

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 09/03/2020
NAME OF PROVIDER OF SUPPLIER CARLYLE SENIOR CARE OF FLORENCE		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interviews and review of the facility's FEEDING THE RESIDENT policy, the facility failed to ensure a resident that required staff assistance during meals was treated with respect and dignity for 1 of 3 sampled residents reviewed for nutrition. Resident #25 was observed with pureed meal dripping/running from both sides of his/her mouth while facility staff was observed standing while feeding the resident. The findings included: The facility admitted Resident #25 on 1/30/16 with [DIAGNOSES REDACTED]. On 9/02/20 at approximately 12:54 PM Certified Nursing Aide (CNA) #1 was observed standing by Resident #25 bedside while feeding the resident who was in bed. Resident #25 was observed with his/her pureed meal dripping/running down from both sides of his/her mouth. CNA #1 acknowledged he/she was standing while feeding the resident. CNA #1 walked out the room and returned with a chair, sat down and continued to feed Resident #25. On 9/03/20 at approximately 9:50 AM the facility Administrator provided a copy of the facility FEEDING THE RESIDENT policy. Review of the policy revealed under #6 Position a chair where it will be convenient for you to assist the resident or it may require you stand to feed them. Prefer sitting if possible. An interview on 9/03/20 at approximately 10:12 AM with Registered Nurse (RN) #1 who reviewed the electronic medical record, revealed there was nothing on the electronic care plan to indicate staff should stand while feeding Resident #25. On 9/03/20 at approximately 10:28 AM obtained a written copy of the resident's care . There was no documentation/care instruction for staff should stand while feeding the resident.</p>		
F 0814 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation and interviews, the facility failed to ensure that a garbage container/dumpster was free of foul odors, leakage and erosion for 1 or 2 garbage containers observed. The findings included: An observation and interview of the facility's garbage containers/dumpster area on 9/02/20 at 12:10 PM with the Dietary Supervisor revealed the garbage container/dumpster had been recently emptied. One dumpster was observed to have a foul odor. There was a discolored liquid substance spilled on the paved area near a long and wide eroded area near the bottom left side of the dumpster facing the door. There was a piece of debris hanging on a jagged edge of long and wide eroded area on the dumpster. Looking inside the dumpster there was sunlight observed from a golf ball size hole near bottom right side of the dumpster. The Dietary Supervisor confirmed the observation of the rusted and eroded dumpster. An interview on 9/02/20 at approximately 12:20 PM with the Corporate Manager revealed he/she would take a look at the dumpster. On 9/02/20 at approximately 12:30 PM, the Maintenance Manager informed the surveyor that the company that was responsible for replacing the dumpster have been contacted.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.