

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Carlyle Senior Care of Williston LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5721 Springfield Hwy Williston, SC 29853	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26190</p> <p>Based on record review and interview, the facility failed to notify in writing the resident's responsible party (RP) of three of three Residents (R4, R23, and R33) transfer to the hospital out of a sample of 17 residents. This had the potential for the resident's RP not to be informed of the resident's transfer to the hospital and the reasons why.</p> <p>Findings include:</p> <p>1. Review of the electronic medical record (EMR) under the Face Sheet tab revealed R4 was initially admitted to the facility on [DATE].</p> <p>Review of R4's EMR under the Notes tab revealed R4 was admitted to the hospital on 09/04/24 due to hyperkalemia. There was no documentation, located in the EMR, of written notification regarding R4's transfer to R4's RP.</p> <p>2. Review of the EMR under the Face Sheet tab revealed R23 was initially admitted to the facility on [DATE].</p> <p>Review of R23's EMR under the Notes tab revealed R23 was admitted to the hospital on 01/06/25 due to sepsis. There was no documentation located in the EMR, of written notification regarding R23's transfer to R23's RP.</p> <p>3. Review of the EMR under the Face Sheet tab revealed R33 was admitted to the facility on [DATE].</p> <p>Review of R33's EMR under the Notes tab revealed R33 was admitted to the hospital on 02/17/25 due to the diagnosis of sepsis. There was no documentation, located in the EMR, of written notification regarding R33's transfer to R33's RP.</p> <p>During an interview on 03/06/25 at 1:30 PM with the Director of Nursing (DON) explained that upon transfer of a resident to the hospital the nurse involved in the transfer made verbal contact with the RP to notify them of the change in the resident's condition and need to go to the hospital for evaluation. The DON stated this communication was documented in the resident's medical record. The DON was not aware written notification of the transfer needed to be sent to the RP.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 425297	Facility ID: 425297 If continuation sheet Page 1 of 3

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26190</p> <p>Based on record review, interview, and facility policy review, the facility failed to provide written information regarding the facility's bed hold policy to the resident's responsible party (RP) at the time of transfer or within 24 hours of the transfer for three residents (Resident (R) 4, R23 and R33) of three reviewed for hospitalization out of a total sample of 17 residents. This failure has the potential to negatively impact any resident transferred to the hospital due to the RP not being aware of the bed hold options.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Bed Hold Notice Upon Transfer dated 02/01/23 indicated, Policy: At the time of transfer for hospitalization or therapeutic leave, the facility will provide the resident and/or the resident's representative written notice which specifies the duration of the bed-hold policy and addresses the information explaining the return of the resident to the next available bed .Bed Hold Notice Upon Transfer 1. Before a resident is transferred to the hospital .the facility will provide to the resident and/or the resident representative written information that specifies, a. The duration of the state bed-hold policy .during which the resident is permitted to return and resume residence in the nursing facility; b. The reserve bed payment in the state plan policy, if any. c. The facility policies regarding bed-hold periods to include allowing residents to return to the next available bed. d. Conditions upon which the resident would return to the facility: The resident requires the services which the facility provides .2. In the event of an emergency transfer of a resident, the facility will provide within 24 hours written notice of the facility's bed hold policies .</p> <p>Review of the facility's admission packet under the section titled, Bed Holds and Discharges undated indicated, 1. Bed Hold Procedure The Resident may need to be absent from the Facility temporarily for hospitalization . The Resident may request that the Facility hold open the Resident's bed during this time. This is known as a bed hold. The Resident shall be given notice the bed hold option at the time of the hospitalization . If the Resident's care is paid under the Medicaid program .Medicaid allows for 10 bed hold days. If the Resident's care is not paid under the Medicaid program the Resident requesting a bed hold must pay the Facility's private daily rate for the bed being held during the bed hold period .</p> <p>1.Review of the electronic medical record (EMR) under the Face Sheet tab revealed R4 was initially admitted to the facility on [DATE].</p> <p>Review of R4's EMR under the Notes tab revealed R4 was admitted to the hospital on 09/04/24 due to hyperkalemia. There was no documentation, located in the EMR, confirming that written information regarding the facility's bed hold policy was provided to R4's RP at the time of the transfer.</p> <p>2.Review of the EMR under the Face Sheet tab revealed R23 was initially admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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