STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425319	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carlyle Senior Care of Blackville	1612 Jones Bridge Road Blackville, SC 29817

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425319	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carlyle Senior Care of Blackville	1612 Jones Bridge Road Blackville, SC 29817

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy the facility failed to ensure that Resident (R)1 had adequate supervision to prevent an elopement on 07/15/25 at approximately 7:30 PM. R1 was observed by a Laundry Aid staff member lying on the ground by a porch at the bottom of three steps, near an exit door at the rear of building. It was determined that R1 self-propelled herself in her wheelchair off the porch. R1 was observed with visible lacerations to the back of her head and her bilateral upper extremities.On July 24, 2025 at 12:16 PM the the State Agency (SA) determined that the facility's non-compliance with one or more federal health, safety, and/or quality regulations has caused or was likely to cause serious injury, serious harm, serious impairment, or death.On July 24, 2025 at 12:16 PM the Administrator was notified that the failure to provide appropriate supervision for a resident, which resulted in the resident successfully eloping from the facility constituted Immediate Jeopardy at F689.On July 24, 2025 at 12:16 PM the survey team provided the Administrator with a copy of the CMS Immediate Jeopardy (IJ) Template, informing the facility IJ existed as of July 15, 2025 at approximately 7:30 PM. The IJ was related to 42 CFR S483.25(d) - Free of Accident Hazards/Supervision/Devices.On July 24, 2025 at 1:30 PM the facility provided an acceptable IJ Removal Plan. On July 24, 2025 at 3:35 PM the survey team validated the facility's corrective actions and determined the facility put forth due diligence in addressing the noncompliance. The IJ is considered at Past Non-Compliance as of July 18, 2025.An extended survey was conducted in conjunction with the Complaint Survey for non-compliance at F689, constituting substandard quality of care. Review of the facility policy titled Elopements and Wandering Residents revealed this facility ensures that resident who exhibit wandering behavior and or/are at risk for elopement receive adequate supervision to prevent accidents and receive care in accordance with their person-centered plan of care addressing the unique factors contributing to wandering or elopement risk. Policy explanation and compliance include: the facility is equipped with door locks/alarms to help avoid elopements. Alarms are not a replacement for necessary supervision. Staff are to be vigilant in responding to alarms in a timely manner. The facility shall establish and utilize a systemic approach to monitoring and managing residents at risk for elopement or unsafe wandering, including identification and assessment of risk, evaluation and analysis of hazards and risk, implementing interventions to reduce hazards and risks, and monitoring for effectiveness and modifying interventions when necessary. Record review of R1's Face Sheet revealed she was admitted to the facility on [DATE] with diagnoses including but not limited to senile degeneration, dysphagia, abnormalities of gait and mobility, lack of coordination, muscle weakness, and history of falling. Record review of R1's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/27/25 revealed that R1 had a Brief Interview of Mental Status (BIMS) score of 05 out of 15 indicating a severe cognitive impairment. Further review of the admission MDS revealed R1 utilizes a manual wheelchair and is able to wheel 0 - 150 feet in her with supervision or touching assistance. Record review of R1's Active Physician Orders for July 2025 revealed an order for an electronic monitoring device with a start date of 04/28/25. The electronic monitoring device is to be checked for placement, function, and skin integrity every shift. Record review of R1's Medication Administration Record (MAR)/Treatment Administration Record (TAR) for July 2025 revealed R1's electronic monitoring device was checked for placement daily on each shift from 07/01/25 - 07/22/25. Record review of R1's Progress Notes dated 07/15/25 revealed Back Hall nurse responded to housekeeping yelling for help. Noted resident [R1] outside of back door at the bottom of three steps on the ground lying on her left side with visible laceration to back of head and blue upper extremity. Nurse stayed with resident while the front hall nurse called 911. Vitals were the following: blood pressure 169/72, pulse 72, respiratory rate 20, temperature 98/9, pressure applied to laceration on head. Resident is alert and talking with staff, [R1] unable to state what she was doing, resident is confused as baseline. Multiple areas bleed to bilateral upper extremity and bilateral lower extremity Medical Doctor, Hospice, and Resident Representative made aware. Record review of R1's Elopement Assessment completed on 05/19/25 revealed R1 wanders the budling but does not try to leave. Record review of R1's Care Plan with an intervention initiated on 05/26/25 revealed R1 is an elopement risk/wanderer related to place, history of attempts to leave facility unattended, impaired safety awareness. Resident wanders aimlessly as evidence by frequently requires redirection from staff, resident to accept redirection, poor short-term memory, and failure to follow multiple step instructions at times. Interventions include assess for fall risk, back up door alarms to be checked for function per facility protocol