

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/28/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Ridgeway Manor Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 117 Bellfield Road Ridgeway, SC 29130	
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42424 Based on review of the facility policy, record reviews, and interviews, the facility failed to update Resident (R)1 and R2's care plan to reflect a person-centered change in status, related to potential desire/preference. 2 of 7 reviewed for Care Plans. Findings include: Review of the facility policy titled, Care Plan Revisions Upon Status Change, last revised 2021, revealed, The purpose of this procedure is to provide a consistent process for reviewing and revising the care plan for those residents experiencing a status change. The comprehensive care plan will be reviewed, and revised as necessary, when a resident experiences a status change. Procedure for reviewing and revising the care plan when a resident experiences a status change: upon identification of a change in status, the nurse will notify the Minimum Data Set (MDS) Coordinator, the Physician, and the resident representative if applicable. The MDS Coordinator and the Interdisciplinary Team (IDT) team will discuss the resident condition and collaborate on intervention options. Staff involved in the care of the resident will report resident response to new or modified interventions. R1 was admitted to the facility on [DATE] with diagnoses including but not limited to; Human Immunodeficiency Virus (HIV), mild neurocognitive disorder due to known physiological condition without behaviors, and major depressive disorder. Review of the Quarterly MDS dated [DATE] revealed, R1 has a Brief Interview of Mental Status (BIMS) score of 15 out of 15, which indicates she is cognitively intact. R2 was admitted to the facility on [DATE] with diagnoses including but not limited to; heart failure, hypertension, and psychoactive substance abuse. Review of the Quarterly MDS dated [DATE], revealed R2 has a BIMS score of 11 out of 15, which indicates he has a mild cognitive impairment. Record review of facility Five Day Reportable Incident dated 05/09/24 revealed R1 with a diagnosis of HIV approached R2 with a sexual advance in exchange for money. When questioned, R1 admits to receiving oral sex in exchange for money from R1. R1 denies any allegation when asked, R2 reports that he knows R1 has a disease because she told him. Since this incident he has not had any other contact with her. Record review of R1's and R2's Electronic Medical Record revealed no updates to the resident's Care Plan to reflect this incident. (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 425158	Facility ID: 425158 If continuation sheet Page 1 of 3

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 05/23/24 at 12:51 PM with R1 revealed that she denies any sexual contact with R2 and did not receive any money from R2. R1 denied speaking with another resident about providing sexual advances on other male residents for money. An interview on 05/23/24 at 1:01 PM with R2 revealed that he denies any sexual contact with R1 because she has a serious disease. R2 also denied giving R1 money for a sexual favor, but was interested in R1 in a sexual way before R1 told him that she had a serious disease. R2 further stated that since being informed of R1's status (HIV diagnosis), he no longer wants contact with R1 and stays away from her and hasn't seen her much. A phone interview on 05/23/24 at 1:30 PM with R2's Resident Representative revealed that the facility notified them of the potential sexual interaction R2 had at the facility and they had no concerns with R2's change in status. The Resident Representative further stated that the facility contacted them to let them know that they completed appropriate Sexually Transmitted Disease (STD) testing on R2 for precautions. An interview on 05/23/24 at 1:41 PM with Certified Nursing Assistant (CNA)1 revealed that they overheard R1 discussing with another resident that she was running games on men here (at the facility) for money. R1 said that R2 wants me to perform a sexual act on him. CNA1 stated that she tried to speak to R1 and the other resident, but neither would discuss with her what she meant by that comment. CNA1 told the Social Worker about this incident. CNA1 further stated that she did not witness R1 and R2 having sexual contact, but had seen R1 in R2's room and sitting on his bed and chatting with him in the past. CNA1 further stated that they were unsure if R1's and R2's Care Plan was updated to reflect this incident, but they were instructed to re-direct R1 out of R2's room if observed, because he no longer wants contact with R1. An interview on 05/24/2024 at 9:15 AM with the Unit Manager (UM1) revealed that R2 had a lab draw for HIV testing that was completed on 05/10/24 with a non-reactive/ negative test result. UM1 further stated that both residents denied sexual activity when questioned and R2 stated that he is aware of R1's serious disease (HIV) because R1 told him and that he has not had any contact since being aware of her HIV status. UM1 stated that staff spoke with both residents and an re-educated them because they are cognitive enough to make their own sexual decisions. UM1 finally stated that R1 is Care Planned for an HIV diagnosis, but unsure if the resident's Care Plan was updated to reflect the potential for sexual contact with other resident. UM1 was also unsure if R2's Care Plan was updated to reflect R2 wishes of not wanting R1 near his environment. An interview on 05/24/24 at 9:41 AM with MDS Coordinator and Social Worker revealed that the facility did not update R1 and R2 Care Plan related to this incident. R1's Care Plan was not updated due to her denying the allegation of any sexual act occurring. The MDS Coordinator and Social Worker stated that R2's Care Plan was not updated due to the Resident Representative being okay with the potential of R2 having a sexual relationship with female residents. Both further stated that they were unaware that R2 no longer has the desire to be sexual with R1 due to him discovering her HIV status. (continued on next page)		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A phone interview on 05/24/24 at 10:32 AM with the Administrator revealed that staff had spoken with R1 but she denied having sexual contact with R2 or any other male residents for money and failed to elaborate what she meant by running games on men for money when she was speaking with another resident at the facility. When staff spoke to R2, he admitted to receiving a sexual advance from R1 and also admitted to giving her money for the sexual act and told staff that it was consensual. Staff contacted R2's Resident Representative due to the resident having a mild cognitive impairment and notifying his representatives of the change of status. The Administrator further stated that R1's and R2's Care Plan should have been updated in a timely manner to reflect this change in condition.		