

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425319	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER Carlyle Senior Care of Blackville		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42424</p> <p>Based on review of facility policy, record review, observation and interviews, the facility failed to provide Residents and/or their Resident Representatives financial quarterly statements for 3 of 4 Residents (R)45, R51, and R52 reviewed for personal funds.</p> <p>Findings include:</p> <p>Review of facility policy titled Resident Personal Funds last revised 07/24 revealed, The resident has the right to manage his or her financial affairs to include the right to know, in advance, what charges a facility may impose against a resident's personal funds. Policy explanation and compliance guidelines: If the resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility. Accounting and records: the individual financial record must be available to the resident through quarterly statements and upon request.</p> <p>Record review of R45's Face Sheet revealed, R45 was admitted to the facility on [DATE] with diagnoses including but not limited to: schizophrenia, intellectual disabilities, and repeated falls.</p> <p>Record review of R45's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD)of 12/14/24 revealed, R45 has a Brief Interview of Mental Status (BIMS) score of 03 out of 15 which indicates he is not cognitively intact.</p> <p>A phone interview on 02/20/25 at 1:58 PM with R45's Resident Representative (RR) revealed, they have not been receiving quarterly statements from the facility. RR reports that the last quarterly statement that was provided to them was dated 09/18/24.</p> <p>Record review of R51's Face Sheet revealed, R51 was admitted to the facility on [DATE] with diagnoses including but not limited to: hypertension, severe protein-calorie malnutrition, and encounter for hospice care.</p> <p>Record review of R51's Quarterly MDS with an ARD of 01/29/25 revealed, R51 has a BIMS score of 99 out of 15 indicating R 51 was unable to complete the interview.</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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/20/25 at 7:20 PM with the Business Office Manager (BOM), revealed, they began working at the facility in October of 2024 and was unsure if residents/resident representatives received quarterly statement prior to that time. The BOM further stated that they keep records of quarterly statements that are sent by making a copy of the envelope that is mailed out to resident representatives.</p> <p>An observation of an envelope that the facility utilizes as proof of notification revealed no date/time stamp by the postal service.</p> <p>During a phone interview with R51 RR on 02/21/25 at 9:45 AM revealed that they have not been receiving quarterly statements. R51's RR further stated that they were unsure of the resident's account balance and has been trying to get in contact with someone from the facility several times about the resident's funds.</p> <p>Record review of R52 Face Sheet revealed he was admitted to the facility on [DATE] with diagnoses including but not limited to: hypertension, malnutrition, and other fractures.</p> <p>Record Review of R52's Quarterly MDS with an ARD of 11/19/24 revealed R52 has a BIMS score of 15 out of 15 which indicates he is cognitively intact.</p> <p>During a phone interview on 02/21/25 at 11:13 AM with R52's RR revealed, the resident recently discharged from the facility on 02/14/25 and it was during the discharge process they were notified that the resident had a financial account with the facility [sic] the first time receiving a statement related to the resident's funds.</p> <p>During an interview on 02/21/25 at 2:00 PM with the Administrator and BOM revealed, they were unable to provide documentation of notification of quarterly statements prior to October.</p>		

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42424</p> <p>Based on review of facility policy, record review and interviews, the facility failed to notify Residents and Resident Representatives of account balances exceeding the Medicaid eligibility limit, which had the potential to disqualify the residents of Medicaid services for 3 of 4 Residents (R)44, R51, and R52 reviewed for personal funds.</p> <p>Findings include:</p> <p>Review of facility policy titled Resident Personal Funds last revised 07/24 revealed, The residents have a right to manage his or her financial affairs to include the right to know, in advances, what charges a facility may impose against a resident's personal funds. The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less that the Supplemental Security Income (SSI) resource limit for the one persona and; if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>Record review of the Social Security Administration website revealed, then 2024 SSI resource limit for countable resources is \$2,000 for an individual and \$3,000 for a couple.</p> <p>Record review of R44's Face Sheet revealed, R44 was admitted to the facility on [DATE] with diagnoses including but not limited to: dementia, anxiety disorder, traumatic brain injury, and psychotic disorder.</p> <p>Record review of R44's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/07/25 revealed, R44 has a Brief Interview of Mental Status (BIMS) score of 99 out of 15, indicating R44 was unable to complete the interview.</p> <p>Record review of R44's Resident Statement Landscape revealed, a balance of \$5,036.12 as of 02/07/25.</p> <p>A phone interview on 02/21/25 at 10:09 AM with R44's Resident Representative (RR) revealed, they received quarterly statements from the facility but was unaware that the residents current balance exceeds the income limit.</p> <p>Record review of R51's Face Sheet revealed, R51 was admitted to the facility on [DATE] with diagnoses including but not limited to: hypertension, severe protein-calorie malnutrition, and encounter for hospice care.</p> <p>Record review of R51's Quarterly MDS with an ARD of 01/29/25 revealed, R51 has a BIMS score of 99 out of 15 indicating R 51 was unable to complete the interview.</p> <p>Record review of R51's Resident Statement Landscape revealed, a balance of \$4,375.40 as of 02/03/25.</p> <p>(continued on next page)</p>		

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A phone interview with R51's RR on 02/21/25 9:45 AM revealed, they are unsure of the amount of money in the resident's account and was not informed by the facility that the balance exceeds the income limit.</p> <p>Record review of R52 Face Sheet revealed he was admitted to the facility on [DATE] with diagnoses including but not limited to: hypertension, malnutrition, and other fractures.</p> <p>Record Review of R52's Quarterly MDS with an ARD of 11/19/24 revealed R52 has a BIMS score of 15 out of 15 which indicates he is cognitively intact.</p> <p>Record review of R52's Resident Statement Landscape revealed, a balance of \$8,023.50 as of 02/07/25.</p> <p>A phone interview with R52's RR on 02/21/25 11:13 AM revealed, the resident was discharged from the facility on 02/14/25 and that was when they were first notified of the resident's account balance for his personal funds. The RR further stated, no one from the facility notified her the resident account balance exceeded the income limit.</p> <p>An interview on 02/21/25 at 2:00 PM, the Business Office Manager (BOM) and Administrator revealed, the facility is currently in the process of communicating with residents and their families about their resident funds account balances.</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51857</p> <p>Based on review of facility policy, observation, interview, and record review, the facility failed to ensure that soiled laundry was washed and appropriately sanitized to prevent the potential spread of infection. Specifically, the washing machine failed to maintain adequate hot water temperature. Furthermore, the facility failed to maintain a process to ensure that washing machines and chemical products were assessed appropriately in 2 of 2 washing machines.</p> <p>On 02/20/25 at 11:40 AM, the Administrator and the Director of Nursing were notified that the failure to ensure soiled laundry was washed and appropriately sanitized to prevent the potential spread of infection constituted Immediate Jeopardy (IJ) at F880.</p> <p>On 02/20/25 at 11:40 AM, the survey team provided the Administrator with a copy of the CMS Immediate Jeopardy (IJ) Template and informed the facility IJ existed as of 02/19/25. The IJ was related to 42 CFR 483.80 Infection Control.</p> <p>On 02/21/25 at 2:43 PM, the facility provided an acceptable IJ Removal Plan. On 02/21/25 at 3:00 PM, the survey team, validated the facility's corrective actions and removed the IJ. The facility remained out of a compliance at a lower scope and severity of F.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled, Equipment Inspections, revealed, The Maintenance Director is responsible for ensuring that all required inspections for the building and equipment are completed in a timely manner. The maintenance director shall ensure that required inspections performed at regular intervals by licensed vendors in accordance with state and/or local regulations. Contracts shall be maintained with appropriate vendors to ensure that inspections are conducted as needed/required . Outside vendors must keep the Maintenance Director or Administrator with reports of all inspections conducted. Keep these reports in the administrative files (proof of completed inspections may need to be provided to the fire marshal or other licensing authority).</p> <p>Review of the undated facility policy titled, Preventative Maintenance, revealed, The maintenance director will ensure that all preventative maintenance tasks are performed according to the regular schedule to maintain the building and equipment in a safe manner and to extend the life of the property. The maintenance director shall maintain a record of all preventative maintenance and routine maintenance that is needed and performed at the facility. At the minimum, records shall indicate the frequency of all needed maintenance tasks and whether the task would typically be performed by an outside contractor or by the maintenance director. The Administrator shall periodically review preventative maintenance records.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the undated facility policy titled, Maintenance Work Area/Supplies, revealed, The Maintenance Director is responsible for ensuring that the maintenance work area and maintenance supplies are maintained in a safe, efficient and cost-effective manner. The Maintenance Director will maintain his/her work area in a clean and safe manner, following all safety procedures outlined in the Safety policy. The Maintenance Director will keep a Material Data Safety Sheet (MDSS) on all chemicals and hazardous materials used in the Maintenance Department (e.g., paint, caulking, cleaning products, lubricants, etc.). Product manufacturers supply these sheets. Ensure that a copy of each MSDS is provided to administration.</p> <p>Review of the undated facility policy titled, Safety (General), revealed, Staff should report all unsafe conditions and equipment to their supervisors. Inspect all mechanized equipment routinely prior to use. Ensure that all heating appliances are inspected on an annual basis and are properly maintained.</p> <p>Record review of the facility's contract with Laundry [NAME] revealed the contract was signed on 02/21/25. The contract stated, All linen and laundry are washed according to CDC guidelines. Hot water provides an effective means of destroying microorganisms. A temperature of at least 160 F (71 C) for a minimum of 25 minutes, using only non-allergic soaps, detergents, bleaches, or other chemicals to render the finished products clean and usable.</p> <p>Review of an Ecolab Service Call dated 12/13/24 revealed, the machine at this time was at the appropriate chemical sanitization level. The facility was unable to provide any documentation for sanitization levels for 2025.</p> <p>During an observation on 02/19/25 at 12:17 PM, Washer One was running with linens and resident's gowns, but there was no visible detergent coming from the tubing. Housekeeper (HK) 1 stated, they have no way of conducting temperature checks on the washers, because they have never done it before. There were no visible thermometer gauges to detect the water temperature for the Washer One or Washer Two.</p> <p>During an observation on 02/19/25 at 3:30 PM, Washer One was inoperable due to the laundry detergent pumps not pumping into the washer machine. No visible signs of detergent or suds during the wash cycle. Additionally, there was no visible liquid coming through the lines to the washer. There wasn't a temperature gauge on Washer One or Washer Two to determine the temperature for proper sanitization for each machine.</p> <p>During an observation on 02/19/25 at 6:00 PM, Washer Machine one was inoperable due to laundry pumps malfunctioning.</p> <p>On 02/21/25 at 2:43 PM, the facility provided an acceptable IJ Removal Plan, which included the following:</p> <p>The laundry staff stopped doing laundry when they realized that the water temperature was not 160 degrees and that the dispenser for detergent was not dispensing appropriately on 2/19/25 at 12:17 pm.</p> <p>The Ecolab technician repaired the detergent dispenser on 2/19/25 at 3 :45 pm. There were no other chemicals that were not dispensing at that time.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>The Ecolab technician has been asked for a service visit to check all our chemicals to be sure that they are dispensing appropriately and in correct amounts. He will be at the facility today 2/21/25, late evening, to inspect and provide a written report.</p> <p>We have signed a contract with a Laundry Service, [NAME] Laundry Service, who will start service today 2/21/25 and have pick up scheduled for around 5 pm.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>The laundry staff were in-serviced on 2/20/25 by the housekeeping supervisor and the nurse consultant regarding checking the dispensers when washing clothes to be sure that chemicals are dispensed properly, and if not, they are to notify the housekeeping supervisor or the maintenance supervisor immediately. Any newly hired housekeeping staff will be trained during their orientation period regarding checking the dispensers to be sure that chemicals are</p> <p>The administrator will monitor monthly to assure that Ecolab has made monthly visits and will review the dispenser function logs and the washing machine temperature logs on a weekly basis.</p> <p>The Administrator will bring all Ecolab reports, temperature logs, and dispenser logs to be reviewed in QA monthly x 3 and then quarterly until it is determined that the deficient practice is not likely to occur.</p>		