revealed that R12 has an order for Anti-Dandruff External Shampoo 1 % (Selenium Sulfide) to be applied on shower days (Tuesday, Thursday, Saturday).</p> <p>Record review on 09/25/24 at 8:33 AM of the Paper CNA Shower Sheet for the 300 Unit for the period 08/24/24-09/24/24 revealed no CNA Shower Sheet documentation for R12.</p> <p>Record review on 09/25/24 at 8:34 AM of the Electronic Medical Record (EMR) Bathing ADL Documentation for the period 08/27/24 - 09/24/24 revealed 1 shower for R12 on 09/19/24 and was completed at 10:11 PM. Further review of R12's ADL documentation revealed that R12 received bed baths on 08/30/24, 08/31/24, 09/3/24, 09/11/24, 09/13/24, 09/14/24, and 09/17/24.</p> <p>Record review on 09/25/24 at 8:37 AM of R12's Nurses Notes revealed no documentation of refusal of ADL care during the period of 08/27/24 - 09/24/24.</p> <p>Record review on 09/25/24 at 8:40 AM of R12's Care Plan, last revised 07/07/24, revealed Resident needs assistance with ADLs related to legal blindness, debility, and protein calorie malnutrition. Interventions include assist with AM and PM care as needed, bed mobility assist with one person, dressing with one assist.</p> <p>An interview with the Director of Nursing (DON) on 09/25/24 at 12:34 PM revealed that she expects residents to be offered/provided a shower at least twice a week and be offered/provided a bed bath every day other than shower days. The DON further stated that she expects for staff to document when residents refuse ADL care.</p> <p>R27 was admitted to the facility on [DATE] with diagnoses including but not limited to; vascular dementia without behaviors, congestive heart failure, and major depressive disorder. Review of the Annual MDS with an ARD date of 08/06/24 revealed R27 has a BIMS score of 14 out of 15, which indicates that he is cognitively intact. Further review of the annual MDS revealed R27 requires set up or clean up assistance with personal hygiene and partial/moderate assistance with shower and bathing.</p> <p>An observation and interview on 09/22/24 at 1:27 PM revealed R27 in bed without a shirt and with body odor. R27 stated that he prefers to stay in bed without a shirt most days.</p> <p>An observation on 09/24/24 at 8:20 AM revealed R27 in bed without a shirt on, eating snacks with a body odor still present.</p> <p>Record review on 09/24/24 at 09:10 AM of R27's ADL Documentation for the last 30 days (08/26/24 - 09/24/24) revealed Type of Bath and R27 received bed baths on the following dates - 08/31/24, 09/04/24, 09/14/24, and 09/24/24). There was no documentation of the resident receiving a shower during this period.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review on 09/24/24 at 09:23 AM of R27's ADL Documentation for the last 30 day (08/26/24 - 09/24/24) Comments revealed on 09/24/24 at 02:23 AM and 02:25 PM, R27 He needs a good shower asap.</p> <p>An interview on 09/24/24 at 9:30 AM with CNA1 revealed that the resident receives showers on Wednesday's and Saturday's but often refuses. On the days in between the resident's shower days, he receives bed baths when he allows staff to provide care. CNA1 further stated that when residents refuse, they will offer 3 times and inform the nursing staff. ADL refusals are to be documented in the Electronic Medical Record (EMR) by both CNAs and Nursing Staff.</p> <p>A phone interview on 09/24/24 with CNA2 revealed they wrote in the ADL Documentation that R27 needs a good shower due to his body odor. CNA2 stated that showers are provided during the day shift, but they provided R27 a bed bath last night (09/23/24) after he had a bowel movement. CNA2 stated that R27 can be resistive to care, but they are able to redirect the resident after a few attempts, and eventually he is agreeable to ADL care.</p> <p>An interview with the Director of Nursing (DON) on 09/24/24 at 5:05 PM revealed the 300 Unit Shower Documentation Sheets and that staff are required to document on the shower sheets and in the medical record when showers/bed baths are completed. Review of the shower documentation sheets revealed one shower/bed bath during the period 08/24/24 - 09/24/24 dated 09/04/24, resident received a bed bath on that date.</p> <p>An observation and interview on 09/25/24 at 8:06 AM with LPN5 revealed that the resident can be resistive to ADL care and specifically receiving showers at times. LPN5 further stated that the CNAs are responsible for ensuring residents receive ADL care and if a resident refuses they should inform the nurse of the situation so they can document the refusal in the resident's EMR. During an observation, this surveyor and LPN5 spoke with resident, and exited room. LPN5 stated that R27 did have body odor and would follow up with his CNA for the day related to his ADL care and shower schedule.</p> <p>Record review of R27's Care Plan, last revised 08/11/24, revealed R27 requires assistance with ADLs related to congestive heart failure, vascular dementia, and major depressive disorder. Interventions include assist resident with bathing with one assist, resident has history of refusal of baths, incontinent care, and getting out of bed.</p> <p>Record review of R27's Nurses Notes for September 2024 revealed no documentation of refusal of ADL care.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48835</p> <p>Based on review of the facility policy, observation, record review and interview, the facility failed to ensure the medication error rate was 5% or less. The medication error rate was 7.69%.</p> <p>Findings include:</p> <p>Review of the facility policy, dated 2001 and titled, Administering Medications records under the policy, Medications are administered in accordance with prescriber orders, including any required time frame.</p> <p>An observation was conducted on 09/23/24 at 9:17 AM of Licensed Practical Nurse (LPN)1 during medication administration for Resident (R)4. During medication administration LPN1 stated, There are 2 medications that I do not have available to give him right now. I will make the Unit Manager (UM) and Nurse Practitioner (NP) aware. The medications that were not available included Floraster oral capsules and Donepezil 10 milligrams (mg).</p> <p>Record review for R4 revealed he was admitted to the facility on [DATE] with diagnoses to include the following; acute respiratory failure with hypoxia, Type 2 diabetes, morbid obesity, sick sinus syndrome, atrial fibrillation, chronic kidney disease and hypertension.</p> <p>Record review of R4's physician orders revealed Floraster Oral Capsule- give 1 capsule by mouth two times a day, order date 08/18/24 and Donepezil Tablet 10 mg- 1 tablet by mouth one time a day, order date 08/19/24.</p> <p>Record review of R4's medication administration record (MAR) revealed on 09/23/24, LPN1 signed the Florastor at 0900 and Donepezil 0900 medication with a code of 9, which indicated other, see nurses notes.</p> <p>On 09/24/24 at 10:27 AM, during an interview with LPN1, she stated, I called the pharmacy yesterday to have the 2 medications delivered for R4. I also told my UM and the NP. There was not an order to hold the medication for 1 day or until the medication arrived from pharmacy, I looked for it. I didn't document it in the nurses notes.</p> <p>On 09/25/24 at 11:54 AM, during an interview with the Director of Nurses (DON), she stated, For medications not available, contact the physician (MD) or NP, tell them, usually they will order for the medications to be placed on hold. Then notify the residents representative and resident that the medication is not available. Once it comes in, then notify MD to release the hold. The DON confirmed LPN1 did not follow these steps.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48835</p> <p>Based on review of the facility policy, observation and interview, the facility failed to ensure medications were free of expiration and properly labled for 2 of 3 medication carts and 1 of 1 treatment carts.</p> <p>Findings include:</p> <p>Review of the facility policy dated 2001, titled, Medication Labeling and Storage, revealed under the policy, If the facility has discontinued , outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items. Labeling of medications and biologicals dispensed by the pharmacy is consistant with applicable federal and state requirements and currently accepted pharmceutical practices. The medication label includes, at a minimum: medication name, prescribed dose, strength, expiration date, when applicable, residents name, route of administration and appropriate instructions and precautions.</p> <p>An observation of the treatment cart on [DATE] at 9:41 AM revealed the following:</p> <p>Nystation cream for Resident (R) 47 with a label for 7 days, dated [DATE]. There was no lot number.</p> <p>Mupirocin 2% with a label for R27 to apply to left lower leg; one time day for skin infection until [DATE]- Lot #291044.</p> <p>Greers [NAME] with an open date of [DATE], and expiration date of [DATE], Lot number 1988939.02.</p> <p>Minerin Cre'me- discard date of [DATE], Lot # 62647981.</p> <p>On [DATE] at 10:03 AM, an interview with Licensed Practical Nurse (LPN)3 revealed, The medications were expired and should have been discarded. LPN3 then stated, I usually go through the carts once a week, and the nurses also go through them.</p> <p>An observation of Medication 300 Cart, on [DATE] at 3:41 PM with LPN2 revealed the following;</p> <p>A bottle of Oyster Shell Calcium 500 milligram (mg) stock with expiration date of ,d+[DATE]. Lot # none. EV0822BA number was on the label.</p> <p>Levemir Flex Pen, Lot # 4F9602A Date open [DATE], discard after 28 days. LPN2 confirmed today was day 30.</p> <p>Even Care G3 Test Strips Glucose Control, not dated with open date. Lot# ,d+[DATE].</p> <p>Refresh Tears opened, not dated. room [ROOM NUMBER] B.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Geri Care Iron Supplement, with date rubbed off. LPN2 could not identify the date, this writer cannot identify the date and the lot number was also rubbed off.</p> <p>An observation of medication cart 200 with LPN1 on [DATE] at 4:05 PM revealed the following;</p> <p>Tresiba Flex Touch Pen Insulin Degludec- no open date or expiration date. Discard after 28 days. LPN1 said she will look it up to see when it was ordered.</p> <p>Insulin Lispro kwik Pen open date [DATE]. Date expired [DATE]. Discard after 28 days. Lot#D707988A</p> <p>Novolin Lot # PZFAG68, opened, discard date after 28 days. There was no open date or expiration date.</p> <p>Liquid Protein 30 fluid Ounces, Lot# X1050124 . About ,d+[DATE] remains in the bottle. There was no open date. LPN1 confirmed the medications were either not dated or expired.</p> <p>On [DATE] at 1:11 PM, an interview with the Director of Nurses (DON) revealed, The unit managers (UM) are supposed to complete weekly audits on the medication carts. The nurses are ultimately responsible for their cart, checking dates and discarding expired items or discontinued medications. The UM are to keep the treatment carts clean, discard if out of date, or if anyone has been discharged or passed.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>42424</p> <p>Based on interview, record review, and review of the facility policy, the facility failed to accurately submit the Payroll Based Journal (PBJ) for Quarter Three (April 1st - June 1st), 2024 to reflect Registered Nurse (RN) hours. 15 of 19 days reviewed for RN coverage.</p> <p>Findings include:</p> <p>Review of facility policy titled, Reporting Direct Care Staffing Information (PBJ) last revised August 2022, revealed Direct care staffing is reported electronically to CMS through the PBJ System. Policy Interpretation and Implementation include complete and accurate direct care staffing information is reported electronically to CMS through the PBJ system in a uniform format specified by CMS. Direct care staff are those who, through interpersonal contact with residents or resident care management provide care and services to allow residents to attain or maintain their highest practicable physical, mental, and psychosocial well being.</p> <p>Record review prior to the entrance of the survey of the PBJ Staffing Data Report for Quarter 3 (April 2024 - June 2024) revealed the following dates with missing RN Coverage: 05/02/24; 05/15/24; 05/20/24; 05/22/24; 05/23/24; 05/29/24; 06/03/24; 06/05/24; 06/10/24; 06/12/24; 06/17/24; 06/19/24; 06/24/24; 06/26/24; 06/27/24.</p> <p>A phone interview on 09/22/24 at 2:13 PM with the Administrator revealed that the previous staff member that was responsible for submitting the PBJ Staffing submitted the data incorrectly by failing to include RN hours in the staffing report.</p> <p>Record review on 09/25/24 at 12:01 PM for May 2024, June 2024, July 2024, August 2024, and September 2024 revealed the facility did have adequate RN coverage. The facility is a 60 bed facility and utilized the Director of Nursing (DON) as their RN coverage most week days.</p> <p>A follow up phone interview with the Administrator on 09/25/24 at 12:45 PM revealed that the facility had an error with submitting the PBJ data related to the unit managers and the DON being salary employees. The previous person that was submitting the PBJ did not include their hours, which made the facility reflect not having RN hours.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>42424</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview, facility policy, and federal regulation the facility failed to provide documentation that the Medical Director (MD) attended the quarterly Quality Assurance and Performance Improvement (QAPI) Program. 1 of 2 Quarters reviewed.</p> <p>Findings include:</p> <p>Review of facility policy titled, QAPI Program revealed This facility shall develop, implement and maintain an ongoing, facility wide, data driven QAPI Program that is focused on indicators of the outcomes of care and quality of life for our residents. Policy interpretation and implementation include the Administrator is responsible for assuring that this facility's QAPI Program complies with federal, state and local regulatory agency requirements.</p> <p>A phone interview on 09/25/24 at 12:45 PM with the Administrator revealed that have recently been hired at the facility, during interview the Administrator revealed he was unable to find sign in sheets to verify that the previous Medical Director (MD) attended the quarterly QAPI meetings.</p> <p>An interview on 09/25/24 at 1:39 PM with the current MD for the facility revealed that they attended QAPI meeting in July, but a sign in sheet was not available.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48835</p> <p>Based on review of the facility policy, observation, and interviews, the facility failed to follow proper infection control practices to clean the glucometer for 1 of 1 resident (R) reviewed for glucometer cleaning.</p> <p>Findings include:</p> <p>Review of the facility's policy dated 05/25/2019, and titled, Glucometer Cleaning revealed The purpose of this procedure are to provide guidelines for cleaning a glucometer used for blood sugars and to prevent the introduction of bacteria. If residents use individual glucometers, clean prior to use or when visibly soiled.</p> <p>On 09/24/2024 at 8:19 AM, an observation of Registered Nurse (RN)1 performing an accu check revealed the following: RN1 stated, All the glucometers are individual. She then removed the glucometer from the medication cart. She was asked if she cleaned the glucometer, RN1 said, No, it should be clean since it was in the container for the resident. She placed a barrier on an overbed table and placed the glucometer on the barrier. RN1 donned gloves, cleaned the finger with an alcohol prep pad, and pricked it with a lancet. After obtaining the blood glucose reading, RN1 exited the room without handwashing or sanitizing, placed the accu check machine back into the container, without cleaning it, and placed into the medication cart. She then went back to the room to wash her hands.</p> <p>On 09/24/2024 at 8:40 AM, an interview with RN1 revealed, The blood glucometer should still be cleaned after each use. I'll go back and clean it.</p> <p>On 09/24/2024 at 2:00 PM, an interview with the Director of Nurses (DON) revealed, If residents use individual glucometers, clean prior to use or when visibly soiled.</p> <p>On 09/24/2024 at 2:50 PM, a second interview with the DON revealed, I was incorrect, we clean the glucometers after use, not before.</p>		