

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115680	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/21/2025
NAME OF PROVIDER OR SUPPLIER Carlyle Place		STREET ADDRESS, CITY, STATE, ZIP CODE 5300 Zebulon Road Macon, GA 31210	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, and record review, the facility failed to assess one out of 30 sampled residents (R) (R6) to determine if it was clinically appropriate to safely self-administer medications. This failure had the potential to place R6 at risk for adverse consequences. Findings include: Review of the Electronic Medical Record (EMR) revealed R6 was admitted to the facility with diagnoses that included, but were not limited to, surgical wound to left hip, s/p (status post) left femoral fracture with repair, melanoma removal to right forehead, and cataract surgery to both eyes. Review of the admission Minimum Data Set (MDS), dated [DATE], for R6 revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 10 (indicating moderate cognitive impairment). Section M (Skin Conditions) revealed a box checked yes for the use of applications of ointments/medications other than to the feet. Review of physician's orders dated 9/3/2025 for R6 revealed, apply Steri-strip and dry dressing to left elbow skin tear, leave them on until they fall off, then discontinue order-observe daily. Further review of physician orders revealed no orders for over-the-counter (OTC) lubricant eye drops or OTC clotrimazole USP 1% (percent) antifungal cream. Review of the care plan dated 8/28/2025 for R6 revealed that there was no care plan for self-administration of medication. Review of the most recent Resident Functional assessment dated [DATE] under the section titled Medication indicated, R6 Requires complete supervision and administration of meds. Review of the EMR for R6 revealed that a Medication Self-Administration Assessment form had not been completed. During an observation on 9/19/2025 at 9:35 am and at 11:07 am revealed a bottle of OTC lubricant eyedrop sitting on top of the bedside table. Observation and interview on 9/19/2025 at 1:49 pm revealed a bottle of OTC lubricant eyedrop still remained sitting on top of the bedside table. An interview conducted with R6 revealed that it was there because he administered his own eye drops. Further observation revealed a tube of clotrimazole USP 1% antifungal cream sitting on top of the dresser that was sitting across from the bedside table. Observation and interview on 9/20/2025 at 8:35 am revealed a bottle of OTC lubricant eyedrop sitting on top of the bedside table and a tube of clotrimazole USP 1% antifungal cream sitting on top of the dresser. In an interview, R6 revealed that he applied the antifungal cream to his left elbow to treat his skin rash. In an observation on 9/20/2025 at 3:04 pm in R6's room, the Director of Nursing (DON) confirmed a bottle of OTC lubricant eyedrop was sitting on top of the bedside table, and a tube of clotrimazole USP 1% antifungal cream was sitting on top of the dresser. Interview with the DON confirmed that the medication should not be in R6's room. The DON revealed that residents would need to be assessed by a nurse and meet the requirements to self-administer medications. The DON revealed that the medication self-administration assessment form was completed on admission, quarterly, and as needed. The DON further revealed that a medication self-administration assessment form would not have been completed for R6 because the resident was not capable of administering his own medications due to his impaired cognition. In an interview on 9/20/2025 at 3:15 pm, a record</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 115680	Facility ID: 115680 If continuation sheet Page 1 of 5

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, and review of the facility policy titled Food Safety Management System, the facility failed to ensure items stored in the cooler were labeled, dated, and not beyond their expiration date. The facility also failed to ensure that items in the dry storage area were labeled and dated. In addition, the facility failed to ensure that food was held at a safe temperature until served, measured before serving to ensure appropriate serving sizes, and that staff ensured hairnets covered all hair. This deficient practice had the potential to adversely affect 31 of 31 residents receiving an oral diet. Findings include: Review of the facility policy titled Food Safety Management System, revision date of 5/31/2025, included: C-24 Hot and Cold Holding Hot foods must be held and served at a temperature of 140 degrees F or above. C-26 Date Marking Ready to Eat TCS Foods Refrigerated, ready to eat, TCS food prepared and held in a food establishment for more than 24 hours must be clearly marked with a use by/discard date. Food that is required to be date marked must be discarded if it is in a container or package that does not bear a date or day mark. Is inappropriately marked with a date or day that exceeds 7 days. On 9/19/2025 at 8:00 am, the initial kitchen tour began revealing the following observations: 1. In the dessert cooler, there were six pies, a tray with 14 slices of cheesecake, a large pan of cobbler, multiple boxes of fruit tart base, a metal container with a red substance, and a container with a pie. The items did not have a storage or discard date. 2. In the dessert cooler, there was a bag of coconut with 8/12 written on the bag. There was no indication of the meaning of the numbers. 3. There were three containers (Breadcrumbs, Sugar, and Flour) that were partially full and did not have an in-date or an expiration date. The containers were also noted to have a black and brown substance on the outside, in addition to having substances built up around the tops of the containers. 4. In a second reach-in cooler, on the same wall as the stove in the back, there was a box of oranges that did not have an in-date or use-by date. 5. In the dry food storage area, there was a box of rice that had been opened and not securely closed, with the rice in the box exposed, and a container of oatmeal that had a brown substance on the top, and the top of the container was not tightened. 6. There was one loaf of bread in the dry food storage that had a use-by date of 9/18/2025 and a second loaf of bread that did not have a use-by date. 7. On a shelf in the dry food pantry, there were two boxes of potatoes that were undated, and one of the boxes contained three potatoes with a white substance growing on them. 8. There was one can of mustard and a can of hoisin sauce that had a brown sticky substance on them. 9. There were six boxes of tea and a box of graham crackers that did not have an in-date or a use-by date on them. 10. There were dented cans (one can of milk and four cans of pineapple juice) observed mixed in with the dry goods that had not been removed. 11. In the walk-in cooler, there were two bags on a shelf identified as [NAME] sauce that did not have any dates listed on them. 12. On the bottom rack, there were two pans of meat, with the pan on the bottom not being fully covered, exposing the meat. 13. There was a box of parsley that revealed a gray fuzzy substance growing on the parsley in addition to the parsley being green and yellow. 14. There was a box of strawberries and a box of yellow squash with a delivery date of 9/17, which had a container with a white substance growing on some of the strawberries and a white substance growing on the yellow squash. 15. There was a box of zucchini with a date of [DATE] that had a substance growing on some of them. 16. In the walk-in cooler, there were boxes of bacon, chicken, and pork that did not have expiration dates. 17. In the walk-in freezer, there was a bag with sausage patties that had been open and reclosed, and a bag of chicken, which had neither an open date nor a use-by date. 18. In the walk-in freezer, there was a bag</p> <p>(continued on next page)</p>		

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